Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| A                              | For the                  | e 2023 calendar year, or tax year beginning and e   | ending     |                                     |                             |
|--------------------------------|--------------------------|---|------------|-------------------------------------|-----------------------------|
| B                              | Check if<br>applicabl    | e: C Name of organization   |            | D Employer identific                | ation number                |
|                                | Addre:                   | Brackens Kitchen Inc  |            |                                     |                             |
|                                | Name<br>chang            |   |            | **-***31'                           | 71                          |
|                                | Initial<br>return        |   | Room/suite | E Telephone number                  |                             |
|                                | Final<br>return/         |   |            | 714 554-1                           |                             |
|                                | termin<br>ated           | City or town, state or province, country, and ZIP or foreign postal code  |            | <b>G</b> Gross receipts \$          | 8,014,132.                  |
|                                | Ameno                    |   |            | H(a) Is this a group re             |                             |
|                                | Applic<br>tion<br>pendir | F Name and address of principal officer: WIIIIan DIACKEI  |            | for subordinates                    |                             |
|                                |                          | 13941 Nautilus Dr., Garden Grove, CA 9  | 2843       | <b>H(b)</b> Are all subordinates in | cluded? Yes No              |
| <u> </u>                       | Tax-exe                  | empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1) or  | r 🛄 527    | lf "No," attach a                   | list. See instructions      |
|                                | Websit                   |   |            | H(c) Group exemption                |                             |
|                                |                          | organization: X Corporation Trust Association Other   | L Year of  | of formation: 2013                  | State of legal domicile: CA |
| Pa                             | art I                    | Summary   | 1 0        |                                     |                             |
| ø                              |                          | Briefly describe the organization's mission or most significant activities: ${\tt Throu}$   |            |                                     |                             |
| anc                            |                          | training and our community feeding progra   | ım, we     | are commit                          | ted to                      |
| Activities & Governance        |                          | Check this box if the organization discontinued its operations or dispose   | ed of more | than 25% of its net as              | sets.                       |
| Š                              |                          |   |            |                                     | 7                           |
| <u>ه</u>                       |                          | Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$  |            |                                     | 5                           |
| ies                            |                          | Total number of individuals employed in calendar year 2023 (Part V, line 2a)  |            |                                     | 54                          |
| ivit                           | 6                        | Total number of volunteers (estimate if necessary)  |            |                                     | 1312                        |
| 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  |            |                                     | -                           |
|                                |                          |   |            | Prior Year<br>4,015,061.            | Current Year<br>5,530,925.  |
| ue                             |                          | Contributions and grants (Part VIII, line 1h)   |            | 1,093,352.                          | 1,719,488.                  |
| Revenue                        |                          | Program service revenue (Part VIII, line 2g)  |            | 950.                                | 24,034.                     |
| Be                             |                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |            | 252,594.                            | 674,015.                    |
|                                |                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |            | 5,361,957.                          | 7,948,462.                  |
|                                |                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |            | 0.                                  | 1,940,402.                  |
|                                |                          | 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)   |            | 1,481,397.                          | 1,984,227.                  |
| Expenses                       |                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |            | 1,401,357.                          | 0.                          |
| oen                            |                          | Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) 256,95 | 7.         | •••                                 |                             |
| Ă                              |                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |            | 3,024,773.                          | 4,798,968.                  |
|                                |                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |            | 4,506,170.                          | 6,783,195.                  |
|                                |                          | Revenue less expenses. Subtract line 18 from line 12  |            | 855,787.                            | 1,165,267.                  |
| es                             |                          |   | Be         | ginning of Current Year             | End of Year                 |
| ets (                          | 20                       | Total assets (Part X, line 16)  |            | 5,090,122.                          | 6,511,404.                  |
| Ass<br>Bal                     | 20                       | Total liabilities (Part X, line 26)   | ······     | 855,732.                            | 1,111,747.                  |
| Net Assets or<br>Fund Balances | 22                       | Net assets or fund balances. Subtract line 21 from line 20  | ·····      | 4,234,390.                          | 5,399,657.                  |
|                                |                          | Signature Block   |            | _,,,                                | 0,000,007.                  |

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

| Sign       | Signature of officer  |                      |     |      | Date                     |  |  |  |
|------------|---|----------------------|-----|------|--------------------------|--|--|--|
|            | William Bracken, Presiden   | t                    |     |      |                          |  |  |  |
|            | Type or print name and title  |                      |     |      |                          |  |  |  |
|            | Print/Type preparer's name  | Preparer's signature |     | Date | Check PTIN               |  |  |  |
| Paid       | David R. Stephens   |                      |     |      | self-employed P00339728  |  |  |  |
| Preparer   | Firm's name Stephens, Reiding   |                      | LLP |      | Firm's EIN **-***9599    |  |  |  |
| Use Only   | Firm's address 1301 Dove Street,  | Suite 890            |     |      |                          |  |  |  |
|            | Newport Beach, CA   | 92660                |     |      | Phone no. (949) 752-7400 |  |  |  |
| May the II | lay the IRS discuss this return with the preparer shown above? See instructions                       |                      |     |      |                          |  |  |  |
| LHA For    | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                      |     |      |                          |  |  |  |

See Schedule O for Organization Mission Statement Continuation

| PertIII Statement of Program Service Accomplishments       [X]         Imply decodes the comparizator's mesor:       [X]         Imply decodes the comparizator's mesor:       Through food rescue, culinary training and our community feeding program, we are committed to rescuing, re-purposing and restoring both food and lives.         2       Dot the comparizator's mesor:       [Yes [X] No         4       Dot the comparizator's mesor:       [Yes [X] No         1       Sector bota:       [Yes [X] No         1       Wes (X) of the comparizator's comparison of the sector of the the largest program service?       [Yes [X] No         1       Wes (X) of the comparizator's comparison of the sector of the largest program service?       [Yes [X] No         1       Wes (X) of the comparizator's comparison of the sector of the the largest program service?       [Yes [X] No         1       Wes (X) of the comparison of the sector of the largest program service?       [Yes [X] No         1       Wes (X) of the comparison of the sector of the largest program service?       [Yes [X] No         1       Wes (X) of the comparison of the sector of the largest program service?       [Yes [X] No         1       Wes (X) of the comparison of the sector of the largest program service?       [Yes [X] No         1       Wes (X) of the comparison of the sector of the largest program service?       [Yes [X] No         1       <   | Form | 990 (2023) Brackens Kitchen Inc **-***3171 Page 2  |
|--|------|--|
| <ul> <li>Buely describe the capanization's mission.         Through food rescue, culinary training and our community feeding         program, we are committed to rescuing, re-purposing and restoring both         food and lives.         Did the capanization undertake any significant program services during the year which were not listed on the         proform 000 of 000E2         Did the capanization case accounted on the significant program services during the year which were not listed on the         proform 000 of 000E2         The's, describe these envires on Schedule 0.         The's, describe these changes on Schedule 0.         The's, describe these changes on Schedule 0.         Deach the tragging the services accomplation the reach of its three largest program services, as measured by expenses.         Socion SOI(c)(3) and SOI(c)(4) capanizations are equived to report the amount of grants and allocations to others, the total expenses, and         revenue, if no, for each program service accomplations to report the amount of grants and allocations to others, the total expenses, and         revenue, if no, for each program service accomplations are equived to report the amount of grants and allocations to others, the total expenses, and         revenue, if no, for each program service accomplate not.         Community Feeding Program         At the heart of our work is a commitment to feed our friends and         neighbors in need. In Orrange County over 500,000 people struggle with         food insecurity and the ability to put a meal on their tables. In LA         County and Southern California as a whole that number is much, much         higher.         We come to work every day excited to do what we love most, cook tasty         and nutritious meals for our friends and neighbors in need. From         breakfast for our seniors and veterans all across southern         California we are honored to work in this space. We are able to do this         doam jite echongered</li></ul>  |      |  |
| <ul> <li>Through food rescue, culinary training and our community feeding program, we are committed to rescuing, re-purposing and restoring both food and lives.</li> <li>20 Dithe organization undertake any significant program services during the year which were not lated on the proform 500 0790.627 [Ves [X] No [Ves (School heas new services on Schedule 0.</li> <li>30 Dithe organization cases conducting, ur make significant changes in how it conducts, any program services ] [Ves [X] No [Ves [X] No [Ves [X] No [Ves [X] No contexp. the torganization's program service accomplation to require to report the amount of grants and discottors to others, the total expenses, and revenue, if any, for each program service accomplation to require to report addition of the start of the area of the the area of others, the total expenses, and revenue, if any, for each program service accomplation to feed our friends and neighbors in need. In Orange County over 500,000 people struggle with food insecurity and the ability to put a meal on their tables. In IA County and Southern Callifornia as a whole that number is much, much higher.</li> <li>We come to work every day excited to do what we 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 hot lunches for our struggling college students in Santa Ana to a complete hot dinner for families, seniors and veterans all across southern California we are honored to work in this space. We are able to do this is produced at enormous cost to you is left to rot in the dump of you for any program service second by numans. Perfectly good food that was produced at enormous cost to you is left to rot in the dumpster. Food that if properly managed could have been used to feed our friends and neighbors in need. We leverage existing relationships and you've feed him for a day, teach him to describe on the displays. Acting and out the dumpster. Once rescued we're able to feed our friends and ne</li></ul>   |      | Check if Schedule O contains a response or note to any line in this Part III   |
| program, we are committed to rescuing, re-purposing and restoring both food and lives.   2 Dothe cognitation undetake any significant program services during the year which were not listed on the prior form 980 or 980-E2? Ives: [X] No   1* Year, 'describe themes new services on Schedule 0. Ives: [X] No   1* Year, 'describe themes envices on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   2* Obtice: [X] No on Year (X] No Ives: [X] No   1* Year, 'describe themes on Schedule 0. Ives: [X] No   2* Obtice: [X] No on Year (X] No Ives: [X] No   1* Year (X]  | 1    | Briefly describe the organization's mission:   |
| Food and lives.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 890 or 890 cf?       Ives: [X] No         11 'Ves: [X] No       Ives: [X] No       Ives: [X] No         12 'Ves: [X] No the organization cases conducting, or make significant changes in how it conducts, any program services?       Ives: [X] No         14 'Ves: [X] No       Ives: [X] No       Ives: [X] No         14 'Ves: [X] No dives: any program services computation or product the amount of grants and allocations to others, the total access.       Sectors 70(6) and 50(10(4) organizations are required to report the amount of grants and allocations to others, the total access.         36 (cose: [V] Centers: 2,474,4357. redung zented:   |      |  |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990 E27 [IV 9a, 'deachies these new services on Schedule 0. If 'Yoa,' deachies these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the anount of grants and allocations to others, the total expenses, and reverue, if w, for each program service expended. 4a (cot:  |      |  |
| prior Form 380 or 980 C27  |      | food and lives.  |
| prior Form 380 or 980 C27  |      |  |
| <ul> <li>if "Yes," describe these new services on Schedule O.</li> <li>3 bd the organization's on case's conducting, or make significant changes in how it conducts, any program services.</li> <li>Describe the organization's program service accompliamments for each of its three largest program services.</li> <li>Section 501(6(3) and 501(6(4) organizations are required to proof the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service aground.</li> <li>(a) (coare (1) (coments) 2, 474, 357. "noticing grant of allocations to others, the total expenses, and reverue, if any, for each program service, a commitment to feed our friends and neighbors in need. In Orange County over 500,000 people struggle with food insecurity and the ability to put a meal on their tables. In LA County and Southern California as a whole that number is much, much higher.</li> <li>We come to work every day excited to do what we love most, cook tasty and nutritious meals for our friends and neighbors in need. From breakfast for our serings right here in Garden Grove, to hol lunches for our struggling college students in Santa Ana to a complete hot dinner for families, seniors and veterans all acroses southern California we are honored to work in this space. We are able to do this the space device of the submatry of the second by humans. Perfectly good food that was produced at enormous cost to you is left to rot in the dumpster. Food that if properly managed could have been used to feed our friends and neighbors in need.</li> <li>(come to us and not the dumpster. Once rescued we're able to turn these food items into utritious meals for our friends and convenience items, off spec food them sint out the dumpster. Cocle that in properly managed could have been used to feed our friends and neighbors in need.</li> <li>(wewest 3, 3,531,501. "redung grants") (wewest 3,274,303.)</li> <li>Rescued Food Program powers all that we do here at the kitchen. In Americ</li></ul>   | 2    |  |
| <ul> <li>3 Did the organization casase conducting, or make significant changes in how it conducts, any program services?</li></ul>   |      |  |
| <ul> <li># "Yes' describe these changes on Schedule 0.</li> <li>Bescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(6)(9) and 50(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.</li> <li>(Community Feeding Program</li> <li>(December 2, 474, 4357. "houldin grants of allocations to others, the total expenses, and reverue, if any, for each program service reported.</li> <li>(December 2, 474, 4357. "houldin grants of allocations to others, the total expenses, and reverue, if any, for each program services accountly over 500,000 people struggle with food insecurity and the ability to put a meal on their tables. In LA County and Southern California as a whole that number is much, much higher.</li> <li>We come to work every day excited to do what we 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 hot lunches for our struggling college students in Santa Ana to a complete hot dinner for families, seniors and veterans all across southern California we are honored to work in this space. We are able to do this Rescued Food Program powers all that we do here at the kitchen. In America today it is estimated that up to 40% of our food supply ends up in landfills having never been consumed by humans. Perfectly good food that was produced at enormous cost to you is left to rot in the dumpster. Food that if properly managed could have been used to feed our friends and neighbors in need. We leverage existing relationships and build new and exciting ones to ensure that high quality edible food comes to us and not the dumpster. Once rescued we're able to turn these food items into nutritious meals for our friends and neighbors in need.</li> <li>(Bowenes 266, 322. 266, 332. "Neutragmants") (Reveres 2)<th></th><th></th></li></ul>   |      |  |
| 4 Describe the organization's program services 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 reverue. [farey, for each program service reported. 4a (Cost  | 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
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| <pre>dinner for families, seniors and veterans all across southern<br/>California we are honored to work in this space. We are able to do this<br/>California we are honored to work in this space. We are able to do this<br/>(Code</pre>   |      |  |
| California we are honored to work in this space. We are able to do this<br>Code:(Expenses  |      |  |
| <pre>4b (Code:)(Expenses3,531,501. including grants of s) (Revenue s3,274,303.)<br/>Rescued Food Program<br/>Our rescued food program powers all that we do here at the kitchen. In<br/>America today it is estimated that up to 40% of our food supply ends up<br/>in landfills having never been consumed by humans. Perfectly good food<br/>that was produced at enormous cost to you is left to rot in the<br/>dumpster. Food that if properly managed could have been used to feed<br/>our friends and neighbors in need. We leverage existing relationships<br/>and build new and exciting ones to ensure that high quality edible food<br/>comes to us and not the dumpster. Once rescued we're able to turn these<br/>food items into nutritious meals for our friends and neighbors in need.<br/>Ugly produce, meat and chicken that didn't sell and had to be frozen,<br/>overproduction of sauces, dressings and convenience items, off spec<br/>4c (Code:)(Expenses 268,332. including grants of s) (Revenue s)<br/>Culinary Training Program<br/>Now in our 5th class of students our culinary training program has<br/>grown into a very important part of the work we do. Like the age old<br/>saying, give a man a fish and you've fed him for a day, teach him to<br/>fish and you will feed him for a lifetime. The perfect statement to<br/>describe our work in culinary training. While we recognize that not<br/>every student may become a famous Chef, every student will have the<br/>foundation for, not only a career in food service, but they'll have a<br/>better understanding and appreciation for how to cook and provide for<br/>their own families.<br/>4d Other program services (Describe on Schedule O.)<br/>(Expenses 1 including grants of 1 if (Revenue s) (Revenue s)<br/>(Revenue s)</pre>  |      |  |
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| overproduction of sauces, dressings and convenience items, off spec         4c       (Code:  |      |  |
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| Culinary Training Program  |      | overproduction of sauces, dressings and convenience items, off spec  |
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| 4d       Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )  |      |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  |      | their own lamilles.  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  |      |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  | 4-1  | Other program convises (Describe on Schedule O.)   |
|  | 40   |  |
|  | 4e   |  |

| 332002 | 12-21-23 |
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Form **990** (2023)

| Form | 990 | (2023) |
|------|-----|--------|

Form 990 (2023) Brackens Kitchen Inc

|     |   |     | Yes  | No       |
|-----|---|-----|------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br>If "Yes," complete Schedule A  | 1   | x    |          |
| 2   | If "Yes," complete Schedule A   | 2   | X    |          |
| 2   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for       | 2   | - 23 |          |
| 5   | public office? If "Yes," complete Schedule C, Part I  | 3   |      | x        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect      | 5   |      |          |
| -   | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |      | x        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or          |     |      |          |
| U   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |      | x        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to             |     |      |          |
|     | 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   |      | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete          |     |      |          |
|     | Schedule D, Part III  | 8   |      | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for         |     |      |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?             |     |      |          |
|     | If "Yes," complete Schedule D, Part IV  | 9   |      | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                          |     |      |          |
|     | 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,           |     | 37   |          |
|     | Part VI   | 11a | Х    |          |
| b   | <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total |     |      |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |      | x        |
| с   | id the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total            |     |      | x        |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |      | <u> </u> |
| a   |   | 11d |      | x        |
|     |   | 11e | х    |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses               | 110 |      |          |
| •   | 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 |      | x        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                     | 13  |      | Х        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |      | Х        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,               |     |      |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000            |     |      |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |      | Х        |
| 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  |      | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to              |     |      |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |      | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,               |     |      |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |      | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines          |     | 37   |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | Х    | <b> </b> |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                |     |      |          |
| •   | complete Schedule G, Part III   | 19  |      | X        |
|     | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                    | 20a |      | x        |
|     | 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                           |     |      | x        |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21  |      |          |

 Form 990 (2023)
 Brackens Kitchen Inc

 Part IV
 Checklist of Required Schedules (continued)

|             |  |      | Yes  | No |
|-------------|--|------|------|----|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |      |    |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |      | X  |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |      |      |    |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   | 00   | х    |    |
| 24 2        | Schedule J<br>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 23   | - 72 |    |
| <b>24</b> a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |      |      |    |
|             | Schedule K. If "No," go to line 25a  | 24a  |      | x  |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |      |    |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |      |      |    |
|             | any tax-exempt bonds?  | 24c  |      |    |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |      |    |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |      |    |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |      | X  |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |      |    |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |      |      | v  |
| ~~          | 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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26   |      | x  |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  | 20   |      |    |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |      |      |    |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |      | x  |
| 28          | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,  |      |      |    |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  |      |      |    |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |      |      |    |
|             | "Yes," complete Schedule L, Part IV  |      |      | X  |
|             | 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  |      |      | v  |
| ~~          | "Yes," complete Schedule L, Part IV  | 28c  | X    | X  |
| 29<br>30    | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>  | 29   |      |    |
| 30          | contributions? If "Yes," complete Schedule M   | 30   |      | x  |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |      | X  |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>   |      |      |    |
|             | Schedule N, Part II  | 32   |      | x  |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |      |    |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |      | Х  |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |      |    |
|             | Part V, line 1   | 34   |      | X  |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |      | X  |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 05   |      |    |
| 26          | 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?<br>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   | - 50 |      |    |
| ••          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |      | x  |
| 38          | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |      |      |    |
|             | Note: All Form 990 filers are required to complete Schedule O  | 38   | Х    |    |
| Pa          | t 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   |      |      |    |
| _           | I I 4A   |      | Yes  | No |
|             | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 14</b>  |      |      |    |
| b           | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>  |      |      |    |
| с           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c   | х    |    |
|             |  |      |      | 1  |

| Form<br>Par | 990 (2023) Brackens Kitchen Inc **-**3<br>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  | 171         | P   | age <b>5</b> |
|-------------|--|-------------|-----|--------------|
|             |  |             | Yes | No           |
| 22          | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |             | 165 | NO           |
| Zđ          | filed for the calendar year ending with or within the year covered by this return 2a 54  |             |     |              |
| h           |  | 2b          | x   |              |
| -           | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 20<br>3a    |     | x            |
| 3a<br>h     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3b          |     |              |
|             | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O<br>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30          |     |              |
| 40          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a          |     | x            |
| h           |  | 4a          |     |              |
| a           | If "Yes," enter the name of the foreign country  |             |     |              |
| Fo          |  | 5a          |     | x            |
|             | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a<br>5b    |     | X            |
| b           |  | 50<br>50    |     | - 23         |
|             | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 50          |     |              |
| 6a          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  | 6-          |     | x            |
| h.          | any contributions that were not tax deductible as charitable contributions?  | <u>6a</u>   |     |              |
| a           | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | <b>C</b> 1- |     |              |
| -           | were not tax deductible?   | 6b          |     |              |
| 7           | Organizations that may receive deductible contributions under section 170(c). Did the exemptation receives a numerating event of $C_{2}^{F}$ mode particular a contribution and partly for goods and convises provided to the pare?      | 7.          | x   |              |
| a           | 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          |     |              |
| С           | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _           |     | x            |
|             | to file Form 8282?   | 7c          |     |              |
|             | If "Yes," indicate the number of Forms 8282 filed during the year  | _           |     | x            |
| e           | 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          |     | _ A          |
| g           | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g          |     |              |
| h           | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h          |     |              |
| 8           | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |             |     |              |
| •           | sponsoring organization have excess business holdings at any time during the year?   | 8           |     |              |
| 9           | Sponsoring organizations maintaining donor advised funds.  |             |     |              |
| a           | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a          |     |              |
| b           | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b          |     |              |
| 10          | Section 501(c)(7) organizations. Enter:  |             |     |              |
| a           | Initiation fees and capital contributions included on Part VIII, line 12 10a   | -           |     |              |
| b           | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | -           |     |              |
| 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  |             |     |              |
| 10-         | amounts due or received from them.)  | 10-         |     |              |
|             | 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.   | 10-         |     |              |
| 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   |             |     | v            |
| 14a         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a         |     | X            |
|             | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b         |     |              |
| 15          | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | <u>_</u> _  |     | -<br>-       |
|             | excess parachute payment(s) during the year?   | 15          |     | X            |
|             | If "Yes," see the instructions and file Form 4720, Schedule N.   |             |     | v            |
| 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, or any disqualified or other person engage in any activities  |             |     |              |
|             | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17          |     |              |
|             | If "Yes." complete Form 6069.  |             |     |              |

| Form 990 | (2023) |
|----------|--------|
|----------|--------|

#### Brackens Kitchen Inc

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        |                       | 7        |          |      |
|     | 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        |                       | 5        |          |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | nip with  | any other             |          |          |      |
|     | officer, director, trustee, or key employee?   |           |                       | 2        | Х        |      |
| 3   | Did the organization delegate control over management duties customarily performed by or under t   | he dire   | ct 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 wa    | as filed?             | 4        |          | Х    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's a   | ssets?    |                       | 5        |          | X    |
| 6   | Did the organization have members or stockholders?   |           |                       | 6        |          | X    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a  |           |                       |          |          |      |
|     | more members of the governing body?  |           |                       | 7a       |          | X    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |           |                       |          |          |      |
|     | persons other than the governing body?   |           |                       | 7b       |          | X    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the y   | ear by th | e following:          |          |          |      |
| а   | The governing body?  |           |                       | 8a       | X        |      |
| 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 re-  |           |                       |          |          |      |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |           |                       | 9        |          | X    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal I  | Revenu    | e Code.)              |          |          |      |
|     |  |           |                       |          | Yes      | No   |
|     | 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   | •         |                       |          |          |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           |                       | 10b      | v        |      |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing bo  | dy befo   | ore filing the form?  | 11a      | X        |      |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |           |                       |          | v        |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  |           |                       | 12a      | X<br>X   |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   |           |                       | 12b      | <u> </u> |      |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If   |           |                       | 10-      | x        |      |
| 40  | on Schedule O how this was done  |           |                       | 12c      | X        |      |
| 13  | Did the organization have a written whistleblower policy?  |           |                       | 13<br>14 | X        |      |
| 14  | Did the organization have a written document retention and destruction policy?   |           |                       | 14       |          |      |
| 15  | Did the process for determining compensation of the following persons include a review and appro   |           | laependent            |          |          |      |
| ~   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision<br>The organization's CEO, Executive Director, or top management official |           |                       | 15a      | x        |      |
|     |  |           |                       | 15a      | <u> </u> | x    |
| b   | Other officers or key employees of the organization  |           |                       | 130      |          |      |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ementi    | with a                |          |          |      |
| 104 | taxable entity during the year?  |           |                       | 16a      |          | x    |
| Ь   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu  |           |                       | 104      |          |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org  |           |                       |          |          |      |
|     | exempt status with respect to such arrangements?   |           |                       | 16b      |          |      |
| Sec | tion C. Disclosure   |           |                       | 100      |          |      |
| 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 99    | 0-T (section 501(c)(3 | B)s only | ) avail  | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |           |                       | . ,      | -        |      |
|     | Own website Another's website X Upon request Other (explai   | in on So  | chedule O)            |          |          |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, of  |           |                       | nd 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 b   | ooks a    | nd records            |          |          |      |
|     | The Organization - 714 554-1923  |           |                       |          |          |      |
|     | 13941 Nautilus Drive, Garden Grove, CA 92843   |           |                       |          |          |      |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key I | Employees, | Highest | Compensate | d |
|----------|---------------------------|------------|-----------|-------|------------|---------|------------|---|
|          | Employees, and Independe  | ent Contra | ctors     |       |            |         |            |   |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| (A)                         | (B)                    |   | (C)                   |             | (D)          | (E)                             | (F)          |                 |                 |                              |
|-----------------------------|------------------------|---|-----------------------|-------------|--------------|---------------------------------|--------------|-----------------|-----------------|------------------------------|
| Name and title              | Average                | (do   | Position              |             | Reportable   | Reportable                      | Estimated    |                 |                 |                              |
|                             | hours per              | (do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |             | is bot       | h an                            | compensation | compensation    | amount of       |                              |
|                             | week                   |   | cer an                | nd a d<br>I | irecto       | or/trus                         | tee)         | from            | from related    | other                        |
|                             | (list any              | ector   |                       |             |              |                                 |              | the             | organizations   | compensation                 |
|                             | hours for              | or dir  | ę.                    |             |              | ated                            |              | organization    | (W-2/1099-MISC/ | from the                     |
|                             | related                | istee   | truste                |             | e            | pensi                           |              | (W-2/1099-MISC/ | 1099-NEC)       | organization                 |
|                             | organizations<br>below | Jal tri   | onal                  |             | ploye        | ee m                            |              | 1099-NEC)       |                 | and related<br>organizations |
|                             | line)                  | Individual trustee or director  | Institutional trustee | Officer     | Key employee | Highest compensated<br>employee | Former       |                 |                 | organizations                |
| (1) William Bracken         | 50.00                  | 트   | 트                     | 5           | ž            | Ξъ                              | 2            |                 |                 |                              |
| President                   |                        | x   |                       | x           |              |                                 |              | 198,180.        | 0.              | 0.                           |
| (2) Caterina Hall-Richards  | 50.00                  |   |                       |             |              |                                 |              |                 |                 |                              |
| Director of Operations      |                        | 1   |                       | x           |              |                                 |              | 152,329.        | Ο.              | 0.                           |
| (3) Molly Bracken           | 8.00                   |   |                       |             |              |                                 |              |                 |                 |                              |
| Secretary                   |                        | Х   |                       | Х           |              |                                 |              | 0.              | 0.              | 0.                           |
| (4) Hilda Jusuf             | 1.00                   |   |                       |             |              |                                 |              |                 |                 |                              |
| Treasurer                   |                        | X   |                       | X           |              |                                 |              | 0.              | 0.              | 0.                           |
| (5) Michael Pearson         | 1.00                   |   |                       |             |              |                                 |              |                 | 0               | 0                            |
| Director                    | 1 00                   | X   |                       |             |              |                                 |              | 0.              | 0.              | 0.                           |
| (6) Douglas Schonfeld       | 1.00                   |   |                       |             |              |                                 |              | 0.              | 0.              | 0                            |
| Director (7) Andrew Zschach | 1.00                   | X   |                       |             |              |                                 |              | 0.              | 0.              | 0.                           |
| Director                    | 1.00                   | x   |                       |             |              |                                 |              | 0.              | 0.              | 0.                           |
| (8) Krista Koch             | 1.00                   |   |                       |             |              |                                 |              |                 | 0.              |                              |
| Director                    |                        | x   |                       |             |              |                                 |              | 0.              | 0.              | 0.                           |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        | 1   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |
|                             |                        |   |                       |             |              |                                 |              |                 |                 |                              |

| Form 990 (2023) Brackens  |  |        |       |          |              |                                 |  |  | **_**   | *3    | 171  | P      | age <b>8</b> |
|---|--|--------|-------|----------|--------------|---------------------------------|--|--|---|-------|--|--------|--------------|
| Part VII Section A. Officers, Directors, Trus   |  | ploy   | ees   |          |              | ighe                            | st C   |  |   |       |  | (5)    |              |
| (A)<br>Name and title   | Average<br>hours per         Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director trusted         Report |        |       |          |              |                                 | <b>(D)</b><br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensatior<br>from related | le Estimat<br>ion amount                      |       |  |        |              |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line)   |        |       | Officer  | Key employee | Highest compensated<br>employee | Former   | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)      | organizations<br>(W-2/1099-MISC/<br>1099-NEC) |       | compensation<br>from the<br>organization<br>and related<br>organizations |        |              |
|   |  | 드      | 드     | 01       | Ke           | Ξ E                             | 8  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 |  |  |   |       |  |        |              |
| 1b Subtotal<br>c Total from continuation sheets to Part V   |  |        |       |          |              |                                 |  | 350,509.   |   | 0.    |  |        | 0.           |
| d Total (add lines 1b and 1c)   |  |        |       |          |              |                                 |  | 350,509.   |   | 0.    |  |        | 0.           |
| 2 Total number of individuals (including but r compensation from the organization                                 | not limited to th  | iose   | liste | ed al    | bove         | e) wł                           | no re  | eceived more than \$100                                  | ,000 of reportable                            | Э     |  |        | 2            |
| 3 Did the organization list any <b>former</b> officer   | , director, truste   | ee, ł  | key e | empl     | loye         | e, oi                           | <sup>r</sup> hig                                 | hest compensated emp                                     | bloyee on                                     | [     |  | Yes    | No           |
| line 1a? <i>If "Yes," complete Schedule J for s</i><br>4 For any individual listed on line 1a, is the s           |  |        |       |          |              |                                 |  | her compensation from                                    |   |       | 3  |        | X            |
| <ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul> |  |        | •     |          |              |                                 |  |  | idual for services                            |       | 4  | Х      |              |
| rendered to the organization? <i>If</i> "Yes," <i>con</i><br>Section B. Independent Contractors                   | -  |        |       |          | -            |                                 |  | -  |   |       | 5  |        | Х            |
| 1 Complete this table for your five highest co  |  |        |       |          |              |                                 |  |  |   | pensa | ation 1  | from   |              |
| the organization. Report compensation for (A)   |  |        |       |          | vith         | or w                            | ithir  | (B)  |   |       | (0   |        |              |
| Name and business   | address  | NC     | ONE   | <u> </u> |              |                                 | +  | Description of s   | ervices                                       | С     | ompe   | nsatio | n            |
|   |  |        |       |          |              |                                 | +  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 | +  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 | +  |  |   |       |  |        |              |
|   |  |        |       |          |              |                                 | +  |  |   |       |  |        |              |
| 2 Total number of independent contractors (   | including but n  | ot lii | mite  | d to     | tho          | se lis                          | sted   | l above) who received n                                  | nore than                                     |       |  |        |              |
| \$100,000 of compensation from the organ  | •  |        |       |          |              | 0                               |  |  |   |       |  |        |              |

|   | rt VII                |   |   |                       |                       |   | _ / _ / ugo (    |
|---|-----------------------|---|---|-----------------------|-----------------------|---|------------------|
|   |                       |   | se or note to any                               | ine in this Part VIII |                       |   |                  |
|   |                       | Check if Schedule O contains a respor       |   | (A)<br>Total revenue  | Related or exempt     | <b>(C)</b><br>Unrelated<br>business revenue | Revenue excluded |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b<br>c<br>d<br>e<br>f |   | 237,811   | •                     |                       |   |                  |
| u pu  | -                     | ·   | 3,307,886                                       |                       |                       |   |                  |
| <u>a O</u>  | h                     | Total. Add lines 1a-1f                      |   | 5,530,925.            |                       |   |                  |
| Program Service<br>Revenue                                | 2a<br>b<br>c<br>d     | Community Feeding Proc<br>Catering Income   | Business Code           900099           722320 | 1,622,255.<br>97,233. | 1,622,255.<br>97,233. |   |                  |
| 2<br>B<br>R   | е                     |   | _   |                       |                       |   |                  |
| ት   | f                     | All other program service revenue           | -   |                       |                       |   |                  |
|   |                       | Total. Add lines 2a-2f                      |   | 1,719,488.            |                       |   |                  |
|   | 3                     | Investment income (including dividends, in  |   |                       |                       |   |                  |
|   |                       | other similar amounts)                      |   | 24,034.               |                       |   | 24,034           |
|   | 4                     | Income from investment of tax-exempt bor    |   |                       |                       |   |                  |
|   | 5                     | Royalties                                   |   |                       |                       |   |                  |
|   |                       | (i) Real                                    | (ii) Personal                                   |                       |                       |   |                  |
|   | 6 a                   | Gross rents 6a 57,53                        |   | -                     |                       |   |                  |
|   |                       | Less: rental expenses 6b                    | 0.  | -                     |                       |   |                  |
|   |                       | Rental income or (loss) 6c 57,53            |   | -                     |                       |   |                  |
|   |                       | Net rental income or (loss)                 |   | 57,536.               | 57,536.               |   |                  |
|   |                       | Gross amount from sales of (i) Securitie    |   |                       |                       |   |                  |
|   | <i>'</i> u            | assets other than inventory <b>7a</b>       | (.,   | -                     |                       |   |                  |
|   | h                     | Less: cost or other basis                   |   | -                     |                       |   |                  |
| e   | D                     | and sales expenses                          |   |                       |                       |   |                  |
| Revenue   | ·                     | Gain or (loss)                              |   | -                     |                       |   |                  |
| ev  |                       | Net gain or (loss)                          |   |                       |                       |   |                  |
|   |                       | Gross income from fundraising events (not   |   |                       |                       |   |                  |
| Other   | 0 4                   | including \$ 237,811. of                    |   |                       |                       |   |                  |
| Ŭ   |                       | contributions reported on line 1c). See     |   |                       |                       |   |                  |
|   |                       |   | 8a 156,387                                      |                       |                       |   |                  |
|   | h                     |   | 8b 65,670                                       |                       |                       |   |                  |
|   |                       | Net income or (loss) from fundraising event |   | 90,717.               |                       |   | 90,717           |
|   |                       | Gross income from gaming activities. See    |   |                       |                       |   |                  |
|   | • •                   | <b>v v</b>                                  | 9a  |                       |                       |   |                  |
|   | h                     |   | 9b  | -                     |                       |   |                  |
|   |                       | Net income or (loss) from gaming activities |   |                       |                       |   |                  |
|   |                       | Gross sales of inventory, less returns      |   |                       |                       |   |                  |
|   |                       |   | 10a   |                       |                       |   |                  |
|   | b                     |   | 10b   | -                     |                       |   |                  |
|   |                       | Net income or (loss) from sales of inventor |   |                       |                       |   |                  |
| <u>,</u>  |                       |   | Business Code                                   | •                     |                       |   |                  |
| suo "   | 11 a                  | Employee Retention Cro                      |   | 525,762.              | 525,762.              |   |                  |
| ane<br>nuc  | b                     | <u> </u>                                    | -   |                       |                       |   |                  |
| Miscellaneous<br>Revenue                                  | c                     |   |   | 1                     |                       |   |                  |
| S<br>R<br>R   | -                     | All other revenue                           |   | 1                     |                       |   |                  |
| 2   |                       | Total. Add lines 11a-11d                    | -   | 525,762.              |                       |   |                  |
|   | 12                    | Total revenue. See instructions             |   |                       | 2,302,786.            | 0.  | 114,751          |
|   |                       |   |   |                       |                       |   |                  |

Brackens Kitchen Inc

Form 990 (2023)

\*\*-\*\*\*3171

Page **9** 

Check here

а

b

с

25 26 amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Food expense

Outside services

Supplies

d Bank fees e All other expenses

|         | 990 (2023) Brackens Kit  |                               |   | **_*   | **3 |
|---------|--|-------------------------------|---|--|-----|
|         | t IX Statement of Functional Expense   |                               |   |  |     |
| Secti   | ion 501(c)(3) and 501(c)(4) organizations must comp  | plete all columns. All oth    | er organizations must co                  | omplete column (A).                              |     |
|         | Check if Schedule O contains a respon  |                               |   | <i>(</i> <b>0</b> )                              |     |
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | ( <b>A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general 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<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16   |                               |   |  |     |
| 4       | Benefits paid to or for members  |                               |   |  |     |
| 5       | Compensation of current officers, directors, trustees, and key employees   | 350,508.                      | 278,801.                                  | 32,623.  |     |
| 6       | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                               |   |  |     |
| 7       | Other salaries and wages   | 1,399,320.                    | 1,113,044.                                | 130,241.   |     |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                               |   |  |     |
| 9       | Other employee benefits  | 107,292.                      | 92,986.                                   | 8,309.   |     |
| 10      | Payroll taxes  | 127,107.                      | 102,343.                                  | 11,740.  |     |
| 11<br>a | Fees for services (nonemployees):<br>Management  |                               |   |  |     |
| b       | Legal  |                               |   |  |     |
|         | Accounting   | 26,446.                       | 22,507.                                   | 3,939.   |     |
| d       | Lobbying   |                               |   |  |     |
| е       | Professional fundraising services. See Part IV, line 17  |                               |   |  |     |
| f<br>g  | Investment management fees<br>Other. (If line 11g amount exceeds 10% of line 25,   |                               |   |  |     |
| •       | column (A), amount, list line 11g expenses on Sch 0.)  | 25,120.                       | 2,025.<br>13,643.                         | 295.   |     |
| 12      | Advertising and promotion  | 26,235.                       |   | 58.  |     |
| 13      | Office expenses  | 13,559.                       | 12,003.                                   | 1,265.   |     |
| 14      | Information technology   | 25,975.                       | 22,289.                                   | 2,451.   |     |
| 15      | Royalties  |                               |   |  |     |
| 16      | Occupancy  | 426,545.                      | 375,832.                                  | 50,713.  |     |
| 17      | Travel   | 23,844.                       | 23,198.                                   | 153.   |     |
| 18      | Payments of travel or entertainment expenses   |                               |   |  |     |
|         | for any federal, state, or local public officials  |                               |   |  |     |
| 19      | Conferences, conventions, and meetings   | 5,248.                        | 4,107.                                    |  |     |
| 20      | Interest   | 5.                            | 5.  |  |     |
| 21      | Payments to affiliates   |                               |   |  |     |
| 22      | Depreciation, depletion, and amortization  | 65,071.                       | 64,599.                                   | 472.   |     |
| 23      | Insurance  | 78,567.                       | 68,611.                                   | 6,335.   |     |
| 24      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount list line 24e expenses on Schedule () |                               |   |  |     |

3,728,001.

6,783,195.

331,197.

17,543.

5,612.

3,727,429.

6,274,190.

328,481.

17,543.

2,619.

252,048.

835.

**(D)** Fundraising expenses

39,084.

156,035.

5,997. 13,024.

22,800. 12,534. 291. 1,235.

493.

1,141.

3,621.

572.

97.

33.

256,957.

| rackens Kitchen Inc |
|---------------------|
|---------------------|

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| Pa                          | rt X | Balance Sheet                                      |               |                       |                                 |          |                           |
|-----------------------------|------|--|---------------|-----------------------|---------------------------------|----------|---------------------------|
|                             |      | Check if Schedule O contains a response or n       | iote to ar    | y line in this Part X |                                 |          |                           |
|                             |      |  |               |                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                        |               |                       | 1,314,551.                      | 1        | 2,504,322.                |
|                             | 2    | Savings and temporary cash investments             |               |                       | 2,300,151.                      | 2        | 2,324,185.                |
|                             | 3    | Pledges and grants receivable, net                 |               | 200,000.              | 3                               | 160,000. |                           |
|                             | 4    | Accounts receivable, net                           |               | 257,727.              | 4                               | 210,478. |                           |
|                             | 5    | Loans and other receivables from any current       |               |                       |                                 |          |                           |
|                             |      | trustee, key employee, creator or founder, sub     | ostantial     | contributor, or 35%   |                                 |          |                           |
|                             |      | controlled entity or family member of any of th    | iese pers     | ons                   |                                 | 5        |                           |
|                             | 6    | Loans and other receivables from other disqu       | alified pe    | rsons (as defined     |                                 |          |                           |
|                             |      | under section 4958(f)(1)), and persons describ     |               | 6                     |                                 |          |                           |
| ts                          | 7    | Notes and loans receivable, net                    |               |                       | 7                               |          |                           |
| Assets                      | 8    | Inventories for sale or use                        |               |                       |                                 | 8        |                           |
| Ä                           | 9    |  |               |                       | 25,420.                         | 9        | 30,256.                   |
|                             | 10a  | Land, buildings, and equipment: cost or other      | ·             |                       |                                 |          |                           |
|                             |      | basis. Complete Part VI of Schedule D              | 10a           | 514,419.              |                                 |          |                           |
|                             | b    | Less: accumulated depreciation                     | 10b           | 213,358.              | 280,431.                        | 10c      | 301,061.                  |
|                             | 11   | Investments - publicly traded securities           |               | 11                    |                                 |          |                           |
|                             | 12   | Investments - other securities. See Part IV, line  |               | 12                    |                                 |          |                           |
|                             | 13   | Investments - program-related. See Part IV, lin    |               | 13                    |                                 |          |                           |
|                             | 14   | Intangible assets                                  | 558,583.      | 14                    | 826,229.                        |          |                           |
|                             | 15   | Other assets. See Part IV, line 11                 | 153,259.      | 15                    | 154,873.                        |          |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must ed      |               |                       | 5,090,122.                      | 16       | 6,511,404.                |
|                             | 17   | Accounts payable and accrued expenses              |               | 211,628.              | 17                              | 239,232. |                           |
|                             | 18   | Grants payable                                     |               | 18                    |                                 |          |                           |
|                             | 19   | Deferred revenue                                   |               |                       | 19                              |          |                           |
|                             | 20   | Tax-exempt bond liabilities                        |               |                       | 20                              |          |                           |
|                             | 21   | Escrow or custodial account liability. Complet     | of Schedule D |                       | 21                              |          |                           |
| es                          | 22   | Loans and other payables to any current or fo      | rmer offi     | cer, director,        |                                 |          |                           |
| i i i                       |      | trustee, key employee, creator or founder, sub     | ostantial     | contributor, or 35%   |                                 |          |                           |
| Liabilities                 |      | controlled entity or family member of any of th    | iese pers     | ons                   |                                 | 22       |                           |
| -                           | 23   | Secured mortgages and notes payable to unr         | elated th     | rd parties            |                                 | 23       |                           |
|                             | 24   | Unsecured notes and loans payable to unrela        | ted third     | parties               |                                 | 24       |                           |
|                             | 25   | Other liabilities (including federal income tax, ) | bayables      | to related third      |                                 |          |                           |
|                             |      | parties, and other liabilities not included on lin | es 17-24      | ). Complete Part X    |                                 |          |                           |
|                             |      | of Schedule D                                      |               | ······ _              | 644,104.                        |          | 872,515.                  |
|                             | 26   | Total liabilities. Add lines 17 through 25         |               |                       | 855,732.                        | 26       | 1,111,747.                |
| s                           |      | Organizations that follow FASB ASC 958, c          | heck he       | e X                   |                                 |          |                           |
| ЭС<br>С                     |      | and complete lines 27, 28, 32, and 33.             |               |                       | 2 485 240                       |          | 4 510 005                 |
| alar                        | 27   | Net assets without donor restrictions              | 3,475,319.    | 27                    | 4,713,095.                      |          |                           |
| Ä                           | 28   | Net assets with donor restrictions                 | 759,071.      | 28                    | 686,562.                        |          |                           |
| ň                           |      | Organizations that do not follow FASB ASC          | 958, ch       | eck here              |                                 |          |                           |
| г<br>Г                      |      | and complete lines 29 through 33.                  |               |                       |                                 |          |                           |
| ts c                        | 29   | Capital stock or trust principal, or current func  |               |                       |                                 | 29       |                           |
| sse                         | 30   | Paid-in or capital surplus, or land, building, or  |               |                       |                                 | 30       |                           |
| Net Assets or Fund Balances | 31   | Retained earnings, endowment, accumulated          |               |                       | 1 001 000                       | 31       |                           |
| Re                          | 32   | Total net assets or fund balances                  |               | ······                | 4,234,390.                      | 32       | 5,399,657.                |
|                             | 33   | Total liabilities and net assets/fund balances     |               |                       | 5,090,122.                      | 33       | 6,511,404.                |

Form **990** (2023)

| Form 990 ( |     |            | Brack |
|------------|-----|------------|-------|
| Part X     | Bal | ance Sheet |       |

| Form | 1 990 (2023) Brackens Kitchen Inc  | **_***    | 3171 | Pa         | ge <b>12</b> |
|------|--|-----------|------|------------|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |           |      |            |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           |      |            |              |
|      |  |           |      |            |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  |           | 7,94 |            |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   |           | 6,78 |            |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   |           | 1,16 |            |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4         | 4,23 | <u>4,3</u> | 90.          |
| 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        | 5,39 | 9,6        | 57.          |
| Pa   | rt XII Financial Statements and Reporting  |           |      |            |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |           |      |            |              |
|      |  |           |      | Yes        | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |      |            |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul      |           |      |            |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           | 2a   |            | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a    |      |            |              |
|      | separate basis, consolidated basis, or both:   |           |      |            |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |           |      |            |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |           | 2b   | X          |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis,  |      |            |              |
|      | consolidated basis, or both:   |           |      |            |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |           |      |            |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,  |      |            |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |           | 2c   | Х          |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Scl  | nedule O. |      |            |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |           |      |            |              |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |           | 3a   |            | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |           |      |            |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |           | 3b   |            |              |

Form **990** (2023)

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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 |
|-------------------|
| 2023              |
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pen to Public Inspection

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| nan  | ie or   | the organiza   |                            |                             | _   |                      |                 |                 |               | Identification number      |
|------|---|----------------|----------------------------|-----------------------------|---|----------------------|-----------------|-----------------|---------------|----------------------------|
|      |   |                |                            | kens Kitch                  |   |                      |                 |                 |               | *-**3171                   |
| Pa   | rt I  | Reaso          | n for Public               | Charity Status.             | (All organizations must o   | complete t           | nis part.) S    | ee instruction  | IS.           |                            |
| The  | orgar   | nization is no | t a private found          | dation because it is: (     | For lines 1 through 12, o   | check only           | one box.)       |                 |               |                            |
| 1    |   | A church, o    | convention of ch           | urches, or associatio       | on of churches describe   | d in <b>sectio</b>   | n 170(b)(1      | I)(A)(i).       |               |                            |
| 2    |   | A school d     | escribed in <b>sect</b>    | ion 170(b)(1)(A)(ii).       | Attach Schedule E (Forr   | n 990).)             |                 |                 |               |                            |
| 3    | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . |                |                            |                             |   |                      |                 |                 |               |                            |
| 4    |   | •              | •                          |                             | njunction with a hospita  |                      |                 |                 | (iiii) Entor  | the hospital's name        |
| -    |   |                |                            |                             | rijunetion with a nospita   |                      |                 |                 |               | the hospital s hame,       |
| -    |   | city, and st   | -                          |                             |   |                      |                 |                 | unit des suit | a al lia                   |
| 5    |   |                |                            |                             | llege or university owne  | d or opera           | ted by a g      | overnmental L   | init descrit  | bed in                     |
|      |   |                |                            | Complete Part II.)          |   |                      |                 |                 |               |                            |
| 6    |   | A federal, s   | state, or local go         | vernment or governn         | nental unit described in  | section 17           | 70(b)(1)(A)     | (v).            |               |                            |
| 7    | X   | An organiz     | ation that norma           | ally receives a substa      | ntial part of its support   | from a gov           | ernmental       | unit or from t  | he general    | public described in        |
|      |   | section 17     | <b>'0(b)(1)(A)(vi).</b> (C | omplete Part II.)           |   |                      |                 |                 |               |                            |
| 8    |   | A commun       | ity trust describ          | ed in <b>section 170(b)</b> | (1)(A)(vi). (Complete Par   | t II.)               |                 |                 |               |                            |
| 9    |   | An agricult    | ural research or           | ganization described        | in section 170(b)(1)(A)   | ( <b>ix)</b> operate | ed in conju     | inction with a  | land-grant    | college                    |
|      |   | or universit   | y or a non-land-           | grant college of agric      | ulture (see instructions)   | . Enter the          | name, city      | , and state of  | f the colleg  | e or                       |
|      |   | university:    |                            |                             |   |                      |                 |                 |               |                            |
| 10   |   |                | ation that norma           | ally receives (1) more      | than 33 1/3% of its sup   | port from            | contributic     | ons. members    | hip fees. ai  | nd aross receipts from     |
|      |   |                |                            |                             | t to certain exceptions;  |                      |                 |                 |               |                            |
|      |   |                |                            |                             | (less section 511 tax) fr   |                      |                 |                 |               |                            |
|      |   |                | n 509(a)(2). (Co           |                             |   |                      | 3303 2040       |                 | gamzation     |                            |
| 44   |   |                |                            | , ,                         | ively to test for public of   | ofaty Saa            | nantian E(      | O(a)(4)         |               |                            |
| 11   | H   | -              | -                          |                             | ively to test for public satisfies the second se | -                    |                 |                 |               |                            |
| 12   |   |                |                            |                             | ively for the benefit of, t   |                      |                 |                 |               |                            |
|      |   |                |                            |                             | ed in <b>section 509(a)(1)</b> c  |                      |                 |                 |               | neck the box on            |
|      | _   | _              | -                          | • •                         | of supporting organization  |                      | -               |                 | -             |                            |
| а    |   |                |                            |                             | upervised, or controlled  |                      |                 |                 |               |                            |
|      |   | the supp       | orted organizati           | on(s) the power to re       | gularly appoint or elect  | a majority           | of the dire     | ctors or truste | es of the s   | supporting                 |
|      | _   | organiza       | tion. You must o           | complete Part IV, Se        | ections A and B.  |                      |                 |                 |               |                            |
| b    |   | Type II. /     | A supporting org           | anization supervised        | l or controlled in connec   | tion with it         | s support       | ed organizatio  | on(s), by ha  | ving                       |
|      |   | control o      | r management o             | of the supporting org       | anization vested in the s   | same perso           | ons that co     | ontrol or mana  | ige the sup   | ported                     |
|      |   | organiza       | tion(s). You mus           | st complete Part IV,        | Sections A and C.   |                      |                 |                 |               |                            |
| с    |   | Type III 1     | unctionally inte           | egrated. A supportin        | g organization operated   | in connec            | tion with, a    | and functiona   | lly integrate | ed with,                   |
|      |   | its suppo      | orted organizatio          | n(s) (see instructions      | s). You must complete   | Part IV, Se          | ections A,      | D, and E.       |               |                            |
| d    |   | _              | -                          |                             | orting organization oper  |                      |                 |                 | rted organi   | zation(s)                  |
|      |   |                |                            |                             | zation generally must sa  |                      |                 |                 |               |                            |
|      |   |                |                            | •                           | nplete Part IV, Section   | 2                    |                 | •               |               |                            |
| е    |   | _ `            | `                          | /                           | written determination fro   |                      |                 |                 |               |                            |
| e    | L   |                |                            |                             | nally integrated support  |                      |                 | турет, туре     | n, type m     |                            |
| ÷    | Ent   |                |                            |                             |   |                      |                 |                 |               |                            |
| 1    |   |                | er of supported            | n about the supporte        | d organization(a)   |                      |                 |                 |               |                            |
| y    |   | (i) Name of su |                            | (ii) EIN                    | (iii) Type of organization  | (iv) Is the oroa     | nization listed | (v) Amount of   | monetary      | (vi) Amount of other       |
|      |   | organizat      |                            |                             | (described on lines 1-10  | in your governi      | ng document?    | support (see in |               | support (see instructions) |
|      |   |                |                            |                             | above (see instructions))   | Yes                  | No              |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
|      |   |                |                            |                             |   |                      |                 |                 |               |                            |
| Tota | ıl  |                |                            |                             |   |                      |                 |                 |               |                            |

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

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

| See         | ction A. Public Support                      |                       |                       |                     |                             |                     |                  |
|-------------|--|-----------------------|-----------------------|---------------------|-----------------------------|---------------------|------------------|
| Cale        | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2019       | <b>(b)</b> 2020       | (c) 2021            | (d) 2022                    | <b>(e)</b> 2023     | <b>(f)</b> Total |
| 1           | Gifts, grants, contributions, and            |                       |                       |                     |                             |                     |                  |
|             | membership fees received. (Do not            |                       |                       |                     |                             |                     |                  |
|             | include any "unusual grants.")               | 1,831,246.            | 4,347,304.            | 4,566,000.          | 4,015,061.                  | 5,334,025.          | 20,093,636.      |
| 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                 | 1,831,246.            | 4,347,304.            | 4,566,000.          | 4,015,061.                  | 5,334,025.          | 20,093,636.      |
|             | 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)                                   |                       |                       |                     |                             |                     | 725,753.         |
| 6           | Public support. Subtract line 5 from line 4. |                       |                       |                     |                             |                     | 19,367,883.      |
|             | ction B. Total Support                       |                       |                       |                     |                             |                     | 19,307,003.      |
|             | ndar year (or fiscal year beginning in)      | (a) 2019              | <b>(b)</b> 2020       | (c) 2021            | (d) 2022                    | (e) 2023            | (f) Total        |
|             | Amounts from line 4                          | 1,831,246.            | 4,347,304.            | 4,566,000.          | 4,015,061.                  | 5,334,025.          | 20,093,636.      |
|             | Gross income from interest,                  | _,                    |                       |                     | -,,                         |                     |                  |
| 0           |  |                       |                       |                     |                             |                     |                  |
|             | dividends, payments received on              |                       |                       |                     |                             |                     |                  |
|             | securities loans, rents, royalties,          | 137,311.              | 39,066.               | 27,200.             | 45,032.                     | 81,570.             | 330,179.         |
| •           | and income from similar sources              | ,                     | 59,000.               | 27,200.             | 45,052.                     | 01,570.             | 550,175.         |
| 9           | Net income from unrelated business           |                       |                       |                     |                             |                     |                  |
|             | activities, whether or not the               | 10 050                | 0 0 0 0               | 27 655              | 100 110                     |                     | 252 642          |
|             | business is regularly carried on             | 18,050.               | 8,820.                | 27,655.             | 199,118.                    |                     | 253,643.         |
| 10          | Other income. Do not include gain            |                       |                       |                     |                             |                     |                  |
|             | or loss from the sale of capital             |                       |                       |                     |                             |                     |                  |
|             | assets (Explain in Part VI.)                 |                       |                       |                     |                             |                     |                  |
|             | Total support. Add lines 7 through 10        |                       |                       |                     |                             |                     | 20,677,458.      |
| 12          | Gross receipts from related activities,      | etc. (see instruction | ons)                  |                     |                             | 12                  |                  |
| 13          | First 5 years. If the Form 990 is for the    | ne organization's fi  | rst, second, third, f | ourth, or fifth tax | year as a section s         | 501(c)(3)           |                  |
| _           | organization, check this box and stop        |                       |                       |                     |                             |                     | L                |
| -           | ction C. Computation of Publ                 |                       |                       |                     |                             |                     | 02 68            |
|             | Public support percentage for 2023 (         |                       |                       |                     |                             | 14                  | 93.67 %          |
| 15          | Public support percentage from 2022          | Schedule A, Part      | II, line 14           |                     |                             | 15                  | %                |
| <b>16</b> a | 33 1/3% support test - 2023. If the o        | -                     |                       |                     |                             |                     |                  |
|             | stop here. The organization qualifies        | as a publicly supp    | orted organization    |                     |                             |                     | X                |
| b           | 33 1/3% support test - 2022. If the c        | organization did no   | t check a box on li   | ne 13 or 16a, and   | line 15 is 33 1/3%          | or more, check th   | nis box          |
|             | and stop here. The organization qual         | ifies as a publicly s | supported organiza    | tion                |                             |                     |                  |
| 17a         | 10% -facts-and-circumstances tes             |                       |                       |                     |                             |                     |                  |
|             | and if the organization meets the fact       | s-and-circumstanc     | es test, check this   | box and stop her    | r <b>e.</b> Explain in Part | VI how the organiz  | ation            |
|             | meets the facts-and-circumstances te         | est. The organizatio  | on qualifies as a pu  | blicly supported o  | organization                | -                   |                  |
| b           | 10% -facts-and-circumstances tes             | t - 2022. If the org  | anization did not cl  | neck a box on line  | e 13, 16a, 16b, or          | 17a, and line 15 is | 10% or           |
|             | more, and if the organization meets th       | -                     |                       |                     |                             |                     |                  |
|             | organization meets the facts-and-circ        |                       |                       |                     |                             |                     |                  |
| 18          | Private foundation. If the organization      |                       |                       |                     |                             |                     |                  |
|             | · · · · · · · · · · · · · · · · · · ·        |                       | ,                     |                     |                             |                     |                  |

Schedule A (Form 990) 2023

#### Brackens Kitchen Inc

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

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

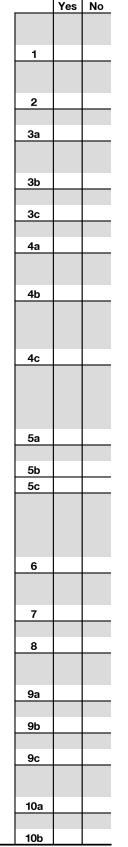
| Se   | cuon A. Public Support   |                     |                      |                      |                   |                 |           |
|------|--|---------------------|----------------------|----------------------|-------------------|-----------------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019            | (b) 2020             | (c) 2021             | (d) 2022          | (e) 2023        | (f) Total |
| 1    | Gifts, grants, contributions, and  |                     |                      |                      |                   |                 |           |
|      | membership fees received. (Do not  |                     |                      |                      |                   |                 |           |
|      | include any "unusual grants.")   |                     |                      |                      |                   |                 |           |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                     |                      |                      |                   |                 |           |
| 3    | Gross receipts from activities that  |                     |                      |                      |                   |                 |           |
| 3    | are not an unrelated trade or bus-   |                     |                      |                      |                   |                 |           |
|      | iness under section 513  |                     |                      |                      |                   |                 |           |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                     |                      |                      |                   |                 |           |
|      | or expended on its behalf  |                     |                      |                      |                   |                 |           |
| 5    | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                     |                      |                      |                   |                 |           |
| 6    | Total. Add lines 1 through 5   |                     |                      |                      |                   |                 |           |
| 7a   | Amounts included on lines 1, 2, and  |                     |                      |                      |                   |                 |           |
|      | 3 received from disqualified persons   |                     |                      |                      |                   |                 |           |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                     |                      |                      |                   |                 |           |
| c    | Add lines 7a and 7b  |                     |                      |                      |                   |                 |           |
|      | Public support. (Subtract line 7c from line 6.)  |                     |                      |                      |                   |                 |           |
|      | ction B. Total Support   |                     | •                    | •                    | •                 | •               |           |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019            | (b) 2020             | (c) 2021             | (d) 2022          | (e) 2023        | (f) Total |
| 9    | Amounts from line 6  |                     |                      |                      |                   |                 |           |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                     |                      |                      |                   |                 |           |
| k    | Unrelated business taxable income  |                     |                      |                      |                   |                 |           |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                     |                      |                      |                   |                 |           |
| C    | Add lines 10a and 10b  |                     |                      |                      |                   |                 |           |
| 11   | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                     |                      |                      |                   |                 |           |
|      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                     |                      |                      |                   |                 |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                     |                      |                      |                   |                 |           |
| 14   | First 5 years. If the Form 990 is for the check this box and stop here   | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organ | ization,  |
| Se   | ction C. Computation of Publ   | ic Support Pe       | ercentage            |                      |                   |                 |           |
|      | Public support percentage for 2023 (   |                     | -                    | column (f))          |                   | 15              | %         |
|      | Public support percentage from 2022  |                     |                      |                      |                   | 16              | %         |
|      | ction D. Computation of Inve   |                     |                      |                      |                   | 1.01            | ,,,       |
| 17   |  |                     |                      |                      |                   | 17              | %         |
|      | Investment income percentage from  |                     |                      |                      |                   | 18              | %         |
|      | a 33 1/3% support tests - 2023. If the   |                     |                      |                      |                   |                 |           |
| 190  | more than 33 1/3%, check this box a  |                     |                      |                      |                   |                 |           |
| k    | 33 1/3% support tests - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, 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.)



Brackens Kitchen Inc

| Part IV    | Supportin     | Organizations (continu | ed)     |   |
|------------|---------------|------------------------|---------|---|
| Schedule A | (Form 990) 20 | Brackens               | Kitchen | Ι |

1

2

No

|   |                          | -   |    |
|---|--------------------------|-----|----|
|   |                          | Yes | No |
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons? |                          |     |    |
| a A person who directly or indirectly controls, either alone or together with persons describ     | ed on lines 11b and      |     |    |
| 11c below, the governing body of a supported organization?  | 11a                      |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                 | 11b                      |     |    |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 1      | 1a, 11b, or 11c, provide |     |    |
| detail in Part VI.  | 11c                      |     |    |
| Section B. Type I Supporting Organizations  |                          |     |    |
|   |                          | Yes | No |

nc

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

| 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.   |

| Section C. Type II Supporting Organizations |
|---|

|     |  |   | Yes | Ĺ |
|-----|--|---|-----|---|
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |   |     | ſ |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control    |   |     | l |
|     | or management of the supporting organization was vested in the same persons that controlled or managed           |   |     | l |
|     | the supported organization(s).   | 1 |     | Ĺ |
| Sec | tion D. All Type III Supporting Organizations  |   |     |   |

|   |  | _ | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (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 |     |    |

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

| 1 C | Check the box next to the method that the organization used to satisfy the Integral Part Test during | the yea | a(see instructions |
|-----|--|---------|--------------------|
|-----|--|---------|--------------------|

- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- с The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

|       |   |            |                | (B) Current Year               |
|-------|---|------------|----------------|--------------------------------|
| Secti | on A - Adjusted Net Income  |            | (A) Prior 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          |                |                                |
| Secti | on B - Minimum Asset Amount   |            | (A) Prior Year | (B) Current Year<br>(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   | <b>1</b> a |                |                                |
| 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          |                |                                |
|       | 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          |                |                                |
|       | on 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          |                |                                |
|       | Distributable Amount. Subtract line 5 from line 4, unless subject to        |            |                |                                |
|       | emergency temporary reduction (see instructions).                           | 6          |                |                                |

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

Schedule A (Form 990) 2023

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|       | if the second seco | (d)(d) dapper ang erg         |                                       | uea) |   |
|-------|--|-------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions   |                               | •                                     |      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe  |                               |                                       |      |   |
| 2     | Amounts paid to perform activity that directly furthers exemp  |                               |                                       |      |   |
|       | organizations, in excess of income from activity   |                               |                                       |      |   |
| 3     | Administrative expenses paid to accomplish exempt purpose  |                               |                                       |      |   |
| 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 responsive | э                                     |      |   |
|       | (provide details in Part VI). See instructions.  | -                             |                                       | 8    |   |
| 9     | Distributable amount for 2023 from Section C, line 6   |                               |                                       | 9    |   |
| 10    | Line 8 amount divided by line 9 amount   |                               |                                       | 10   |   |
| Secti | on E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2023 | ns   | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6   |                               |                                       |      |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-   |                               |                                       |      |   |
|       | able cause required - explain in Part VI). See instructions.   |                               |                                       |      |   |
| 3     | Excess distributions carryover, if any, to 2023  |                               |                                       |      |   |
| а     | From 2018  |                               |                                       |      |   |
| b     | From 2019  |                               |                                       |      |   |
| с     | From 2020  |                               |                                       |      |   |
| d     | From 2021  |                               |                                       |      |   |
| е     | From 2022  |                               |                                       |      |   |
| f     | Total of lines 3a through 3e   |                               |                                       |      |   |
| g     | Applied to underdistributions of prior years   |                               |                                       |      |   |
| h     | Applied to 2023 distributable amount   |                               |                                       |      |   |
| i     | Carryover from 2018 not applied (see instructions)   |                               |                                       |      |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                               |                                       |      |   |
| 4     | Distributions for 2023 from Section D,   |                               |                                       |      |   |
|       | line 7: \$   |                               |                                       |      |   |
| а     | Applied to underdistributions of prior years   |                               |                                       |      |   |
| b     | Applied to 2023 distributable amount   |                               |                                       |      |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.   |                               |                                       |      |   |
| 5     | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h   |                               |                                       |      |   |
|       | and 4b from line 1. For result greater than zero, explain in   |                               |                                       |      |   |
|       | Part VI. See instructions.   |                               |                                       |      |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j   |                               |                                       |      |   |
|       | and 4c.  |                               |                                       |      |   |
| 8     | Breakdown of line 7:   |                               |                                       |      |   |
| а     | Excess from 2019   |                               |                                       |      |   |
| b     | Excess from 2020   |                               |                                       |      |   |
| с     | Excess from 2021   |                               |                                       |      |   |
| d     | Excess from 2022   |                               |                                       |      |   |
| е     | Excess from 2023   |                               |                                       |      |   |

Schedule A (Form 990) 2023

| Schedule A (Form 990) 2023       Brackens Kitchen Inc       **-***3171 Pa         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 1; Part V, Section B, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |   |
|---|---|
| (See instructions.)   | , |
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## **Schedule A**

323171 04-01-23

# Identification of Excess Contributions Included on Part II, Line 5

\*\*-\*\*\*3171

#### 2023

### \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name                                       | Total<br>Contributions | Excess<br>Contributions |
|--|------------------------|-------------------------|
| Jesta FoodService (FKA LA Specialty)                     | 877,851.               | 464,302                 |
| John Doe   | 675,000.               | 261,451                 |
|  |                        |                         |
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|  |                        |                         |
|  |                        |                         |
| otal Excess Contributions to Schedule A, Part II, Line 5 |                        | 725,75                  |

| SCHEDULE D<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service<br>Bet if the organization answered "Yes" on<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f<br>Attach to Form 990.<br>Go to www.irs.gov/Form990 for instructions and the lat |   |                         | l "Yes" on Form 990,<br>d, 11e, 11f, 12a, or 12b. |                   |  |  |
|--|---|-------------------------|---|-------------------|--|--|
| Name of the organization   |   |                         | Employ  | er identification |  |  |
|  | Brackens Kitchen I  | nc                      |   | **-***317         |  |  |
|  | ons Maintaining Donor Advise<br>nswered "Yes" on Form 990, Part IV, lin |                         | ds or Account                                     | S.Complete if the |  |  |
|  |   | (a) Donor advised funds | (b) Funds   | and other accoun  |  |  |
| 1 Total number at end o  | of year   |                         |   |                   |  |  |
| 2 Aggregate value of co  | ontributions to (during year)   |                         |   |                   |  |  |

Aggregate value of grants from (during year)

3

4

6

1

#### Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not

|    | on a historic structure listed in the National Register  | 2d       |                      |    |
|----|--|----------|----------------------|----|
| 3  | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ           | nizatior | n during the tax     |    |
|    | year   |          |                      |    |
| 4  | Number of states where property subject to conservation easement is located  |          |                      |    |
| 5  | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of               |          |                      |    |
|    | violations, and enforcement of the conservation easements it holds?  |          | Yes [                | No |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation      | on eas   | ements during the ye | ar |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea         | asemer   | nts during the year  |    |
| 8  | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)           | (i)      |                      |    |
|    | and section 170(h)(4)(B)(ii)?  |          | Yes                  | No |
| 9  | In Part XIII, describe how the organization reports conservation easements in its revenue and expense state          | ment a   | nd                   |    |
|    | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the   | nat des  | cribes the           |    |
|    | organization's accounting for conservation easements.  |          |                      |    |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other                                  | Simil    | ar Assets.           |    |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  |          |                      |    |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba          | lance s  | sheet works          |    |
|    | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera | nce of   | public               |    |
|    | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.       |          |                      |    |
| b  | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance         | e shee   | et works of          |    |
|    | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc  | e of pu  | ublic service,       |    |
|    | provide the following amounts relating to these items.   |          |                      |    |
|    | (i) Revenue included on Form 990, Part VIII, line 1  | :        | \$                   |    |
|    | (ii) Assets included in Form 990, Part X   |          | \$                   |    |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, |          | e                    |    |
|    | the following amounts required to be reported under FASB ASC 958 relating to these items:                            |          |                      |    |

**b** Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

a Revenue included on Form 990, Part VIII, line 1

\$

OMB No. 1545-0047 Open to Public Inspection

No

No

Employer identification number \*\*-\*\*\*3171

(b) Funds and other accounts

| _    |  | s Kitchen                       |            | <u></u>        |                             |            |                         | **_**       |                   |            |
|------|--|---------------------------------|------------|----------------|-----------------------------|------------|-------------------------|-------------|-------------------|------------|
| Pai  | t III Organizations Maintaining C  |                                 |            |                |                             |            |                         |             | <b>ts</b> (contin | ued)       |
| 3    | Using the organization's acquisition, access collection items (check all that apply).                                    | ion, and other record           | ds, checl  | k any of the   | following that              | at make s  | significant             | use of its  |                   |            |
| а    | Public exhibition  | d                               | ı 🗌        | Loan or exc    | hange progr                 | am         |                         |             |                   |            |
| b    | Scholarly research   | е                               |            | Other          |                             |            |                         |             |                   |            |
| с    | Preservation for future generations  |                                 |            |                |                             |            |                         |             |                   |            |
| 4    | Provide a description of the organization's c  | ollections and explai           | in how th  | ney further t  | he organizat                | ion's exe  | mpt purpo               | ose in Par  | t 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?                         |                                 |            |                |                             |            |                         |             |                   |            |
| Pai  | t IV Escrow and Custodial Arran  | gements Comple                  | te if the  | organizatior   | n answered "                | Yes" on    | Form 990,               | Part IV, li | ne 9, or          |            |
|      | reported an amount on Form 990, Pa   | rt X, line 21.                  |            |                |                             |            |                         |             |                   |            |
| 1a   | Is the organization an agent, trustee, custod  | ian, or other interme           | diary for  | contributio    | ns or other a               | ssets no   | t included              |             | -                 |            |
|      | on Form 990, Part X?   |                                 |            |                |                             |            |                         | L           | Yes               | No No      |
| b    | If "Yes," explain the arrangement in Part XIII   | and complete the fo             | llowing    | table:         |                             |            |                         |             |                   |            |
|      |  |                                 |            |                |                             |            |                         |             | Amount            |            |
| С    | Beginning balance  |                                 |            |                |                             |            | 1c                      |             |                   |            |
|      | Additions during the year  |                                 |            |                |                             |            |                         |             |                   |            |
| е    | Distributions during the year  |                                 |            |                |                             |            |                         |             |                   |            |
| f    | Ending balance   |                                 |            |                |                             |            |                         |             | 1                 |            |
|      | Did the organization include an amount on F  |                                 |            |                |                             |            | ity?                    | L           | Yes               |            |
|      | If "Yes," explain the arrangement in Part XIII   |                                 |            |                |                             |            |                         |             |                   |            |
| Pai  | T V Endowment Funds Complete if  |                                 |            |                | rm 990, Part<br>(c) Two yea |            |                         | oare back   | (a) Four          | voare back |
|      |  | (a) Current year                | (D) P      | rior year      | (C) TWU yea                 | IS DALK    | ( <b>a)</b> Thee y      | Cais Dack   | (e) i oui         | years Dack |
|      | Beginning of year balance  |                                 |            |                |                             |            |                         |             |                   |            |
|      | Contributions  |                                 |            |                |                             |            |                         |             |                   |            |
|      | Net investment earnings, gains, and losses   |                                 |            |                |                             |            |                         |             |                   |            |
|      | Grants or scholarships   |                                 |            |                |                             |            |                         |             |                   |            |
| е    | Other expenditures for facilities  |                                 |            |                |                             |            |                         |             |                   |            |
|      | and programs   |                                 |            |                |                             |            |                         |             |                   |            |
|      | Administrative expenses  |                                 |            |                |                             |            |                         |             |                   |            |
| -    | End of year balance<br>Provide the estimated percentage of the cur   | ront year and belong            | <br>       | a oolump (c    |                             |            |                         |             |                   |            |
| 2    | Board designated or quasi-endowment  | •                               | %          | g, column (a   | a)) Heiu as.                |            |                         |             |                   |            |
|      | Permanent endowment  | %                               | 70         |                |                             |            |                         |             |                   |            |
| c    |  | %                               |            |                |                             |            |                         |             |                   |            |
| U    | The percentages on lines 2a, 2b, and 2c sho  |                                 |            |                |                             |            |                         |             |                   |            |
| 3a   | Are there endowment funds not in the posse   | •                               | ation tha  | at are held a  | nd administe                | ered for t | he                      |             |                   |            |
| ou   | organization by:   |                                 |            |                |                             |            |                         |             | Г                 | Yes No     |
|      | (i) Unrelated organizations?   |                                 |            |                |                             |            |                         |             | 3a(i)             |            |
|      | (ii) Related organizations?  |                                 |            |                |                             |            |                         |             |                   |            |
| b    | If "Yes" on line 3a(ii), are the related organiza  |                                 |            |                |                             |            |                         |             |                   |            |
| 4    | Describe in Part XIII the intended uses of the   |                                 |            |                |                             |            |                         |             | LI                |            |
| Pa   | t VI Land, Buildings, and Equipn   |                                 |            |                |                             |            |                         |             |                   |            |
|      | Complete if the organization answere   | d "Yes" on Form 990             | 0, Part I\ | /, line 11a. S | See Form 990                | 0, Part X, | line 10.                |             |                   |            |
|      | Description of property  | (a) Cost or o<br>basis (investr |            |                | or other<br>(other)         |            | ccumulate<br>preciation | d           | (d) Book          | value      |
| 1a   | Land   |                                 |            |                |                             |            |                         |             |                   |            |
|      | Buildings  |                                 |            | 19             | 0,779.                      |            | 13,14                   | 49.         | 177               | ,630.      |
|      | Leasehold improvements   |                                 |            |                |                             |            |                         |             |                   |            |
|      | Equipment  |                                 |            |                | 8,216.                      | -          | 134,5:                  |             |                   | 3,702.     |
|      | Other  |                                 |            | 13             | 5,424.                      |            | 65,6                    | 95.         |                   | ,729.      |
| Tota | . Add lines 1a through 1e. (Column (d) must e  | equal Form 990, Part            | X, line 1  | 0c, column     | <i>(B))</i>                 |            |                         |             | 301               | .,061.     |

Schedule D (Form 990) 2023

| (a) Description of security or category (including name of security)   | (b) Book value             | (c) Method of valuation: Cost or en         | d-of-year market value |
|--|----------------------------|---|------------------------|
| (1) Financial derivatives  |                            |   |                        |
| (2) Closely held equity interests  |                            |   |                        |
| (3) Other  |                            |   |                        |
| (A)  |                            |   |                        |
| (B)  |                            |   |                        |
| (C)  |                            |   |                        |
| (D)  |                            |   |                        |
| (E)  |                            |   |                        |
|  |                            |   |                        |
| (F)  |                            |   |                        |
| (G)  |                            |   |                        |
| (H)<br>Tatal (Cal. (b) must actual Farm 000, Dart V, line 10, cal. (D))  |                            |   |                        |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)  |                            |   |                        |
| Part VIII Investments - Program Related.   |                            |   |                        |
| Complete if the organization answered "Yes" o  |                            |   |                        |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or en         | d-of-year market value |
| (1)  |                            |   |                        |
| (2)  |                            | 1   |                        |
| (3)  |                            |   |                        |
| (4)  |                            |   |                        |
| (5)  |                            |   |                        |
| (6)  |                            |   |                        |
| (7)  |                            |   |                        |
| (8)  |                            |   |                        |
| (9)  |                            |   |                        |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))   |                            |   |                        |
| Part IX Other Assets   |                            |   |                        |
| Complete if the organization answered "Yes" o  | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.       |                        |
|  | escription                 |   | (b) Book value         |
| (1)  | -                          |   |                        |
|  |                            |   |                        |
|  |                            |   |                        |
| (2)  |                            |   |                        |
| (2)<br>(3)   |                            |   |                        |
| (2)<br>(3)<br>(4)  |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)   |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)  |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.  | (B))                       |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities  |                            |   |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of  |                            | e 11e or 11f. See Form 990, Part X, line 2: | 5.                     |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities  |                            | e 11e or 11f. See Form 990, Part X, line 2  |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes  |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits  |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes  |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits   |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits<br>(3) Lease Liability                             |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits<br>(3) Lease Liability<br>(4)<br>(5)                |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits<br>(3) Lease Liability<br>(4)<br>(5)<br>(6)        |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits<br>(3) Lease Liability<br>(4)<br>(5)<br>(6)<br>(7) |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, line 15, col.<br>Part X Other Liabilities<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) Tenant deposits<br>(3) Lease Liability<br>(4)<br>(5)<br>(6)        |                            | e 11e or 11f. See Form 990, Part X, line 2  | 5.<br>(b) Book value   |

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...

| Sche | dule D (Form 990) 2023 Brackens Kitchen Inc                                      |              |                | **_   | ***3171 Page 4 |
|------|--|--------------|----------------|-------|----------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Statem                      | ents With    | Revenue per R  | eturr | <u>י</u>       |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       | a.           |                |       |                |
| 1    | Total revenue, gains, and other support per audited financial statements         |              |                | 1     | 7,996,701.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |              |                |       |                |
| а    | Net unrealized gains (losses) on investments                                     | . 2a         |                |       |                |
| b    | Donated services and use of facilities   | . 2b         | 7,328.         |       |                |
| с    | Recoveries of prior year grants  |              |                |       |                |
| d    | Other (Describe in Part XIII.)   |              | 40,911.        |       |                |
| е    | Add lines 2a through 2d  |              |                | 2e    | 48,239.        |
| 3    | Subtract line 2e from line 1   |              |                | 3     | 7,948,462.     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |              |                |       |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a         |                |       |                |
| b    | Other (Describe in Part XIII.)   | . 4b         |                |       |                |
| с    | Add lines <b>4a</b> and <b>4b</b>  |              |                | 4c    | 0.             |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |              |                | 5     | 7,948,462.     |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Staten                    | nents Wit    | h Expenses per | Retu  | rn             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       | a.           |                |       |                |
| 1    | Total expenses and losses per audited financial statements                       |              |                | 1     | 6,831,434.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |              |                |       |                |
| а    | Donated services and use of facilities   | . 2a         | 7,328.         |       |                |
| b    | Prior year adjustments   | . <b>2</b> b |                |       |                |
| с    | Other losses   | . 2c         |                |       |                |
| d    | Other (Describe in Part XIII.)   |              | 40,911.        |       |                |
| е    | Add lines 2a through 2d  |              |                | 2e    | 48,239.        |
| 3    | Subtract line 2e from line 1   |              |                | 3     | 6,783,195.     |
| 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                 | . <b>4</b> a |                |       |                |
| b    | Other (Describe in Part XIII.)   | . <b>4</b> b |                |       |                |
| 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     | 6,783,195.     |
|      | rt XIII Supplemental Information   |              |                |       |                |

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

### Part XI, Line 2d - Other Adjustments:

### Special event expenses

### Part XII, Line 2d - Other Adjustments:

#### Special event expenses

| SCHEDULE G  | Suppleme                        | ntal Informatio        | n Regarding       | Fun  | drais   | ing or Gaming                                  | Activ               | rities         | OMB No. 1545-00          | 047   |
|---|---------------------------------|------------------------|-------------------|--|---------|--|---------------------|----------------|--------------------------|-------|
| (Form 990)  |                                 |                        |                   |  |         | Part IV, line 17, 18, c<br>rm 990-EZ, line 6a. | or 19, i            | or if the      | 2023                     | }     |
| Department of the Treasury  |                                 | •                      | h to Form 990 c   | -  |         | -  |                     |                | Open to Publi            | ic    |
| Internal Revenue Service  |                                 | o www.irs.gov/For      | m990 for instru   | ctions   | and t   | he latest informatio                           |                     |                | Inspection               |       |
| Name of the organization  |                                 | s Kitchen              | Inc               |  |         |  |                     | **_**          | dentification nu<br>3171 | mber  |
| Part I Fundrais   |                                 |                        |                   | ered "Y  | es" or  | n Form 990, Part IV, I                         |                     |                |                          |       |
| required to   | required to complete this part. |                        |                   |  |         |  |                     |                |                          |       |
| <ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or</li> </ul> |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         | undraising services?                           |                     |                | es 🗌 N                   | o     |
| <b>b</b> If "Yes," list the 10 compensated at le  | -                               | -                      | undraisers) pursu | uant to  | agree   | ements under which t                           | the fu              | ndraiser is to | be                       |       |
|   |                                 |                        |                   |  |         |  | ( ) (               |                | 1                        |       |
| (i) Name and addres<br>or entity (fund  |                                 | (ii) Activity          |                   | (iii) Did<br>fundraiser<br>have custody<br>or control of<br>contributions? |         | (iv) Gross receipts<br>from activity           | fundraiser to (or r |                |                          | d by) |
|   |                                 |                        |                   | Yes  | No      |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
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|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
| Total   |                                 |                        |                   |  |         |  |                     |                |                          |       |
| 3 List all states in wh<br>or licensing.  | ich the organizatio             | n is registered or lic | ensed to solicit  | contrib  | outions | s or has been notified                         | d it is e           | exempt from    | registration             |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |
|   |                                 |                        |                   |  |         |  |                     |                |                          |       |

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.

|                 |   | <b>(a)</b> Event #1 | <b>(b)</b> Event #2 | (c) Other events<br>None | (d) Total events<br>(add col. (a) through |  |  |  |  |  |
|-----------------|---|---------------------|---------------------|--------------------------|---|--|--|--|--|--|
|                 |   | Hungry Games        | Other events        |                          | col. (c)                                  |  |  |  |  |  |
| Ð               |   | (event type)        | (event type)        | (total number)           |   |  |  |  |  |  |
| Revenue         | 1 Gross receipts  | 389,173.            | 5,025.              |                          | 394,198.                                  |  |  |  |  |  |
|                 | 2 Less: Contributions   | 237,811.            |                     |                          | 237,811.                                  |  |  |  |  |  |
|                 | <b>3</b> Gross income (line 1 minus line 2)   | 151,362.            | 5,025.              |                          | 156,387.                                  |  |  |  |  |  |
|                 | 4 Cash prizes   |                     |                     |                          |   |  |  |  |  |  |
| S               | 5 Noncash prizes  |                     |                     |                          |   |  |  |  |  |  |
| pense           | 6 Rent/facility costs   | 3,980.              |                     |                          | 3,980.                                    |  |  |  |  |  |
| Direct Expenses | 7 Food and beverages  | 2,317.              |                     |                          | 2,317.                                    |  |  |  |  |  |
| ā               | 8 Entertainment   | 2,500.              |                     |                          | 2,500.                                    |  |  |  |  |  |
|                 | 9 Other direct expenses   | 50,668.             | 6,205.              |                          | 56,873.                                   |  |  |  |  |  |
|                 | 10 Direct expense summary. Add lines 4 through  | 9 in column (d)     |                     |                          | 65,670.                                   |  |  |  |  |  |
|                 | 11 Net income summary. Subtract line 10 from li   | ne 3, column (d)    |                     |                          | 90,717.                                   |  |  |  |  |  |
| Pa              | Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than |                     |                     |                          |   |  |  |  |  |  |

\$15,000 on Form 990-EZ, line 6a.

| Revenue         |  | <b>(a)</b> Bingo        | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming    | (d) Total gaming (add col. (a) through col. (c)) |  |  |  |
|-----------------|--|-------------------------|--|---------------------|--|--|--|--|
| Rev             | 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 %<br>└── No     | └── Yes %<br>└── No                              | └── Yes %<br>└── No |  |  |  |  |
|                 | 7 Direct expense summary. Add lines 2 through  | 1 5 in column (d)       |  |                     |  |  |  |  |
|                 | 8 Net gaming income summary. Subtract line 7   | from line 1, column (d) |  |                     |  |  |  |  |
|                 | <ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> </ul> |                         |  |                     |  |  |  |  |
| D               | If "No," explain:  |                         |  |                     |  |  |  |  |
|                 | 10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Yes       No         b       If "Yes," explain:                        |                         |  |                     |  |  |  |  |
|                 |  |                         |  |                     |  |  |  |  |

| Sch | edule G (Form 990) 2023            | Brackens               | Kitchen           | Inc                         | **_*                            | **3        | 3171    | Page 3   |
|-----|------------------------------------|------------------------|-------------------|-----------------------------|---------------------------------|------------|---------|----------|
| 11  | Does the organization conduct ga   | aming activities with  | n nonmembers?     |                             |                                 |            | Yes     | No       |
| 12  | Is the organization a grantor, ben |                        |                   |                             |                                 |            |         |          |
|     | to administer charitable gaming?   |                        |                   |                             |                                 |            | Yes     | No No    |
| 13  | Indicate the percentage of gamin   | g activity conducted   | d in:             |                             |                                 |            |         |          |
| i   | The organization's facility        |                        |                   |                             |                                 | 13a        |         | %        |
|     | An outside facility                |                        |                   |                             |                                 | 13b        |         | %        |
| 14  | Enter the name and address of th   | ne person who prep     | ares the organiz  | ation's gaming/special eve  | ents books and records:         |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     | Name                               |                        |                   |                             |                                 |            |         |          |
|     | A delva e e                        |                        |                   |                             |                                 |            |         |          |
|     | Address                            |                        |                   |                             |                                 |            |         |          |
| 15: | a Does the organization have a con | ntract with a third pa | arty from whom    | he organization receives o  | aming revenue?                  |            | Yes     |          |
|     |                                    |                        |                   |                             |                                 | •          |         |          |
| I   | If "Yes," enter the amount of gam  | ning revenue receive   | ed by the organi  | zation \$                   | and the amount                  |            |         |          |
|     | of gaming revenue retained by the  |                        |                   |                             |                                 |            |         |          |
| (   | If "Yes," enter name and address   |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     | Name                               |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     | Address                            |                        |                   |                             |                                 |            |         |          |
| 16  | Coming manager information:        |                        |                   |                             |                                 |            |         |          |
| 16  | Gaming manager information:        |                        |                   |                             |                                 |            |         |          |
|     | Name                               |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     | Gaming manager compensation        | \$                     |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     | Description of services provided   |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        | <b>—</b> .        |                             |                                 |            |         |          |
|     | Director/officer                   | Employee               |                   | ndependent contractor       |                                 |            |         |          |
| 17  | Mandatory distributions:           |                        |                   |                             |                                 |            |         |          |
|     | Is the organization required under | r state law to make    | charitable distri | outions from the gaming p   | roceeds to                      |            |         |          |
|     | retain the state gaming license?   |                        |                   |                             |                                 |            | Yes     | 🗌 No     |
| I   | Enter the amount of distributions  |                        |                   |                             |                                 | •          |         |          |
|     | organization's own exempt activit  | -                      |                   |                             |                                 |            |         |          |
| Pa  | Irt IV Supplemental Infor          | mation. Provide t      | the explanations  | required by Part I, line 2b | , columns (iii) and (v); and Pa | rt III, li | ines 9, | 9b, 10b, |
|     | 15b, 15c, 16, and 17b, as          | s applicable. Also pr  | rovide any addit  | onal information. See instr | uctions.                        |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
|     |                                    |                        |                   |                             |                                 |            |         |          |
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| SCHEDULE J |                                       | Compensation Information  | ON                | 1B No. 1        | 545-004 | 47      |  |  |
|------------|---------------------------------------|---|-------------------|-----------------|---------|---------|--|--|
| (Form      | n 990)                                | For certain Officers, Directors, Trustees, Key Employees, and Highest                               |                   | 2023            |         |         |  |  |
|            |                                       | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | Part IV, line 23. |                 |         |         |  |  |
|            | ent of the Treasury                   | Attach to Form 990.   |                   | oen to<br>Inspe |         | С       |  |  |
|            | evenue Service<br>of the organization | Go to www.irs.gov/Form990 for instructions and the latest information.                              | nployer identi    | •               |         | mbor    |  |  |
| Name       | or the organization                   | Brackens Kitchen Inc  | **_***            |                 |         | IDEI    |  |  |
| Part       |                                       | s Regarding Compensation  |                   | 517.            | L       |         |  |  |
| i art      | ducotion.                             |   |                   |                 | Yes     | No      |  |  |
| 1a Ch      | neck the appropri                     | ate box(es) if the organization provided any of the following to or for a person listed on Form 99  | ао — Г            |                 | 103     |         |  |  |
|            |                                       | line 1a. Complete Part III to provide any relevant information regarding these items.               | ,0,               |                 |         |         |  |  |
|            | First-class or c                      |   | use               |                 |         |         |  |  |
|            | Travel for com                        |   |                   |                 |         |         |  |  |
|            | Tax indemnific                        | ation and gross-up payments Health or social club dues or initiation fees                           |                   |                 |         |         |  |  |
|            | Discretionary s                       | spending account Personal services (such as maid, chauffeur, c                                      | chef)             |                 |         |         |  |  |
|            |                                       |   |                   |                 |         |         |  |  |
|            | •                                     | on line 1a are checked, did the organization follow a written policy regarding payment or           |                   |                 |         |         |  |  |
|            |                                       | provision of all of the expenses described above? If "No," complete Part III to explain             |                   | 1b              |         |         |  |  |
|            | •                                     | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |                   |                 |         |         |  |  |
| tru        | ustees, and office                    | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                   |                   | 2               |         |         |  |  |
| <b>.</b> . |                                       |   |                   |                 |         |         |  |  |
|            |                                       | ny, of the following the organization used to establish the compensation of the organization's      |                   |                 |         |         |  |  |
|            |                                       | ector. Check all that apply. Do not check any boxes for methods used by a related organization      | το                |                 |         |         |  |  |
| es         |                                       | ation of the CEO/Executive Director, but explain in Part III.                                       |                   |                 |         |         |  |  |
|            | Compensation                          | a committee Written employment contract   |                   |                 |         |         |  |  |
|            |                                       | ther organizations $X$ Approval by the board or compensation com                                    | mittee            |                 |         |         |  |  |
|            |                                       |   | innittee          |                 |         |         |  |  |
| 4 Du       | uring the vear. did                   | l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |                   |                 |         |         |  |  |
|            |                                       | lated organization:   |                   |                 |         |         |  |  |
|            | -                                     | e payment or change-of-control payment?   |                   | 4a              |         | Х       |  |  |
| b Pa       | articipate in or rec                  | eive payment from a supplemental nonqualified retirement plan?                                      |                   | 4b              |         | Х       |  |  |
| c Pa       | articipate in or rec                  | eive payment from an equity-based compensation arrangement?   |                   | 4c              |         | Х       |  |  |
| lf         | "Yes" to any of lir                   | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.            |                   |                 |         |         |  |  |
|            |                                       |   |                   |                 |         |         |  |  |
| O          | nly section 501(c                     | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                              |                   |                 |         |         |  |  |
|            | ·                                     | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |                   |                 |         |         |  |  |
|            | ontingent on the re                   |   |                   |                 |         | v       |  |  |
|            |                                       |   |                   | 5a              |         | X<br>X  |  |  |
|            |                                       | ation?  | ····· .           | 5b              |         | <u></u> |  |  |
|            |                                       | or 5b, describe in Part III.  |                   |                 |         |         |  |  |
|            | or persons listed on the n            | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |                   |                 |         |         |  |  |
|            | •                                     |   |                   | 6a              |         | Х       |  |  |
|            |                                       | ation?  |                   | 6b              |         | X       |  |  |
|            |                                       | or 6b, describe in Part III.  |                   |                 |         |         |  |  |
|            |                                       | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |                   |                 |         |         |  |  |
|            |                                       | nes 5 and 6? If "Yes," describe in Part III   |                   | 7               |         | Х       |  |  |
|            |                                       | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the      |                   |                 |         |         |  |  |
|            | -                                     | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III              |                   | 8               |         | Х       |  |  |
|            |                                       | id the organization also follow the rebuttable presumption procedure described in                   |                   |                 |         |         |  |  |
|            |                                       | n 53.4958-6(c)?   | <u></u>           | 9               |         |         |  |  |
|            |                                       | on Act Notice, see the Instructions for Form 990  | Schedule I        | (Earm           | 0001    | 2022    |  |  |

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

Schedule J (Form 990) 2023

\*\*-\*\*\*3171

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

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

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

| (A) Name and Title         |      | (B) Breakdown of W       | /-2 and/or 1099-MIS compensation          | C and/or 1099-NEC                         | other deferred benefits |    | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|----------------------------|------|--------------------------|---|---|-------------------------|----|------------------------------------|---|
|                            |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation            |    |                                    | reported as deferred<br>on prior Form 990 |
| (1) William Bracken        | (i)  | 198,180.                 | 0.  | 0.  | 0.                      | 0. | 198,180.                           |   |
| President                  | (ii) | 0.                       | 0.  | 0.  | 0.                      | 0. |                                    | 0.  |
| (2) Caterina Hall-Richards | (i)  | 152,329.                 | 0.  | 0.  | 0.                      | 0. |                                    | 0.  |
| Director of Operations     | (ii) | 0.                       | 0.  | 0.  | 0.                      | 0. | 0.                                 | 0.  |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |
|                            | (i)  |                          |   |   |                         |    |                                    |   |
|                            | (ii) |                          |   |   |                         |    |                                    |   |

#### 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 J (Form 990) 2023

| 5 | SC | ;H | E | D | JL | Е | 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.

| ОМВ | No. | 1545-0047 |  |
|-----|-----|-----------|--|
|     |     |           |  |

**Open to Public** Inspection

L

| Name of the organization |  |                                |        |                        |          |         |                                  |                                  |             | Employer identification number |                         |                |                |    |  |  |
|--------------------------|--|--------------------------------|--------|------------------------|----------|---------|----------------------------------|----------------------------------|-------------|--------------------------------|-------------------------|----------------|----------------|----|--|--|
|                          | Brackens Kitchen Inc   |                                |        |                        |          |         |                                  |                                  |             |                                |                         | 171            |                |    |  |  |
| Part                     | Excess Bene  | fit Transa                     | ctic   | ons (section 50        | 01(c)(3  | ), sect | ion 501(c)(4), and se            | ection 501(c)(29) orga           | anizati     | ons o                          | nly)                    |                |                |    |  |  |
|                          | Complete if the c  | organization a                 | nsw    | ered "Yes" on          | Form 9   | 990, Pa | art IV, line 25a or 25t          | o; or Form 990-EZ, Pa            | art V,      | line 40                        | )b.                     |                |                |    |  |  |
| 1<br>(a                  | ) Name of disqualified p   | erson (                        | b) Re  | elationship betv       |          |         | lified                           | d (c) Description of transaction |             |                                |                         | (d) Corrected? |                |    |  |  |
| µ)<br>                   | (a) Name of disqualified person     person and organization     (c) Description of transaction     Yes |                                |        |                        |          |         |                                  | es                               | No          |                                |                         |                |                |    |  |  |
| (1)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (2)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (3)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (4)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (5)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (6)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| <b>2</b> E               | inter the amount of tax i  | ncurred by th                  | ne or  | ganization man         | agers    | or disc | qualified persons du             | ring the year under              |             |                                |                         |                |                |    |  |  |
|                          |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| <b>3</b> E               | inter the amount of tax,   | if any, on line                | e 2, a | bove, reimburs         | ed by    | the or  | ganization                       |                                  |             | \$                             |                         |                |                |    |  |  |
| Davit                    | U. Leave to and  |                                | les to |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| Part                     |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
|                          | •  | 0                              |        |                        |          |         | , Part V, line 38a, or           | Form 990, Part IV, lir           | ne 26;      | or if tl                       | he org                  | anizat         | ion            |    |  |  |
|                          | reported an amo  | 1                              | - ŕ    | , ,                    | <u> </u> |         |                                  |                                  |             |                                | h An                    | oroved         |                |    |  |  |
|                          | (a) Name of interested person  | (b) Relations<br>with organiza |        | (c) Purpose<br>of loan |          | n the   | (e) Original<br>principal amount | (f) Balance due                  | (g)<br>defa | ) In                           | ( <b>h)</b> Ap<br>by bo | ard or         | (i) W<br>agree |    |  |  |
|                          | interested person  | with organiza                  |        | OFIDAL                 | organiz  |         | principal arriount               |                                  |             |                                | cómm                    |                | -              |    |  |  |
|                          |  |                                |        |                        | То       | From    |                                  |                                  | Yes         | No                             | Yes                     | No             | Yes            | No |  |  |
| (1)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (2)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (3)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (4)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (5)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (6)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (7)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (8)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |
| (9)                      |  |                                |        |                        |          |         |                                  |                                  |             |                                |                         |                |                |    |  |  |

(10) Total

Part III Grants or Assistance Benefiting Interested Persons

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

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

\$

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

Schedule L (Form 990) 2023

332132 11-30-23

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

#### Sch L, Part IV, Business Transactions Involving Interested Persons:

#### (a) Name of Person: Jessica Bowen

(b) Relationship Between Interested Person and Organization:

#### Family member of William Bracken, Officer & Director

(d) Description of Transaction: Compensation for employment

 Schedule L (Form 990) 2023
 Brackens Kitchen Inc

 Part IV
 Business Transactions Involving Interested Persons

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

| Complete il the organization answered | Complete in the organization answered fres on Form 990, Part IV, line 20a, 20b, or 20c. |                           |                                |                             |                               |  |  |  |  |
|---------------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|--|--|--|--|
| (a) Name of interested person         | (b) Relationship between interested person and the organization                         | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |  |  |  |  |
|                                       |   |                           |                                | Yes                         | No                            |  |  |  |  |
| (1)Jessica Bowen                      | Family member of Wi   | 54,582.                   | Compensatio                    |                             | X                             |  |  |  |  |
| (2)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (3)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (4)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (5)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (6)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (7)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (8)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (9)                                   |   |                           |                                |                             |                               |  |  |  |  |
| (10)                                  |   |                           |                                |                             |                               |  |  |  |  |

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

23

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.

Inspection Employer identification number

\*\*-\*\*\*3171

20

Name of the organization

#### Brackens Kitchen Inc

| Pa  | rt I   Types of Property                               |                        |                         |   |                      |           |      |          |
|-----|--|------------------------|-------------------------|---|----------------------|-----------|------|----------|
|     |  | <b>(a)</b><br>Check if | <b>(b)</b><br>Number of | (c)<br>Noncash contribution                         | (d)<br>Method of det | terminina |      |          |
|     |  | applicable             | contributions or        | amounts reported on<br>Form 990, Part VIII, line 1g | noncash contribut    |           |      |          |
| 1   | Art - Works of art                                     |                        |                         |   |                      |           |      |          |
| 2   | Art - Historical treasures                             |                        |                         |   |                      |           |      |          |
| 3   | Art - Fractional interests                             |                        |                         |   |                      |           |      |          |
| 4   | Books and publications                                 |                        |                         |   |                      |           |      |          |
| 5   | Clothing and household goods                           |                        |                         |   |                      |           |      |          |
| 6   | Cars and other vehicles                                |                        |                         |   |                      |           |      |          |
| 7   | Boats and planes                                       |                        |                         |   |                      |           |      |          |
| 8   | Intellectual property                                  |                        |                         |   |                      |           |      |          |
| 9   | Securities - Publicly traded                           |                        |                         |   |                      |           |      |          |
| 10  | Securities - Closely held stock                        |                        |                         |   |                      |           |      |          |
| 11  | Securities - Partnership, LLC, or                      |                        |                         |   |                      |           |      |          |
|     | trust interests  |                        |                         |   |                      |           |      |          |
| 12  | Securities - Miscellaneous                             |                        |                         |   |                      |           |      |          |
| 13  | Qualified conservation contribution -                  |                        |                         |   |                      |           |      |          |
|     | Historic structures                                    |                        |                         |   |                      |           |      |          |
| 14  | Qualified conservation contribution - Other $_{\dots}$ |                        |                         |   |                      |           |      |          |
| 15  | Real estate - Residential                              |                        |                         |   |                      |           |      |          |
| 16  | Real estate - Commercial                               |                        |                         |   |                      |           |      |          |
| 17  | Real estate - Other                                    |                        |                         |   |                      |           |      |          |
| 18  | Collectibles   |                        |                         |   |                      |           |      |          |
| 19  | Food inventory   | Х                      | 2,026                   | 3,189,879.  |                      |           |      |          |
| 20  | Drugs and medical supplies                             |                        |                         |   |                      |           |      |          |
| 21  | Taxidermy  |                        |                         |   |                      |           |      |          |
| 22  | Historical artifacts                                   |                        |                         |   |                      |           |      |          |
| 23  | Scientific specimens                                   |                        |                         |   |                      |           |      |          |
| 24  | Archeological artifacts                                |                        |                         |   |                      |           |      |          |
| 25  | Other (Kitchen supplie)                                | X                      | 99                      |   |                      |           |      |          |
| 26  | Other (Auction items)                                  | X                      | 59                      | 40,911.   |                      |           |      |          |
| 27  | Other ()   |                        |                         |   |                      |           |      |          |
| 28  | Other ( )  |                        |                         |   |                      |           |      |          |
| 29  | Number of Forms 8283 received by the organi            |                        |                         |   |                      |           |      |          |
|     | for which the organization completed Form 82           | 83, Part V, I          | Donee Acknowledg        | jement 29   |                      |           |      |          |
| ~~  |  |                        |                         |   |                      | Ye        | es I | No       |
| 30a | During the year, did the organization receive b        |                        |                         |   |                      |           |      |          |
|     | must hold for at least 3 years from the date of        |                        |                         | •   |                      |           |      | v        |
|     | exempt purposes for the entire holding period          | ۲                      |                         |   | ·····                | 30a       |      | X        |
|     | If "Yes," describe the arrangement in Part II.         | naliov that "          | oquiroo the review      | of any populard and the                             | tiono?               | 24        |      | х        |
| 31  | Does the organization have a gift acceptance           |                        |                         |   |                      | 31        | +    | <u> </u> |
| JZd | Does the organization hire or use third parties        |                        | •                       |   |                      | 322       |      | Х        |
| h   | contributions?<br>If "Yes," describe in Part II.       |                        |                         |   |                      | 32a       |      | ~~       |
| U U | II ICS, UCSUIDE III FAILII.                            |                        |                         |   |                      |           |      |          |

describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Name of the organization

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.



\*\*-\*\*\*3171

Brackens Kitchen Inc

Form 990, Part I, Line 1, Description of Organization Mission:

rescuing, re-purposing and restoring both food and lives.

Form 990, Part III, Line 4a, Program Service Accomplishments:

not only by cooking meals but with our food truck and a network of

community partners who help to get our meals into the hands of those

who need it most. Looking forward our goal in 2024 is to provide more

than 2.2 million meals to our friend and neighbors in need through our

distribution network of over 45 community and agency partners.

Form 990, Part III, Line 4b, Program Service Accomplishments:

items and produce left in the field are just a few examples of the many

areas in which we rescue food. Our goal in 2024 is to rescue more than

325 tons of food.

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:

| Schedule O (Form 990) 2023                               | Page <b>2</b>                               |
|--|---|
| Name of the organization<br>Brackens Kitchen Inc         | Employer identification number<br>**-**3171 |
|  | 1   |
| Periodic reviews are conducted to ensure compliance with | the conflict of                             |
| interest policy.   |   |
|  |   |
|  |   |
| Form 990, Part VI, Section B, Line 15a:                  |   |
| Use comparable data to like sized organizations.         |   |
|  |   |
|  |   |
| Form 990, Part VI, Section C, Line 19:                   |   |
| Available upon request.                                  |   |
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#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### Form 990 Page 10

|--|

| OIM J.       | 90 Page 10                                      |                  |        |       | _       |             |                             | 990              | _                      | _                          |                           |  |                               | _                         |                                       |
|--------------|---|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                     | Date<br>Acquired | Method | Life  | C o n v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | Buildings                                       |                  |        |       |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | Delta Wye Electric walk in<br>closet            | 10/20/22         | SL     | 15.00 |         | 16          | 11,003.                     |                  |                        |                            | 11,003.                   | 244.                                     |                               | 733.                      | 977.                                  |
| 16           | 2 Floor sinks and 1 map sink                    | 10/05/22         | SL     | 15.00 |         | 16          | 12,810.                     |                  |                        |                            | 12,810.                   | 285.                                     |                               | 854.                      | 1,139.                                |
| 17           | Leasehold Improvements                          | 06/30/22         | SL     | 15.00 |         | 16          | 81,265.                     |                  |                        |                            | 81,265.                   | 1,806.                                   |                               | 5,418.                    | 7,224.                                |
| 18           | A/C Units                                       | 04/19/23         | SL     | 15.00 |         | 16          | 85,701.                     |                  |                        |                            | 85,701.                   |  |                               | 3,809.                    | 3,809.                                |
|              | * 990 Page 10 Total<br>Buildings                |                  |        |       |         |             | 190,779.                    |                  |                        |                            | 190,779.                  | 2,335.                                   |                               | 10,814.                   | 13,149.                               |
|              | Transportation Equipment                        |                  |        |       |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | Food truck                                      | 03/30/18         | SL     | 5.00  |         | 16          | 16,643.                     |                  |                        |                            | 16,643.                   | 15,811.                                  |                               | 832.                      | 16,643.                               |
| 2            | Food truck                                      | 04/23/20         | SL     | 5.00  |         | 16          | 137,504.                    |                  |                        |                            | 137,504.                  | 73,336.                                  |                               | 27,501.                   | 100,837.                              |
| 3            | 2019 Dodge Ram 1500                             | 12/19/20         | SL     | 6.00  |         | 16          | 34,069.                     |                  |                        |                            | 34,069.                   | 11,356.                                  |                               | 5,678.                    | 17,034.                               |
|              | * 990 Page 10 Total<br>Transportation Equipment |                  |        |       |         |             | 188,216.                    |                  |                        |                            | 188,216.                  | 100,503.                                 |                               | 34,011.                   | 134,514.                              |
|              | Other   |                  |        |       |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 4            | Kitchen equipment                               | 12/31/16         | SL     | 7.00  |         | 16          | 26,736.                     |                  |                        |                            | 26,736.                   | 22,917.                                  |                               | 3,819.                    | 26,736.                               |
| 5            | Power pan tilting skillet                       | 06/28/19         | SL     | 7.00  |         | 16          | 14,185.                     |                  |                        |                            | 14,185.                   | 7,093.                                   |                               | 2,027.                    | 9,120.                                |
| 6            | Convection Steamer                              | 11/10/20         | SL     | 7.00  |         | 16          | 12,434.                     |                  |                        |                            | 12,434.                   | 3,701.                                   |                               | 1,776.                    | 5,477.                                |
| 7            | Water filtration system                         | 03/15/21         | SL     | 7.00  |         | 16          | 15,433.                     |                  |                        |                            | 15,433.                   | 3,858.                                   |                               | 2,205.                    | 6,063.                                |
| 8            | 2 exhause hoods +<br>installation               | 03/28/22         | SL     | 7.00  |         | 16          | 8,625.                      |                  |                        |                            | 8,625.                    | 924.                                     |                               | 1,232.                    | 2,156.                                |
| 9            | Air hoods, fans                                 | 04/19/22         | SL     | 7.00  |         | 16          | 10,717.                     |                  |                        |                            | 10,717.                   | 1,021.                                   |                               | 1,531.                    | 2,552.                                |

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(D) - Asset disposed

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#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### Form 990 Page 10

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|              | 90 Page 10                               |                  |        |      |         |             |                             | 990              |                        |                            |                           |  |                               |                           |                                       |
|--------------|--|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                              | Date<br>Acquired | Method | Life | C o n v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
| 10           | Convection oven/accessories              | 05/02/22         | SL     | 7.00 |         | 16          | 13,276.                     |                  |                        |                            | 13,276.                   | 1,264.                                   |                               | 1,897.                    | 3,161.                                |
| 11           | V Fire system                            | 05/23/22         | SL     | 7.00 |         | 16          | 4,675.                      |                  |                        |                            | 4,675.                    | 389.                                     |                               | 668.                      | 1,057.                                |
| 12           | Electrical installation -<br>hoods/Mixer | 05/24/22         | SL     | 7.00 |         | 16          | 4,000.                      |                  |                        |                            | 4,000.                    | 333.                                     |                               | 571.                      | 904.                                  |
| 13           | Exhaust hoods and installation           | 05/24/22         | SL     | 7.00 |         | 16          | 9,600.                      |                  |                        |                            | 9,600.                    | 800.                                     |                               | 1,371.                    | 2,171.                                |
| 14           | Security camera and equipment            | 07/22/21         | SL     | 5.00 |         | 16          | 15,743.                     |                  |                        |                            | 15,743.                   | 3,149.                                   |                               | 3,149.                    | 6,298.                                |
|              | * 990 Page 10 Total Other                |                  |        |      |         |             | 135,424.                    |                  |                        |                            | 135,424.                  | 45,449.                                  |                               | 20,246.                   | 65,695.                               |
|              | * Grand Total 990 Page 10<br>Depr        |                  |        |      |         |             | 514,419.                    |                  |                        |                            | 514,419.                  | 148,287.                                 |                               | 65,071.                   | 213,358.                              |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | Current Year Activity                    |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | Beginning balance                        |                  |        |      |         |             | 428,718.                    |                  |                        | 0.                         | 428,718.                  | 148,287.                                 |                               |                           | 209,549.                              |
|              | Acquisitions                             |                  |        |      |         |             | 85,701.                     |                  |                        | 0.                         | 85,701.                   | 0.                                       |                               |                           | 3,809.                                |
|              | Dispositions/Retired                     |                  |        |      |         |             | 0.                          |                  |                        | 0.                         | 0.                        | 0.                                       |                               |                           | 0.                                    |
|              | Ending balance                           |                  |        |      |         |             | 514,419.                    |                  |                        | 0.                         | 514,419.                  | 148,287.                                 |                               |                           | 213,358.                              |
|              | Ending accum depr                        |                  |        |      |         |             |                             |                  |                        |                            |                           | 213,358.                                 |                               |                           |                                       |
|              | Ending book value                        |                  |        |      |         |             |                             |                  |                        |                            |                           | 301,061.                                 |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |

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