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IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

▶ Do not send to the IRS. Keep for your records.

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

Name of filer BRACKENS KITCHEN INC EIN or SSN 46-2633171

WILLIAM BRACKEN Name and title of officer or person subject to tax PRESIDENT

Part I	Type of Re	eturn and	Return	Information
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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

ian oi	ie iii ie ii i Fait i.		
1a	Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{. 1b} <u>5,516,521</u>
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)	. 5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
f entity	y)	, (EIN) and that I hav	e examined a copy of the
021 el	ectronic return and accompanying sch	edules 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 this 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 | authorize EVERGREEN ALLIANCE PROFESSIONAL CORP.

to enter my PIN

33171 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2021 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 2021 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 ▶ **** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81442990720

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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.

ERO's signature ▶ REBECCA CHRISTIANSEN

Date > 05/16/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending	_				
B (Check if pplicable	C Name of organization		D Employer identific	cation number			
X	Addres							
	Name change	Doing business as		46-26331	71			
	_Initial _return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 13941 NAUTILUS DRIVE.	Room/suite	E Telephone number				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,550,989.			
	Ameno			H(a) Is this a group re				
	Applic tion	F Name and address of principal officer. WILLIAM DIACKEN		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
T	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions			
		e: ▶ WWW.BRACKENSKITCHEN.COM		H(c) Group exemption	n number 🕨			
KF	orm of	organization: X Corporation Trust Association Other ►	∟ Year	of formation: 2013 N	N State of legal domicile: CA			
Pa		Summary						
Ą	1	Briefly describe the organization's mission or most significant activities: THRO	UGH FO	OOD RESCUE,	CULINARY			
Governance		TRANING AND OUR COMMUNITY FEEDING PROGRA	M, WE	ARE COMMITT	ED TO			
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	_			
Š	l			3	6			
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			30			
Activities &		Total number of volunteers (estimate if necessary)			286			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11						
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Prior Year 4,347,304.	Current Year 4,566,000.			
ne	l .	Contributions and grants (Part VIII, line 1h)		557,323.	930,134.			
Revenue	l .	Program service revenue (Part VIII, line 2g)		0.	930,134.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,559.	20,387.			
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,941,186.	5,516,521.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
'n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,071,850.	-			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)						
per	h iou	Total fundraising expenses (Part IX, column (D), line 25) 168, 4	51.	<u> </u>				
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,902,351.	3,092,111.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,974,201.				
	19	Revenue less expenses. Subtract line 18 from line 12		966,985.	1,232,528.			
Net Assets or Fund Balances		·	Be	ginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)		2,282,210.	3,559,707.			
t As	21	Total liabilities (Part X, line 26)		136,135.	181,104.			
		Net assets or fund balances. Subtract line 21 from line 20		2,146,075.	3,378,603.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of when the complete is the complete.	nich preparer	has any knowledge.				
		Signature of officer		l Date				
Sig		•		Date				
Her	е	WILLIAM BRACKEN, PRESIDENT Type or print name and title						
			11	Date Check	PTIN			
Paid	,	Print/Type preparer's name REBECCA CHRISTIANSEN Preparer's signature REBECCA CHRISTI.	l l	OHOOK				
	arer	Firm's name EVERGREEN ALLIANCE PROFESSIONAL		Firm's FINE	86-1400078			
-	Only	Firm's address 4332 CERRITOS AVE, SUITE A105	COILL •	I IIIII S EIIV				
550	Jy	LOS ALAMITOS, CA 90720		Phone no 71	4-372-8110			
May	the IF	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 7 =	X Yes No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THROUGH FOOD RESCUE, CULINARY TRANING AND OUR COMMUNITY FEEDING
	PROGRAM, WE ARE COMMITTED TO RESCUING, RE-PURPOSING AND RESTORING BOTH
	FOOD AND LIVES.
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,426,151. including grants of \$) (Revenue \$ 903,696.)
	COMMUNITY FEEDING PROGRAM:
	AT THE HEART OF OUR WORK IS A COMMITMENT TO FEED OUR FRIENDS AND
	NEIGHBORS IN NEED. IN ORANGE COUNTY 48% OF OUR SCHOOL AGE CHILDREN ARE
	ON THE FREE AND REDUCED MEAL PLAN AT SCHOOL. AS A WHOLE, IN THE STATE
	OF CALIFORNIA, THAT NUMBER JUMPS TO 59%. HUNGER IS ALL AROUND US AND
	WE FEEL STRONGLY THAT NOBODY SHOULD GO TO BED HUNGRY ANYWHERE AND
	CERTAINLY NOT IN AMERICA TODAY. OUR TEAM ARRIVES TO WORK IN THE
	KITCHEN EVERY DAY EXCITED AND READY TO DO WHAT THEY LOVE MOST, COOK
	TASTY AND NUTRITIOUS MEALS FOR OUR FRIENDS AND NEIGHBORS IN NEED. FROM
	BREAKFAST FOR OUR SENIORS RIGHT HERE IN GARDEN GROVE, TO A HOT LUNCH
	FOR OUR STRUGGLING COLLEGE STUDENTS IN SANTA ANA TO A COMPLETE HOT
	DINNER FOR FAMILIES, SENIORS AND VETERANS ALL ACROSS SOUTHERN
4b	(Code:) (Expenses \$
	RESCUED FOOD PROGRAM
	OUR RESCUED FOOD PROGRAM IS WHAT POWERS EVERYTHING WE DO HERE AT THE
	KITCHEN. IN AMERICA TODAY IT IS ESTIMATED THAT UP TO 40% OF OUR FOOD
	SUPPLY IS ENDING UP IN OUR LANDFILLS WITHOUT EVER HAVING BEEN CONSUMED
	BY HUMANS. PERFECTLY GOOD FOOD THAT WAS PRODUCED AT ENORMOUS COST TO
	YOU AND I EVIDENCED BY THE GROWING COST WE PAY FOR IT, IS LEFT TO ROT
	IN THE DUMPSTER. FOOD THAT IF PROPERLY MANAGED COULD HAVE BEEN USED TO
	FEED OUR FRIENDS AND NEIGHBORS IN NEED. AT THE KITCHEN WE WORK SO VERY
	HARD TO LEVERAGE EXISTING RELATIONSHIPS AND BUILD NEW AND EXCITING ONES
	TO ENSURE THAT HIGH QUALITY EDIBLE FOOD COMES TO US AND NOT THE
	DUMPSTER. WITH THE PASSAGE OF SB-1383 CALIFORNIA HAS PASSED LANDMARK
	LEGISLATION MANDATING THE REDUCTION OF FOOD WASTE. AS WE COME OUT OF
4c	(Code:) (Expenses \$ 77,867. including grants of \$) (Revenue \$ 26,438.)
	CULINARY TRAINING PROGRAM:
	WE CAME TO THE REALIZATION OF TWO THINGS EARLY ON. FIRST, HOW SHORT
	LIVED OUR WORK IS. WE CAN FEED A PERSON TODAY AND TOMORROW THEY ARE
	HAPPY AGAIN. WITH THAT IN MIND WE KNEW WE NEED TO FIND A WAY TO
	PROVIDE A PATH OUT OF POVERTY. WE ALSO REALIZED OUT MUCH TIME WE SPEND
	TEACHING AND TRAINING OUR VOLUNTEERS IN THE KITCHEN. WHEN WE PUT THOSE
	TWO TOGETHER, THE CULINARY TRAINING PROGRAM WAS BORN. WHILE COVID HAS
	PUT A HUGE DENT IN RECRUITING STUDENTS IN THE PAST 2 YEARS IT GAVE US
	AN ENORMOUS OPPORTUNITY TO FURTHER DEVELOP OUR PROGRAM. THIS PAST YEAR
	WE'VE ABLE TO COMPLETELY REVAMP OUR CURRICULUM IN ORDER TO PROVIDE A
	BETTER EXPERIENCE FOR OUR STUDENTS AND ALSO BUILD OUT A KITCHEN SPACE
	SPECIFICALLY FOR OUR STUDENTS. WE ARE EXCITED TO HAVE ALL OF THESE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,893,353.
	Form 990 (2021)
13200	SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2021) BRACKENS KIT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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
b	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?If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	╁╌
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? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	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 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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
b		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2021)

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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		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 Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	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 for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			l				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
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	8						
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:	90						
а	Initiation fees and capital contributions included on Part VIII, line 12							
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:							
a	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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 the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,,				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			17				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Form **990** (2021)

132005 12-09-21 15580516 161399 2045 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (310) 498-1061			
	13941 NAUTILUS DRIVE., GARDEN GROVE, CA 92843			

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

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

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, 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 organizat		orga	aniza			mpei	nsat			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Position not check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	-				Π	<u> </u>	from	from related	other
	(list any hours for	lirect				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	dualt	utiona	_	oldm	st co	 	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			· ·
(1) WILLIAM (BILL) BRACKEN	50.00									
PRESIDENT		Х		Х				154,000.	0.	0.
(2) CATERINA HALL-RICHARDS	50.00									
DIRECTOR OF OPERATIONS				Х				129,731.	0.	0.
(3) MOLLY BRACKEN	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) HILDA JUSUF	0.50	١								•
TREASURER	0.50	Х		Х				0.	0.	0.
(5) MICHAEL PERSON	0.50	X						0.	0.	0
DIRECTOR (6) DOUGLAS SCHONFELD	1.00	Α.						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) NICHOLE SMITH	0.25	^						0.	0.	•
DIRECTOR	0.23	x						0.	0.	0.
										
		-								
		-								
		1								
						<u> </u>				
		-								
		-								

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	T VII Section A. Officers, Directors, True (A)	(B)	<u></u>		, <u>u.i.</u>		JJ	- •	(D)	(E)			(F)	
	Name and title	Average			Posi	ition			Reportable	(⊏) Reportable		E-	ור) timate	h
	Name and the	hours per	(do not check more than one box, unless person is both ar						compensation	compensatio	n I	an		
		week		cer an					from	from related			other	01
		(list any	ctor						the	organizations			pensa	tion
		hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fr	om the	е
		related	stee o	nstee			ensa		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	altrus	onal tr		loyee	comp		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		iiiioj	Ĕ	ü	JO.	.e	E E	요						
			1											
			_											
			$\frac{1}{1}$											
	Subtotal								283,731.		0.			0.
	Total from continuation sheets to Part V								283,731.		0.			0.
a 2	Total (add lines 1b and 1c) Total number of individuals (including but in								•	000 of war and about	-			<u> </u>
2	compensation from the organization	ioi iiriiled to ti	1056	11516	u ai	DOVE	e) wi	10 1	eceived more than \$100	,000 or reportable	E			2
													Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 3			•	•	•	-	_		•		3		Х
4	For any individual listed on line 1a, is the s								her compensation from					
	and related organizations greater than \$15	•							•	•		4	Х	
5	Did any person listed on line 1a receive or													
Sec	rendered to the organization? If "Yes," control B. Independent Contractors	nplete Schedul	e J i	or st	ıch _i	pers	son .					5		X
1	Complete this table for your five highest co	ompensated in	dep	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	Ompe)	;) nsatio	n
								-						
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
	\$ 100,000 of compondation from the organ	Lacion										Form	990 (2021)

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Ра	rt v	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns1a					
ara oui		b	Membership dues1b					
s, (Am		С	Fundraising events1c	286,764.				
Sift lar,			Related organizations 1d					
s, (mi			Government grants (contributions) 1e					
ion		f	All other contributions, gifts, grants, and					
but				279,236.				
<u>e</u>		g	Noncash contributions included in lines 1a-1f	001,504.				
Sor		_	Total. Add lines 1a-1f		4,566,000.			
_			Totall / Ida III loo Ta Ti	Business Code	, ,			
Φ	2	a	COMMUNITY FEEDING PROG	900099	903,696.	903,696.		
Ņ.	_	a b	CULINARY TRAINING PROG	722320	26,438.	26,438.		
Ser		-		722320	20,1301	20,1300		
E S		C						
gra Re		d						
Program Service Revenue		e	All					
_			All other program service revenue		930,134.			
		g	Total. Add lines 2a-2f		750,154.			
	3		Investment income (including dividends, interestable a similar array and)	•				
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	•				
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents 6a 27,200.					
			Less: rental expenses 6b 0 •					
			Rental income or (loss) 6c 27,200.		07.000			07 000
			Net rental income or (loss)		27,200.			27,200.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
nŭ			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)	<u></u>				
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ 0f					
			contributions reported on line 1c). See	0				
			Part IV, line 18	27,655.				
			Less: direct expenses 8b	34,468.	6 010			5 04 0
				<u></u>	-6,813.			-6,813.
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b					
				<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
<u> </u>				Business Code				
eon le	11	а						
Miscellaneous Revenue		b						
es Se Se		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		5,516,521.	930,134.	0.	20,387.

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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'		,
	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,	154 000	100 600	10 514	10 066
	trustees, and key employees	154,000.	122,620.	18,514.	12,866
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	050 001		114 462	<u> </u>
7	Other salaries and wages	952,081.	758,078.	114,463.	79,540
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	205	4 4 17		
9	Other employee benefits	305.	147.	90.	68
10	Payroll taxes	85,496.	68,599.	9,813.	7,084
11	Fees for services (nonemployees):				
а					
b	5	21 702		21 702	
С	S	21,793.		21,793.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	` '	EE 622	E 202	470.	10 060
	column (A), amount, list line 11g expenses on Sch 0.)	55,632. 31,610.	5,302. 16,155.	4/0.	49,860 15,455
12	Advertising and promotion	21,776.	19,585.	1,952.	239
13	Office expenses	2,971.	2,762.	209.	439
14	Information technology	2,311.	2,102.	209.	
15	Royalties	301,163.	278,268.	22,895.	
16	Occupancy	8.	8.	22,093.	
17	Travel	0.	0.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,594.	4,455.	3.	136
19	Conferences, conventions, and meetings	±,J9±•	±,±JJ•	J•	130
20	Interest Payments to offiliates				
21	Payments to affiliates	47,095.	47,095.		
22	Depreciation, depletion, and amortization	48,335.	34,257.	11,057.	3,021
23	Insurance Other expenses. Itemize expenses not covered	40,333.	34,237•	11,001.	5,021
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	2 262 415	2 262 205	110	
a		2,262,415.	2,262,297.	118.	
b	SUPPLIES	236,679.	236,596.	83.	1 4
C	AUTOMOBILE	21,884.	21,784.	86.	14
d	BANK FEES	20,570.	15 245	20,570.	1.60
	All other expenses	15,586.	15,345.	73.	168
25	Total functional expenses. Add lines 1 through 24e	4,283,993.	3,893,353.	222,189.	168,451
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)				Form 990 (2021

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,924,940.	1	3,022,102.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		35,000.	3	154,200.	
	4	Accounts receivable, net			93,873.	4	169,513.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			16,933.	9	17,841.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	101,391.	195,619.	10c	179,699.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,845.	15	16,352.
	16	Total assets. Add lines 1 through 15 (must e			2,282,210.	16	3,559,707.
	17	Accounts payable and accrued expenses			131,775.	17	176,744.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer off	icer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
iab		controlled entity or family member of any of t	hese per	sons		22	
_	23	Secured mortgages and notes payable to un	related th	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on li	nes 17-24	1). Complete Part X			
		of Schedule D			4,360.	25	4,360.
	26	Total liabilities. Add lines 17 through 25			136,135.	26	181,104.
S		Organizations that follow FASB ASC 958, or	check he	re ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			2,096,509.	27	2,868,403.
Ä	28	Net assets with donor restrictions			49,566.	28	510,200.
Ĭ		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun	ds			29	
sse	30	Paid-in or capital surplus, or land, building, or	r equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			2,146,075.	32	3,378,603.
	33	Total liabilities and net assets/fund balances			2,282,210.	33	3,559,707.

Pa	rt XI Reconciliation of Net Assets				
	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) Total expenses (must equal Part IX, column (A), line 25)	1 2	5,51 4,28	3,9	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,14	6,0	75.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,37	8,6	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
Ū	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 on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 46-2633171 BRACKENS KITCHEN INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I

Γhe	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	heck only	one box.)		
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	ılly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	ınction with a land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collect	ge or
		university:					-	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen						
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		_lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.	
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	• .		0 0			
		er the number of supported						
g		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) = 114	(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))	165	NO	,	, , , , , , , , , , , , , , , , , , ,
r _{ata}								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	noted Bolow, pied		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()	` '	,	,	. ,	()
	membership fees received. (Do not						
	include any "unusual grants.")	637,359.	1,112,400.	1,831,246.	4,347,304.	4,566,000.	12,494,309.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	637,359.	1,112,400.	1,831,246.	4,347,304.	4,566,000.	12,494,309.
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)						646,594.
	Public support. Subtract line 5 from line 4.						11,847,715.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	637,359.	1,112,400.	1,831,246.	4,347,304.	4,566,000.	12,494,309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			137,311.	39,066.	27,200.	203,577.
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.)	9,055.	101,945.	18,050.	8,820.	27,655.	165,525.
11	Total support. Add lines 7 through 10						12,863,411.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,148,923.
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section t	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2021 (I					14	92.10 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.93 %
16a	33 1/3% support test - 2021. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>
b	33 1/3% support test - 2020. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact				=	VI how the organiz	ation
	meets the facts-and-circumstances to	•	·				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-	•			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		S

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Sche	edule A (Form 990) 2021 BRACKENS KITCHEN INC 46-	263317	1 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	,		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
	asir or type in eapperaing enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	 ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

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

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

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Í	(i)	(ii)	•	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

46-2633171

Schedule B (Form 990) (2021)

Department of the Treasury Internal Revenue Service

Name of the organization

BRACKENS KITCHEN INC

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

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

Employer identification number

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

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

BRACKENS KITCHEN INC

46-2633171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>175,282</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 257,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>250,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 224,085.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

BRACKENS KITCHEN INC

46-2633171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 183,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 106,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 101,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization

Employer identification number

BRACKENS KITCHEN INC

46-2633171

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD		
		\$\$	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$ <u>175,282.</u>	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		\$ 704,456.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD		
		\$ 224,085.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** BRACKENS KITCHEN INC 46-2633171 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

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Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

BRACKENS KITCHEN INC

Employer identification number 46-2633171

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised	funds	b) Funds 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 advisors in	writing that the assets hel	d in donor advised fur					
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any	other purpose confe	ring				
_	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	on Form 990, Part IV	, line 7.				
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (for example, recrea			orically important land area				
	Protection of natural habitat		Preservation of a cert	fied historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co					
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b				2b				
С	Number of conservation easements on a certified historic str			2c				
d	Number of conservation easements included in (c) acquired							
_	listed in the National Register							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by the organ	nization during the tax				
	year -							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe			Yes No				
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		d opforoing concorret					
6	Starr and volunteer riours devoted to morntoning, inspecting,	, rialidiling of violations, and	a emorcing conservati	on easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcina conservation ea	esements during the year				
•	\$ \$ \$	aling of violations, and one	ording conscivation ca	decine its during the year				
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements	s of section 170(h)(4)(F	3)(i)				
•	and section 170(h)(4)(B)(ii)?	•						
9	In Part XIII, describe how the organization reports conservat							
	balance sheet, and include, if applicable, the text of the foot		· ·					
	organization's accounting for conservation easements.	ŭ						
Par	t III Organizations Maintaining Collections of	of Art, Historical Trea	asures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its reve	nue statement and ba	lance sheet works				
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in furthera	nce of public				
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that desc	cribes these items.					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,				
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$				
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre	easures, or other similar as	sets for financial gain,	provide				
	the following amounts required to be reported under FASB A	ASC 958 relating to these i	tems:					
а	Revenue included on Form 990, Part VIII, line 1							
<u>b</u>	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021				

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection from (check all that apply): a Public exhibition d Quan or exchange program b Schodarly research e Other c Proservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollection's and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Except and funds rather than to be maintained as part of the organization's collection? Ves No Part IV Except and an amount on Form 990, Part X, line 21. 6 If 'Yes,' explain the arrangement in Part XIII and complete the following table: 7	Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical Ti	reasures, or	Other :	Similar As	sets(continu	ied)
a Public exhibition d	3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that r	make sign	ificant use of	its	
b Scholarly research e Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assesses to be sed for sine funds mathematical sea part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Art X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 C Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1 Part Y Endowrment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 2 Bignining of year balance 3 Bignining of year balance 4 Ochretives ment earnings, gains, and losses 5 End of year balance 6 Other expenditures for facilities and programs 5 Administrative expenses 9 End of year balance 9 Other expenditures for facilities and programs 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 9 E		collection items (check all that apply):							
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Amount C Baginning balance C Baginning balance G Baginning balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization nawwerd "Yes" on Form 990, Part X, line 10. Ia Beginning of year balance C Not investment earnings, gains, and losses of Grant or Form 990, Part X, line 21, for escrow or custodial account liability? I also be a second or customer or part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance C Not investment earnings, gains, and losses of Grant or Schoolarships G Cartent year (b) Prior year (c) Two years back (d) Trires years back (e) Four years back (e) Grants or Schoolarships C Not investment earnings, gains, and losses of Grant year end balance (line 1g, column (a)) held as: Beginning of year balance D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D Permanent endowment 9% D	а	Public exhibition	d	Loan or exc	change program	1			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIV, line 9, or reported an amount on Form 990, Part XIV It is 18 the organization answered "Yes" on Form 990, Part XIV, line 9, or reported on Form 990, Part XIV It is 18 the organization answered "Yes" on Form 990, Part XIV, line 9, or reported on Form 990, Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning the year □ Beginning of year balance □ Beginning of year balance □ Beginning of year balance □ Beginning of year balance □ Contributions	С	Preservation for future generations							
The part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C	4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	i's exemp	t purpose in F	Part XIII.	
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other	similar as	sets		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? with the arrangement in Part XIII and complete the following table: Complete C									No_
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	rt IV Escrow and Custodial Arran	igements. Comple	ete if the organization	on answered "Y	es" on Fo	rm 990, Part	IV, line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 to 1 d 4 Additions during the year f Ending balance 1 to 1 to 2 b Oth the organization include an amount on Form 990, Part X, line 21, for escrow or oustocidial account liability Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Net investment earnings, gains, and losses (d) Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment 96 c Term endowment 96 c Term endowment 96 c Term endowment 96 c Term endowment 96 c) Term endowment 96 c) Term endowment 97 c) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations 2		reported an amount on Form 990, Pa	rt X, line 21.						
C Beginning balance	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other asse	ets not inc	luded		
C Beginning balance 1d		on Form 990, Part X?					l	Yes	└── No
d Additions during the year	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back or Contributions b Contributions c Net investment earnings, gains, and losses of 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶								Amount	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Notificial State of the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Notificial State of Notific	С	Beginning balance					1c		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back	d	Additions during the year					1d		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI, line 10. Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Table Beginning of year balance Gamma Capture	е	Distributions during the year					1e		
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the organization answered Yes" on Form 990, Part IV, line 10.	f	Ending balance							
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years b		_				-	?l	Yes	☐ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									
1a Beginning of year balance b Contributions 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 44, 531. 29,053. 55,478. 6 Other 196,559, 72,338. 124,221.	Pai	rt V Endowment Funds. Complete					Th b.	-1	
b Contributions 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	CK (e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships	1a								
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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С								
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$\simeq \frac{9}{5}\$ b Permanent endowment \$\simeq \frac{9}{5}\$ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 84 , 531 • 29 , 053 • 55 , 478 • e Other 196 , 559 • 72 , 338 • 124 , 221 • 1									
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities							
g End of year balance									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f								
a Board designated or quasi-endowment	g								
b Permanent endowment	2		rent year end balanc		a)) held as:				
c Term endowment ▶	а			_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 196,559,72,338. 124,221.									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Re	С		· -						
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations									
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment	3a		ession of the organization	ation that are held a	and administere	d for the	organization	<u> </u>	/aa Na
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 196,559. 72,338. 124,221.		-							es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 196,559. 72,338. 124,221.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 196,559. 72,338. 124,221.		(ii) Related organizations						3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 84,531 29,053 55,478 124,221 1					?			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) basis (other) c Leasehold improvements d Equipment e Other 196,559. T2,338. (d) Book value (d) Book value 29,053. 55,478.	_			wment funds.					
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 84, 531. 29,053. 55,478.	Fai) Part IV line 11a	Soo Form 000 I	Dart V line	0.10		
basis (investment) basis (other) depreciation b Buildings C Leasehold improvements				` '		-		() D	
1a Land b Buildings c Leasehold improvements d Equipment 84,531. 29,053. 55,478. e Other 196,559. 72,338. 124,221.		Description of property	1 ' '					(a) Book	value
b Buildings C Leasehold improvements c Leasehold improvements 84,531. 29,053. 55,478. e Other 196,559. 72,338. 124,221.		Land	<u> </u>	noni, basis	(otrier)	debie	olation i		
c Leasehold improvements 84,531. 29,053. 55,478. e Other 196,559. 72,338. 124,221.									
d Equipment 84,531. 29,053. 55,478. e Other 196,559. 72,338. 124,221.							+		
e Other 196,559. 72,338. 124,221.					34 531	2	9 053	55	478
							_,,,,,,,		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BRACKENS KIT Part VII Investments - Other Securities.	CHEN INC	46	-2633171 Page
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	e 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	d-of-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.		- 11 11 Coo Form 000 Dort V line 05	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	
			(b) Book value
(1) Federal income taxes (2) TENANT DEPOSITS			4,360
(-7			4,300
(3)			
<u>(4)</u>			
(5)			

4,360. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

15580516 161399 2045

(6) (7) (8)

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 . 1	5,524,198.
1	Total revenue, gains, and other support per audited financial statements		1	3,324,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا		
a	Net unrealized gains (losses) on investments		_	
b	Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	_	
С.	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)		-	7 677
е	Add lines 2a through 2d		2e	7,677. 5,516,521.
3	Subtract line 2e from line 1		3	3,310,321.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,516,521.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			4 201 670
1	Total expenses and losses per audited financial statements		1	4,291,670.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	7,677. 4,283,993.
3	Subtract line 2e from line 1		3	4,283,993.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,283,993.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:			
TH:	ORGANIZATION HAS RECEIVED TAX-EXEMPT STA	TUS FROM THE INT	ERN	AL REVENUE
SE	RVICE AND CALIFORNIA FRANCHISE TAX BOARD U	NDER SECTION 501	(C)	(3) OF THE
IN	TERNAL REVENUE CODE AND UNDER REVENUE AND	TAXATION CODE SE	ECTI	ON 23701D,
RE	SPECTIVELY.			
SII	NCE THE ORGANIZATION IS EXEMPT FROM FEDERA	L AND STATE INCO	ME '	TAX
	ABILITY, NO PROVISION IS MADE FOR CURRENT			
	ZANIZATION HEES THE SAME ACCOUNTING METHOD			

Schedule D (Form 990) 2021

REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT

ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BRACKENS KITCHEN INC

Employer identification number 46-2633171

	S KIICHEN INC				40-2033	<u> </u>		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations								
c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
otal			•					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration		

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			HUNGRY GAMES	OTHER		(add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	309,419.	5,000.		314,419.
4	2	Less: Contributions	281,764.	5,000.		286,764.
	3	Gross income (line 1 minus line 2)	27,655.			27,655.
	4	Cash prizes	1,362.			1,362.
Direct Expenses	5	Noncash prizes	15,190.			15,190.
	6	Rent/facility costs	2,449.			2,449.
irect E	7	Food and beverages	1,450.			1,450.
	8	Entertainment	5,000.			5,000.
	9	Other direct expenses				9,017.
	10	Direct expense summary. Add lines 4 through			>	34,468.
		Net income summary. Subtract line 10 from li				-6,813.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		> _	
		ter the state(s) in which the organization condu	· · · · —	atata a O		Yes No
		the organization licensed to conduct gaming a No," explain:		states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	BRACKENS	KITCHE	N INC		46	5-2633	3171	Page 3
11	Does the organization conduct of	gaming activities with	nonmembe					Yes	□ No
	Is the organization a grantor, be	neficiary or trustee of	f a trust, or a	member of a pa	artnership or othe	r entity formed		Yes	☐ No
13	to administer charitable gaming' Indicate the percentage of gami						🗀	163	
							13a	I	%
	The organization's facility							1	
	An outside facility								70
1-7	Name			_		books and records.			
15a	Does the organization have a co	ontract with a third pa	irty from who	m the organizat	tion receives gami	ng revenue?		Yes	∟ No
b	If "Yes," enter the amount of gain					and the amount			
	of gaming revenue retained by t	he third party 🕨 🕏 _							
c	If "Yes," enter name and addres	ss of the third party:							
	Name								
	Address >								
16	Gaming manager information:								
	Name >								
	Gaming manager compensation	> \$							
	Description of services provided	· •							
	Director/officer	Employee		Independent	contractor				
17	Mandatory distributions:								
	Is the organization required und	er state law to make	charitable di	stributions from	the gaming proce	eds to			
_	retain the state gaming license?							Yes	☐ No
b	Enter the amount of distribution								
	organization's own exempt activ	•			. 3	·			
Pa	rt IV Supplemental Info			ons required by	Part I, line 2b, co	lumns (iii) and (v); an	d Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also pr	ovide any ac	ditional informa	ation. See instructi	ons.			

Schedule G (Form 990) BRACKENS KITCHEN INC	46-26331/1 Page 4
Part IV Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

BRACKENS KITCHEN INC

Employer identification number 46-2633171

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study Approval by the board or compensation committee			
	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM (BILL) BRACKEN (i	154,000.	0.	0.	0.	0.		0.
PRESIDENT (iii		0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(ii							
(i							
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(i							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

BRACKENS KITCHEN INC

Employer identification number 46-2633171

Part I Excess	Benefit Trans	saction	ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and se	ectio	n 501(c)(29) orga	anizati	ons or	าly).			
Complete	if the organizatio	n answ	vered "Yes" on I	orm 9	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disqua	lified person	(b) R	Relationship betw			lified	-) D	escription of tran	cactio	n		(d)	Corre	cted?
(a) Name of disqua	lilled person		person and or	ganiza	ation	,,	, De	escription of tran	Sactio	"		Ye	es	No
													_	
													_	
												_	_	
O Fraterithe americati	- f t							46						
2 Enter the amount of section 4958	•		•	•			•	-		Φ.				
3 Enter the amount of						anization				\$				
• Enter the amount	or tax, ii arry, or i	ii i	above, reimburs	ca by	ti ic oi	gariizatiori			'	Ψ				
Part II Loans to	o and/or Fro	n Inte	erested Pers	sons	; <u> </u>									
	if the organizatio	n answ	vered "Yes" on I	orm 9	990-EZ	, Part V, line 38a or l	Forn	n 990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
	ın amount on For							,			ŭ			
(a) Name of	(b) Relation		(c) Purpose		an to or	(e) Original	(f) Balance due	(g)	In	(h) App by boa	oroved ard or	(i) W	ritten
interested persor	n with organ	ization	of loan		ization?	principal amount			defa	ult?	comm	ittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
														<u> </u>
														_
														_
														_
Total						> \$								
	or Assistance	Ben	nefiting Inter	este	d Pe									
Complete	if the organizatio	n answ	vered "Yes" on I	orm 9	990, Pa	art IV, line 27.								
(a) Name of interes	ested person	(b) Relationship	betwe	een	(c) Amount of		(d) Type	of		(e)) Purp	ose of	F
			interested pers		ıd	assistance		assistan	ce		á	assista	ance	
			the organiza	ttion										
		+												
		+								+				
		+								+				
		+								+				
		+								\dashv				
		+								_				

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

Schedule L (Form 990) 2021

Complete if the organization answere (a) Name of interested person	(b) Relation	ship between	interes	sted	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
	person	and the organ	ızatıon		transaction	transaction	rever Yes	nues?
JESSICA BRACKEN	FAMILY	MEMBER	OF	WI	23,874.	COMPENSATIO		X
	+							
Don't VI Complement Library at 1								
Part V Supplemental Information. Provide additional information for response.	ponses to que	stions on Sche	edule L	. (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSAC'	TIONS I	NVOI	LVI:	NG INTEREST	TED PERSONS:		
(A) NAME OF PERSON: JESSI	CA BRAC	KEN						
(B) RELATIONSHIP BETWEEN			ZON	ΔΝ	D ORGANIZAT	TON•		
						. 1011.		
FAMILY MEMBER OF WILLIAM	BRACKEN	, OFFIC.	ER 8	k D	IRECTOR			
(D) DESCRIPTION OF TRANSA	CTION:	COMPENS	ATIC	ON	FOR EMPLOYM	MENT		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization BRACKENS KITCHEN INC Employer identification number 46-2633171

Par	rt I Types of Property								
		(a)	(b)	(c)	hution	N 4 - 41	(d)		
		Check if applicable	Number of contributions or	Noncash contri amounts report			nod of determir contribution a	•	
		арріісаріе		Form 990, Part VI		Horicasi	r contribution a	nount.	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		6	,053.	FMV			
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	1,798	1,918	<u>,934.</u>	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (KITCHEN SUPPL)	X	164		,674.				
26	Other (TICKETS)	X	4	2	,843.	FMV			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organize		•						
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date								v
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								v
31	Does the organization have a gift acceptance p						31		<u>X</u>
32a	Does the organization hire or use third parties of		•						v
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y tor which column	ı (a) is che	скеа,			
НΔ	describe in Part II.		fan Fanna 20				hedule M (Forr	- 000'	0004

132141 11-17-21

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

BRACKENS KITCHEN INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number 46-2633171

RESCUING, RE-PURPOSING AND RESTORING BOTH FOOD AND LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CALIFORNIA WE ARE HONORED TO WORK IN THIS SPACE. WE ARE ABLE TO DO

THIS NOT ONLY BY COOKING THE MEALS BUT WITH OUR FOOD TRUCK AND A

IN THE PAST YEAR SOME OF OUR

ACCOMPLISHMENTS INCLUDE DISTRIBUTING 1,702,644 MEALS TO THE COMMUNITY

NETWORK OF COMMUNITY PARTNERS WHO HELP TO GET OUR MEALS INTO THE HANDS

LIVING IN FOOD INSECURITY THROUGH OUR DISTRIBUTION NETWORK OF OVER 45

COMMUNITY AND AGENCY PARTNERS.

OF THOSE WHO NEED IT MOST.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COVID CITIES AND COUNTIES ALL ACROSS THE STATE ARE ONCE AGAIN FOCUSED

ON WASTE.

ONCE RESCUED WE ARE ABLE TO BRING THESE FOOD ITEMS INTO OUR 17,000 SQ

FT FACILITY AND TURN IT INTO TASTY AND NUTRITIOUS MEALS FOR OUR FRIENDS

AND NEIGHBORS IN NEED. UGLY PRODUCE, MEAT AND CHICKEN THAT DIDN'T SELL

AND HAD TO BE FROZEN, OVERPRODUCTION OF SAUCES, DRESSINGS AND

CONVENIENCE ITEMS, OFF SPEC ITEMS AND PRODUCE LEFT IN THE FIELD ARE

JUST A FEW EXAMPLES OF THE MANY AREAS IN WHICH WE RESCUE FOOD. THIS

PAST YEAR WE WERE ABLE TO RESCUE 260 TONS OF UNUSED EDIBLE FOOD FROM

OUR LOCAL RESCUED FOOD PARTNERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990) 2021

15580516 161399 2045

Schedule O (Form 990) 2021 Page **2**

Name of the organization

BRACKENS KITCHEN INC

Employer identification number 46-2633171

PIECES TOGETHER IN 2022 TO BRING IN NEW STUDENTS. WHILE WE RECOGNIZE

THAT NOT EVERY STUDENT MAY BECOME A FAMOUS CHEF, EVERY STUDENT WILL

HAVE THE FOUNDATION TO NOT ONLY A CAREER IN FOOD SERVICE BUT THEY WILL

HAVE A BETTER UNDERSTANDING AND APPRECIATION FOR HOW TO COOK AND

PROVIDE FOR THEIR OWN FAMILIES. WHILE WE CONTINUE TO WELCOME SEVERAL

YOUNG PEOPLE WITH BARRIERS INTO OUR KITCHEN TO LEARN AND GROW WE ARE

EXCITED AND FOCUSED ON OUR NEW CLASS WORK AND RECRUITING STUDENTS INTO

OUR REIMAGINED PROGRAM.

FORM 990, PART VI, SECTION A, LINE 2:

BILL AND MOLLY BRACKEN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE FINAL FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 15A:

USE COMPATABLE DATA TO LOCAL LIKE SIZED ORGANIZATIONS.

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

AVAILABLE UPON REQUEST

Schedule O (Form 990) 2021

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Year	2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/	dd/yyy	y)			_
Corporation/Org	anization name	Califo	ornia corpo	oration r	number	_
BRACKE	NS KITCHEN INC	:	3556	376		
Additional inform	nation. See instructions.	FEII	N			_
		4	46-2	633	171	
Street address (suite or room)		PMB no.			_
13941	NAUTILUS DRIVE.					
City	State	•	ZIP code			_
GARDEN	GROVE	A S	9284	3		
Foreign country	name Foreign province/state/county		Foreign po	ostal co	de	_
A First retu						
B Amended	return • Yes X No not reported to the FTB? See	instruc	tions		● Yes X No)
C IRC Secti	on 4947(a)(1) trust Yes 🔀 No 🛭 If exempt under R&TC Sectio	n 2370	1d, has t	he org		
D Final info	rmation return? engaged in political activities?					
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt un	nder R&	RTC Secti	on 237	701g? ● Yes _X _ No	O .
						_
		ability (company	?	● Yes X No	J
	Other 990 series report taxable income?				● Yes X No	3
H Is this or	• • • • • • • • • • • • • • • • • • • •					
If "Yes," v					Yes 🗶 No)
	Date filed with IRS					
						_
Part I					004 000	_
				_		_
				_		00
		MLLD ,	 •	3	4,300,000)0
Receipts	· · · · · · · · · · · · · · · · · · ·			1	E EEO 0001-	
and			_	4	3,330,9690)0
Revenues	5 Cost or goods sold		_			
			_	7		
						00
				-		
Expenses						
				_		
	10 Hostov Con Congrel Information V		····· 🐪	-		00
	12 Daymente halance. If line 11 is more than line 12 cultivate line 12 from line 11		🚡	$\overline{}$		00 00
Filing Fee				-) <u>0</u>
i iiiig i ee	If "Yes," enter the gross receipts from nonmember sources \$ If "Yes," enter the gross receipts from nonmember sources \$ Is the organization a limited liability company?	00				
				-		00
	Under penalties of perjury, I decire that I have examined this return, including accompanying schedules and statements,	, and to	the best o			ñ
Sign			y Kilowieu	ge.	I ● Telephone	
Here	Signature of officer PRESIDENT	Date			relephone	
		Check i	f		● PTIN	\dashv
	Preparer's REBECCA CHRISTIANSEN 05/16/22			\Box	P01219191	
Paid	Firm's name				1	\dashv
Preparer's	(or yours, EVERGREEN ALLITANCE PROFESSIONAL CORP.				86-1400078	
Use Only	employed) 4332 CERRITOS AVE, SUITE A105				● Telephone	\dashv
,	and address LOS ALAMITOS, CA 90720				714-372-8110	
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No	\exists

BRACKENS KITCHEN INC

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

128951	01-19-	2:

		1	Gross sales or receipts from all bu	isiness act	ivities. See instru	ictions		•	1		27,655	00
		2	Interest					•	2			00
		3	Dividends						3			00
Rece	eipts	4	Gross rents						4		27,200	00
from	1	5	Gross royalties						5			00
Othe	r	6							6			00
Sour	rces	7	Gross amount received from sale Other income	`	,		SEE STA	TEMENT 3 •	7		930,134	
		8	Total gross sales or receipts from						8		984,989	
		9	Contributions, gifts, grants, and si			-			9			00
		10	Dishursements to or for members	mar amo				•	10			00
		11	Disbursements to or for members Compensation of officers, director	e and true			SEE STA	TEMENT 4	11		154,000	
		12	Other calaries and wages	o, and it uo				•	12		952,081	
Fv			Other salaries and wages						13		752,003	+
-	enses	13							-		85,496	00
and		14							14		301,163	
	urse-	15							15	-		
men	ts	16	Depreciation and depletion (See in Other expenses and disbursement	istructions)		CDD CD3		16	— .	47,095	
		17	Other expenses and disbursement	S			SEE STA	TEMENT 5 •	17		2,778,626	
				s. Add line					18		4,318,461	L 00
Scr	nedu	le L	Balance Sheet		Beginning o	t taxable			or tax	able y		
Asse	ets		_		(a)		(b)	(c)			(d)	
							1,924,940			•	3,022,1	
			s receivable				93,873			•	169,5	13
3	Net not	tes red	ceivable							•		
4	Invento	ories .								•		
			state government obligations							•		
6	Investn	nents	in other bonds							•		
7	Investn	nents	in stock							•		
	Mortga									•		,
9	Other in	nvestr	ments							•		
10	a Depr	eciab	le assets		249,915	5		281,0	90			
	b Less	accu	mulated depreciation (54,296))	195,619	(101,39	1)		179,6	<u> 599</u>
								-		•		
12	Other a	ssets	STMT 6				67,778			•	188,3	393
13	Total a	ssets					2,282,210				3,559,7	
			et worth								- 7 - 7 -	
			yable				131,775			•	176,7	744
			s, gifts, or grants payable							•		
			otes payable							•		
										•		
10	ivioi iya ∩thar li	iyes p ishiliti	es STMT 7			-	4,360				<u> </u>	360
10	Canital	ctock	or principal fund			-	4,500			_		
										÷		
			tal surplus. Attach reconciliation			-	2,146,075			<u>•</u>	3,378,6	<u>5 N 3</u>
			nings or income fund			-	2,282,210			•	3,559,7	
			ties and net worth		data da casa a casa a		2,202,210				3,339,1	7 0 7
<u> </u>	nedu	ie iv	1-1 Reconciliation of income por Do not complete this schedu		nount on Schedu	ıle L, line		s than \$50,000.				
1	Net inc	ome p	oer books	•	1,232,	528	7 Income recorded	on books this year				
			me tax				not included in th	is return. Attach schedul	е	•		
3	Excess	of ca	pital losses over capital gains	•			8 Deductions in this	s return not charged				
4	Income	not r	recorded on books this year.				against book inco	ome this year.				
			dule							•		
			corded on books this year not				9 Total. Add line 7					
			this return. Attach schedule	•			10 Net income per re					
			ne 1 through line 5		1,232,	528	Subtract line 9 fro				1,232,5	528

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	'ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NATIONAL CHRISTIAN FOUNDATION	650 TOWN CENTER DRIVE COSTA MESA, CA 92626	12/31/21	257,345.
JIM FRANKLIN	31 WATERCRESS IRVINE, CA 92603-0408	12/31/21	250,000.
BOB MC CAFFREY	1410 SOUTH BAY FRONT BALBOA ISLAND, CA 92662	12/31/21	200,000.
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BLVD, STE. 510 NEWPORT BEACH, CA 92660	12/31/21	183,350.
SUN FAMILY FOUNDATION	P.O. BOX 8566 FOUNTAIN VALLEY, CA 92728	12/31/21	100,000.
THE ROBERTO FOUNDATION	660 NEWPORT CENTER DR STE 1220 NEWPORT BEACH, CA 92660	12/31/21	106,000.
BANK OF AMERICA	520 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	12/31/21	101,000.
TOTAL INCLUDED ON LINE 3			1,197,695.

CA 199	NONCASH CONTRIBUT		STATEMENT 2		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
ORANGE COUNTY FOOD BANK	11870 MONARCH	ST. GARDEN GROVE,	CA 92841		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT		
FOOD	12/31/21	489,840.	489,840.		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
VESTA (FKA LA SPECIALTY)	P.O. BOX 2293	SANTA FE SPRINGS,	CA 90670		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT		
FOOD	12/31/21	175,282.	175,282.		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
SECOND HARVEST	8014 MARINE WA	AY IRVINE, CA 9286	5		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT		
FOOD	12/31/21	704,456.	704,456.		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS			
PACIFICA FOODS, STIR FOODS	13415 ESTELLE	STREET CORONA, CA	92879-1877		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT		
FOOD	12/31/21	224,085.	224,085.		
TOTAL INCLUDED ON LINE 3		1,593,663.	1,593,663.		

CA 199 OTHE	ER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
COMMUNITY FEEDING PROGRAM CULINARY TRAINING PROGRAM		903,69	
TOTAL TO FORM 199, PART II, LINE 7		930,13	34.
CA 199 COMPENSATION OF OFFICERS,	, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
WILLIAM (BILL) BRACKEN 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	PRESIDENT 50.00	154,00	00.
CATERINA HALL-RICHARDS 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	DIRECTOR OF OPERATIONS 50.00		0.
MOLLY BRACKEN 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	SECRETARY 1.00		0.
HILDA JUSUF 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	TREASURER 0.50		0.
MICHAEL PERSON 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	DIRECTOR 0.50		0.
DOUGLAS SCHONFELD 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	DIRECTOR 1.00		0.
NICHOLE SMITH 13941 NAUTILUS DRIVE. GARDEN GROVE, CA 92843	DIRECTOR 0.25		0.
TOTAL TO FORM 199, PART II, LINE 11		154,00	00.

CA 199 OTHER EXPEN	SES	STATEMENT	5
DESCRIPTION		AMOUNT	
FOOD EXPENSE		2,262,43	15.
SUPPLIES		236,6	
AUTOMOBILE		21,88	84.
BANK FEES		20,5	70.
DIRECT EXPENSES OF FUNDRAISING EVENTS		34,40	58.
OTHER EMPLOYEE BENEFITS		3 (05.
ACCOUNTING FEES		21,79	93.
OTHER PROFESSIONAL FEES		55,63	32.
ADVERTISING AND PROMOTION		31,63	
OFFICE EXPENSES		21,7	
INFORMATION TECHNOLOGY		2,9	
TRAVEL		-,-	8.
CONFERENCES AND CONVENTIONS		4,59	
INSURANCE		48,3	
ALL OTHER EXPENSES		15,58	
TOTAL TO FORM 199, PART II, LINE 17		2,778,62	26.
CA 199 OTHER ASSE	TS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVABLE	35,000.	154,20	00.
PREPAID EXPENSES AND DEFERRED CHARGES	16,933.	17,8	
DEPOSIT	15,845.	16,3	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	67,778.	188,39	93.
CA 199 OTHER LIABIL	ITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
TENANT DEPOSITS	4,360.	4,30	 50 :
TOTAL TO FORM 199, SCHEDULE L, LINE 18	4,360.	4,30	50.

Date Accepted

<u>**1021**</u>

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizations				
Exempt Organization name	Identifying number			
BRACKENS KITCHEN INC	46-2633171			
Part I Electronic Return Information (whole dollars only)				
1 Total gross receipts (Form 199, line 4)	111111			
2 Total gross income (Form 199, line 8)	2 5,550,989			
3 Total expenses and disbursements (Form 199, line 9)	3 4,318,461			
Part II Settle Your Account Electronically for Taxable Year 2021				
4 Electronic funds withdrawal 4a Amount 4b Withdrawa	4b Withdrawal date (mm/dd/yyyy)			
Part III Banking Information (Have you verified the exempt organization's banking information?)				
5 Routing number				
6 Account number 7 Type of account:	: Checking Savings			
Part IV Declaration of Officer				
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I author on line 4a.	rize an electronic funds withdrawal for the amount listed			
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the correst California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay	ponding lines of the exempt organization's 2021 ct, and complete. If the exempt organization is filing f the exempt organization's fee liability, the exempt ganization return and accompanying schedules and f the exempt organization's return or refund is			
Sign Here Signature of officer Date PRESIDENT Title				

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will flile with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| Date

Check if

I Check

ERO	signature	CCA CHRISTIANSEN	1	also paid preparer	X if self- employe			
Must	Firm's name (or yours if self-employed)	EVERGREEN ALLIA	ANCE PROFESS:	IONAL CORP	•	Firm's FEIN $86 - 1400078$		
Sign	and address	4332 CERRITOS A	•	105				
		LOS ALAMITOS, C	CA			ZIP code 90720		
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Paid Prepa	Paid preparer's signature			Date	Check if self- employed	Paid preparer's PTIN		
Must Firm's name (or yours if self-employed)						Firm's FEIN		
Sign	and address							
					ZIP code			
						<u> </u>		

FTB 8453-EO 2021

| ERO's PTIN

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than four months and fifteen days after the end of the

DEPARTMENT OF JUSTICEPAGE 1 of 5 (For Registry Use Only)

(0.10)= 10 0.100	anization's accounting period may result in the lo num tax of \$800, plus interest, and/or fines or filir 23703; Government Code section 12586.	ng penalties. Revenue &	Taxation Code section				
BRACKENS KITCHEN INC	С		nange of address nended report				
List all DBAs and names the organization uses or ha 13941 NAUTILUS DRIVE							
Address (Number and Street)			arity Registration Number CT 024064	<u> </u>	—		
GARDEN GROVE, CA 92843 City or Town, State, and ZIP Code BILL@BRACKENSKITCHEN.CO			Corporation or Organization No. 3556376				
(310) 498-1061 M			Federal Employer ID No. 46-2633171				
Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
	Fee Total Revenue	<u>Fee</u>	Total Revenue	Fe	_		
Less than \$50,000 \$25 Between \$250,001 and \$1 million \$100 Between \$20,000,001 and \$100 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million			on \$1	300 1,000 1,200			
PART A - ACTIVITIES		1 / 20 21					
For your most recent full accounting period (beginning $01/01/2021$ ending $12/31/2021$) list: Total Revenue (including noncash contributions) \$ 5,516,521 Noncash Contributions\$ 2,001,504 Total Assets\$ 3,559,707 Total Expenses\$ 4,283,993							
PART B - STATEMENTS REGARDING	G ORGANIZATION DURING THE PE	ERIOD OF THIS R	EPORT				
Note: All questions must be answer providing an explanation and			ow, you must attach a separate page 1 instructions for information required	I. Yes	No		
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?					х		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							
4. During this reporting period, were commercial coventurer used?	the services of a commercial fundrai	iser, fundraising co	ounsel for charitable purposes, or		х		
5. During this reporting period, did the organization receive any governmental funding?					х		
6. During this reporting period, did th	ne organization hold a raffle for charit	table purposes?			х		
7. Does the organization conduct a v	vehicle donation program?				х		
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
At the end of this reporting period	, did the organization hold restricted	net assets, while	reporting negative unrestricted net assets	?	х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
	WILLIAM BRACKEN]	PRESIDENT				
Signature of Authorized Agent	Printed Name		Title Da	te			