



**2020 S.L. Gimbel Foundation Fund
COVID 19
FOOD Grant Application**

Internal Use Only:
Grant : _____

Organization / Agency Information

1) Organization/Agency Name: Carol's Kitchen, Inc.		
2) Physical Address: 244 Maple Ave., Suite W, Beaumont, CA 92223		City/State/Zip
3) Mailing Address: 244 Maple Ave., Suite W, Beaumont, CA 92223		City/State/Zip
4) CEO or Director: Vince Conway, President		Title:
5) Phone: 909-224-5188	6) Fax:	7) Email: vincekathyconway@gmail.com
8) Contact Person: Ann Blair, Vice President		Title:
9) Phone: 909-568-8120	10) Fax: 909-620-7720	11) Email: Ann.m.blair@hotmail.com
12) Web Site Address: www.carolskitcheninc.org		13) Tax ID: 33-0819778

Program / Grant Information

Interest Area: Food Food

14) Program/Project Name: FEEDING THE HUNGRY DURING PANDEMIC		15) Amount of Grant Requested: \$24,784	
16) Total Organization Budget: \$220,421	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 75%	18) Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 16%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 24%
20) Purpose of Grant Request (one sentence): To request funding for Carol's Kitchen to provide a sack lunch and bag of groceries for our guests for one month (30 days), or 3,000 meals.			
21) Program Start Date (Month and Year): July 1, 2020- July 31, 2020		22) Program End Date (Month and Year):	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) None			

Signatures

24) Board President / Chair: (Print name and Title) ANN BLAIR / CHAIR	Signature: 	Date: 5/21/2020
---	-----------------------	---------------------------

25) Executive Director/President: (Print name and Title) Signature: Date: 2/20/20
Vincent Conway - President VINCENT CONWAY

S. L. Gimbel Foundation Fund

FOOD Grant Application

I. Organization/Agency Background

1) State your mission, vision, purpose, and provide a brief history.

Carol's Kitchen was founded in 1998 by Jim and Arlene Ragan after the death of their daughter, Carol, who was killed by a drunk driver. For its inaugural meal, chicken enchiladas were served to 34 guests.

Our mission statement is: "To strengthen the San Geronimo Pass of Southern California by ensuring that the men, women and children of our communities do not go hungry – regardless of their age, religion, cultural background, employment or economic status and physical and mental abilities."

2) What are your core programs and activities?

We normally serve free, hot, nutritious meals to any and all guests who attend the six different kitchens. After our guests have finished their meal, they have the opportunity to visit our pantry and select grocery items to take home. They may also "shop" in our Carol's Closet and select slightly worn clothing and household items. At two of our locations, we partner with Healing Waters, another non-profit, to offer hot showers. We also partner with University Health Systems Medical Mobil Unit to offer health services once a month at each location. We serve special holiday meals at Easter, Thanksgiving and Christmas, at which time we distribute toys to children. As an added benefit, we offer information connecting guests to other social determinants of health.

During the COVID-19 pandemic, we have altered our model to handing out sack lunches and bags of groceries. This transition has caused a hardship, in that we must now purchase most of our food items because our normal avenues of donations have dried up. We are not able to benefit from several fundraisers that were planned and have had to cancel ones in the foreseeable future.

3) Today we serve approximately 3,000 free, hot, nutritious meals each month in our six kitchens in three locations in the cities of Banning, Beaumont and Cabazon in Riverside County, Southern California.

4) How many paid staff, full time and part time?

Our two part-time paid employees are an Executive Director, who oversees the day-to-day operations; and a truck driver who picks up and delivers food to the kitchens and our warehouse.

5) **How many volunteers?**

The organization has a working, volunteer ten-member board, 130 kitchen volunteers and six kitchen managers.

II. **Project Information**

- 1) Carol's Kitchen service area, the San Geronio Pass area, has a median household income of \$47,629. Given that the median is below the 80% threshold for determining the LMI, it can be ascertained that more than 50% served qualify as LMI households. This is a rural area with limited resources.

2) **What are the specific activities of the food program?**

Until February, 2020 Carol's Kitchen served around 750 hot meals every week, four days a week in our six kitchen locations. We have done this for 22 years with no interruption in service. The guests were invited into the seating area and served restaurant style by volunteers. We serve all who come, we do not ask for names or any other identifiers. During this pandemic, our numbers have grown to about 1,000 meals each week.

For the safety of volunteers and guests, the service delivery model has now transitioned to preparing sack lunches for distribution during the same hours as the hot meal was served. This has changed the food requirements of the organization to pre-packaged, easy-to-access, easy to prepare meals that can be placed into a paper sack and distributed. Previously, Carol's Kitchen was the recipient of donated breads, food products, canned goods, fresh produce, etc., but that is no longer available and must be purchased.

Our grant request of \$25,000 is to assist in the cost of sack lunches for our guests. These funds will assist in the transition to food products that will sustain the sack lunches distributed as the community is impacted by the COVID-19 virus. This funding will supplement existing funding allowing the kitchens to serve more protein to our guests.

The management of the grant will be overseen by our Board of Directors and Grant Committee and all required documents will be submitted in a timely and accurate manner.

3) **How do you identify/qualify those in need: How often is the food distribution offered?**

As stated, we do not require or identify guests at Carol's Kitchen. All are welcome as whenever they attend. We distribute food in Beaumont and Cabazon on Mondays and Thursdays, and in Banning on Tuesdays and Fridays. A total of six times per week. We average about 750 – 1,000 guests per w

III Project Budget

Line Item	Line Item Description	Quantity	Unit Price/ea.	Total Requested Amount
Lunches				
1	Bags	3,000	0.02	\$60.00
2	Bread	6,000	0.2	\$1,200
3	Ham	3,000	0.75	\$2,250
4	Cheese	3,000	0.2	\$600
5	Orange	3,000	0.2	\$600
6	Granola Bar	3000	0.31	\$930
7	Chips	3,000	0.42	\$1,260
8	Water	3,000	0.15	\$450
9	Fruit Snack	3,000	0.11	\$330
Total Lunches			\$2.36	\$7,080
Groceries				
1	Canned green beans	3,000	0.68	\$2,040
2	Canned corn	3,000	0.64	\$1,920
3	Spaghetti	3,000	0.75	\$2,250
4	Macaroni & Cheese	3,000	0.52	\$1,560
5	Applesauce	3,000	1.2	\$3,600
7	Canned milk	3,000	0.9	\$2,700
Total Groceries			\$4.69	\$14,070
Total Requested Food Items				\$21,150
Administrative Cost				\$3,034
Total Requested Amount				\$24,784
IV. Administrative Expenses Percentage				
Mgt. & Gen. Expenses		1/12 Ann. Salary		Administrative Percentage
1	Management		\$1,551	6%
2	Transportation		\$1,483	5%

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,764.	8,764.	0.	0.
13 Office expenses	6,765.	6,765.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	41,706.	41,706.	0.	0.
17 Travel	1,188.	0.	1,188.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,842.	0.	2,842.	0.
23 Insurance	10,686.	10,686.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT KITCHEN EXPENSE	58,918.	58,918.	0.	0.
b AUTO AND TRUCK EXPENSE	7,116.	7,116.	0.	0.
c OTHER PERSONNEL EXPENSE	61,694.	29,090.	32,604.	0.
d FUNDRAISING EXPENSES	17,570.	0.	0.	17,570.
e All other expenses	3,172.	3,172.	0.	0.
25 Total functional expenses. Add lines 1 through 24e	220,421.	166,217.	36,634.	17,570.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

APPENDIX: 2020 Income Budget Forecast

Account Category	\$5 by Month 2020												Totals \$5
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	
Income													
4010 - Indiv/Bus Contributions													\$0
4011/4012 - Gen Contrib. (Indiv +oth)	\$4,600	\$4,000	\$3,800	\$4,000	\$7,500	\$3,500	\$6,000	\$10,000	\$2,500	\$11,000	\$5,500	\$14,000	\$76,400
4070 - Contrib from Helen Taylor Funr	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000
4251 - Contrib from S. B. Diocese								\$3,000					\$3,000
4252 - Contrib from Sun Lakes Trust										\$7,000			\$7,000
4253 - Contrib from LMS Grant									\$5,500				\$5,500
4254 - Contrib from Missionary Sisters												\$5,000	\$5,000
4540 - Contrib from Riverside CID Grant											\$5,000		\$5,000
4556 - Contrib from Albertson's Grant			\$5,000										\$5,000
4257 - Partnerships		\$5,000		\$5,000	\$8,500		\$2,000		\$1,000		\$1,000		\$17,500
4258 - Contrib from Wells Fargo Grant							\$5,000						\$5,000
4259 - Morongo Indian Tribe								\$5,000					\$5,000
5000/5490 - Any Earned Rev. & Refun	\$200				\$500							\$1,000	\$1,700
5260 Other Grants										\$5,000			\$5,000
5511 - St. Stephens Xmas Fundraiser	\$5,000												\$5,000
5514 - Fundraiser (Donation Cars)	\$200		\$200		\$300		\$300	\$300			\$200	\$300	\$1,800
5526 - Bowling Tournament				\$700	\$700	\$700	\$1,000	\$660					\$3,760
5527 - Bowling Main Raffle				\$100	\$2,500	\$1,500	\$900	\$1,700					\$6,700
5538 - Bowling Sponsors				\$200	\$1,000	\$1,300	\$3,500	\$490					\$6,490
5539 - Bowling Donation							\$300						\$300
5540 - Bowling Silent Auction								\$2,100					\$2,100
5541 - Bowling Basket Opportunity Raffle								\$1,400					\$1,400
5529 - giving Tuesday FR													
5536 - Dinner Fundraiser									\$2,000	\$7,000			\$9,000
5537 - Other Fundraisers								\$350				\$5,300	\$5,650
5528 - Fundraiser (Topline Car Show)						\$12,000						\$200	\$12,000
5535 - Wine Tasting Fundraiser		\$2,000											\$2,000
Transfer from Reserve Savings Acct													
Amazon Smile		\$1,000							\$1,000				\$2,000
Terry Peairs Christmas												\$1,500	\$1,500
Total Income (\$)	\$11,000	\$13,000	\$10,000	\$11,000	\$17,000	\$20,000	\$20,000	\$26,000	\$13,000	\$31,000	\$18,000	\$23,000	\$219,000

Account Category	\$5 by Month 2020												Totals \$5
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	
Expenses													
7510 - Kitchen Expenses St Kateri Tra	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$555	\$6,660
7530 - Kitchen Expenses (Not Food)	\$850	\$750	\$850	\$1,150	\$850	\$950	\$1,150	\$1,650	\$1,250	\$1,450	\$1,850	\$2,000	\$14,750
7520 - Kitchen Expenses (Food)	\$580	\$770	\$980	\$2,480	\$1,550	\$1,030	\$980	\$730	\$980	\$580	\$430	\$1,580	\$12,670
7610 - Auto & Truck Fuel	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$6,000
7630 - Auto & Truck Repairs/Registration		\$200				\$400	\$1,000	\$200	\$200	\$200	\$200	\$200	\$2,600
7900 - Pers. Exp (Payroll & Accounting)	\$5,200	\$5,200	\$5,200	\$5,200	\$5,200	\$5,200	\$5,200	\$5,200	\$5,200	\$6,200	\$6,200	\$6,200	\$65,400
8028 - Mailings Expenses		\$150	\$285		\$250			\$145					\$830
8029 - Bowling Tournament/Sponsors			\$180	\$900		\$100	\$100	\$1,280	\$300				\$2,410
8042 - Bowling Raffles					\$200			\$2,900					\$2,700
8043 - Fundraising Exp. (Topline Show)							\$80						\$80
8045 - LMS Expenses - from 2019 Award										\$5,500			\$5,500
8044 - Diocese Expenses - FY 2018/2019		\$900											\$900
8047 - Wine Tasting FR Expenses		\$800											\$800
8048 - Other Fundraisers				\$200					\$600				\$800
8049 - Albertson's Grant Expenses			\$1,660	\$1,140	\$1,000	\$300	\$300		\$300		\$300		\$5,000
8050 - Diocese Expenses - FY 2019/2020											\$1,000	\$2,000	\$3,000
8110 - Office Supplies	\$100		\$100			\$100		\$100		\$100		\$100	\$600
8130 - Telephone & Communications	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$840
8170 - Printing & Copying		\$800	\$325		\$200	\$130		\$55					\$1,510
8032 - Comedy/Dinner Fundraiser								\$50	\$150	\$1,300			\$1,500
8210 - Rent & other Occupancy	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$14,400
8220 - All Utilities	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$2,880
8225 - Repairs & Maintenance	\$200	\$100	\$500	\$100	\$100	\$1,000	\$100	\$100	\$100	\$100	\$100	\$100	\$2,600
8320 - Conferences & Meetings						\$1,200							\$1,200
8520 - Liability & Other Insurance		\$500	\$1,300	\$2,000		\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$9,400
8570 - Advertising Expenses	\$580	\$350	\$350	\$375	\$1,000	\$500	\$700	\$350	\$650	\$900	\$600	\$350	\$6,705
8100, 8250/8670 - Organ/Non-person	\$500	\$500	\$1,100	\$500	\$900	\$1,300	\$500	\$800	\$1,000	\$700	\$1,100	\$900	\$9,400
Transfer to Reserves	\$1,200	\$1,200	\$1,200	\$1,100	\$1,900	\$2,000	\$1,800	\$3,100	\$1,400	\$2,800	\$1,300	\$2,300	\$21,300
Total Expenses (\$)	\$11,775	\$14,785	\$16,665	\$17,310	\$15,715	\$17,575	\$15,245	\$19,605	\$15,495	\$23,195	\$16,445	\$18,695	\$202,405

Short Form Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization CAROL'S KITCHEN INC
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 364
<input type="checkbox"/> Name change	City or town State ZIP code CALIMESA CA 92320
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	D Employer identification number 33-0819778
<input type="checkbox"/> Amended return	E Telephone number (951) 769-7804
<input type="checkbox"/> Application pending	F Group Exemption Number ▶
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
I Website: ▶ CAROLSKITCHENINC.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 166,157	

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	166,157
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	166,157	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,124
	13	Professional fees and other payments to independent contractors	13	12,523
	14	Occupancy, rent, utilities, and maintenance	14	15,529
	15	Printing, publications, postage, and shipping	15	995
	16	Other expenses (describe in Schedule O)	16	87,423
17	Total expenses. Add lines 10 through 16 ▶	17	164,594	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,563
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	181,301
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	5,000
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	187,864

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	160,177	22 169,047
23 Land and buildings	5,773	23 3,466
24 Other assets (describe in Schedule O)	15,351	24 15,351
25 Total assets	181,301	25 187,864
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	181,301	27 187,864

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SERVES HOT MEALS 4 DAYS WK @ 6 LOCATIONS IN BEA
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>PREPARED AND DELIVERED FREE MEALS TO LOW INCOME & HOMELESS INDIVIDUALS</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTY BAUER PRESIDENT	Hr/WK 2.00			
CHAR TAYLOR-LAMPE TREASURER	Hr/WK 4.00			
BILL DICKSON DIRECTOR	Hr/WK 2.00			
RICH LAMPE DIRECTOR	Hr/WK 2.00			
NANCY MONGE DIRECTOR	Hr/WK 2.00			
SISTER JUDINE JACOBS DIRECTOR	Hr/WK 2.00			
EFRIAN NEALS DIRECTOR	Hr/WK 2.00			
ANN BLAIR DIRECTOR	Hr/WK 2.00			
ALEXANDRA TOMPKINS EXECUTIVE DIRECTOR	Hr/WK 40.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35b			
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
37b			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
40e			
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ MARTY BAUER Telephone no. ▶ (951) 769-7804 Located at ▶ PO BOX 364 City CALIMESA ST CA ZIP + 4 ▶ 92320		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization?. 49a Yes No X

b If "Yes," was the related organization a section 527 organization?. 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. X Yes No

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 Here Signature of officer Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check self-employed if PTIN TAMMY G CARTER TAMMY G CARTER 5/16/2019 Firm's name ACCURATE TAX & BUSINESS SERVICES Firm's EIN 35-2470926 Firm's address PO BOX 2036, BEAUMONT, CA 92223 Phone no. (951) 845-2625

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: April 19, 2006

Person to Contact:
Stephanie Swartzbaugh 31-07594
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
33-0819776

CAROLS KITCHEN INC
% JAMES P RAGAN PRES
37980 VINELAND ST
CHERRY VALLEY CA 92223-4043

Dear Sir or Madam:

This is in response to your request of April 19, 2006, regarding your organization's tax-exempt status.

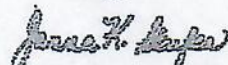
In January 1999 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax-deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

CAROL'S KITCHEN DIRECTORY

December 2019

FOUNDER OF CAROL'S KITCHEN

Arlene Ragan (co-founder with Jim Ragan)

1591 Green Creek Trail, Beaumont, CA 92223 jranch1@yahoo.com 951-769-9334 (H)

Spiritual Advisor, Father Steve Porter, St. Kateri Catholic Church. sporter@sbdiocese.org

BOARD OF DIRECTORS

Vince Conway, President, Director, 1664 Stellar Peak, Beaumont, CA 92223
vincekathyconway@gmail.com; 951-381-1630 (H) 909-224-5188 (C)

Ann Blair, Vice President, Director, 1582 Turtle Creek, Beaumont, CA 92223,
ann.m.blair@hotmail.com, 909-620-7720 (H), 909-568-8120 (C)

Leeann McLaughlin, Treasurer, Director 5354 W. Pinehurst Drive, Banning, CA 92220
casakel@msn.com 909-973-3143

Randy Brown, Corporate Secretary, Director, 279 Buck Springs, Beaumont, CA 92223
brownr@rbmarketing.com, 909-223-6700(C)

Kathy Conway, Recording Secretary, Director, 1664 Stellar Peak, Beaumont, CA 92223
kathys3mail@yahoo.com; 951-381-1630 (H) 909-641-5841 (C)

Nancy Monge, Director, 8290 Overview Court, Yucaipa, CA 92399
nmonge@verizon.net; 909-797-5705 (H), 909-936-9431 (C)

Irma Wozniak, Director, 1032 Angus Glen Ct., Beaumont, CA 92223
irmocwoz@gmail.com; 951-845-1843 (H), 909-904-1240 (C)

Tom Lewis, Director, 4926 Bermuda Dunes Ave., Banning, CA 92220
howzell_lewis@msn.com, 951-267-1455 (H) 951-378-0484 (C)

Alex Tompkins, Director 1064 Cottonwood Road, Banning, CA 92220
carolskitcheneat@outlook.com, 909-400-1683(C)

Carol Allbaugh, Director 1588 Litchfield Court, Banning, CA 92220
callbaugh5@gmail.com, 951-293-9603 (C)

EXECUTIVE DIRECTOR

Lance Sanchez, 1425 Cherry Avenue, Beaumont, CA 92223
(Personal Phone: 909-353-9485)
executive.director.carols.kitchen@gmail.com: 909-284-4104 (C)

KITCHEN MANAGERS

MONDAY – BEAUMONT

Rich and Char Lampe -- 951-218-8590, 951-218-6431
charthea@hotmail.com
rlampel@yahoo.com

MONDAY – CABAZON

Sebastian Perez - 951-269-1958
snperez0113@gmail.com

TUESDAY – BANNING

Ruby Francis – 909-289-3271
rubyfrancis1998@gmail.com

THURSDAY – BEAUMONT

Nancy Monge -- 909-936-9431
nmonge@verizon.net

THURSDAY – CABAZON

Marty Bauer -- 909-222-2696
bauer4seasons@aol.com

FRIDAY – BANNING

Ruby Francis – 951-400-9686
rubyfrancis1998@gmail.com

EMERITUS STATUS

Marty Bauer, President, 480 Yellowstone Park, Beaumont, CA 92223
bauer4seasons@aol.com; 951-769-7804 (H), 909-222-2696 (C)

Char Taylor-Lampe, Treasurer, 3800 W. Wilson St., Sp. 88, Banning, CA 92220
charthea@hotmail.com; 951-218-8590 (C)

Rich Lampe, Corporate Secretary, Director, 3800 W. Wilson St., Sp. 88, Banning, CA 92220
rlampe1@yahoo.com; 951-218-8590 (H), 951-218-6431 (C)