

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization MARTIN LUTHER KING KITCHEN FOR
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
650 VANCE ST
 City or town State ZIP code
TOLEDO OH 43602
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number _____

E Telephone number _____
419-241-2596

F Name and address of principal officer: HARVEY SAVAGE
650 VANCE ST TOLEDO OH 43602

G Gross receipts \$ 647552.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ MLKKITCHEN@BEX.NET

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1970 **M** State of legal domicile: OH

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>FEEDING THE INDIGENT, REFERRING THE INDIGENT TO OTHER OUTREACH PROGRAMS FOR ADDITIONAL ASSISTANCE ALSO PROVIDES PROGRAMS FOR THE YOUTH TO KEEP THEM OFF THE STREETS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 38	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	611445.	646742.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	554.	810.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	611999.	647552.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64128.	175869.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2719.</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	462451.	313172.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	526579.	489041.
19 Revenue less expenses. Subtract line 18 from line 12	85420.	158511.	
Not Report on Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 282097.	End of Year 438248.
	21 Total liabilities (Part X, line 26)	27246.	28446.
	22 Net assets or fund balances. Subtract line 21 from line 20	254851.	409802.

Part II Signature Block

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: HARVEY SAVAGE Date: 04/26/2019
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: RONALD W COON SR Preparer's signature: _____ Date: 04/26/2019 Check if self-employed PTIN: P00850776
 Firm's name ▶ RONALD W COON SR MPPA CPA Firm's EIN ▶ 34-1535170
 Firm's address ▶ 1812 BROADWAY TOLEDO OH 43609 Phone no. 419-241-8240

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No