PUBLIC DISCLOSURE COPY

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ARMANINO^{LLP}

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Form	990

** PUBLIC DISCLOSURE COPY ** **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.

Department of the Treasury Internal Revenue Service

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► Go to www.irs.gov/Form990 for instructions and the latest information. u la a alianalia a **TTTT** 1 2021 مسط مسطاسم TTTNT 20



2022

B c a	heck if pplicab	c Name of organization		D Employer identif	ication number					
	Addre	SE OPEN HEART KITCHEN OF LIVERMORE INC								
	Name		94-3396038	1						
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	er						
		1141 CATALINA DRIVE	Room/suite 137	925-580-161						
	⊥returr termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,469,632.					
	Amer			H(a) Is this a group	return					
	_Appli _tion			for subordinate						
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates						
IT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		a list. See instructions					
		te: OPENHEARTKITCHEN.ORG		H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; CA					
	irt I	Summary	12 104		in olato ol logal aomonol					
	1	Briefly describe the organization's mission or most significant activities:	ABLE ACCE	SS TO NUTRITIOUS						
ce		FOOD TODAY, WHILE BUILDING A FOOD SECURE TOMORROW.								
nar	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.					
ver	3			3						
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11					
ອ ອ	5	otal number of individuals employed in calendar year 2021 (Part V, line 2a) <u>5</u>								
itie	6	Total number of volunteers (estimate if necessary)			169					
Activities & Governance										
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11								
			Prior Year	Current Year						
~	8	Contributions and grants (Part VIII, line 1h)		7,377,325.	3,720,558.					
nu	9	Program service revenue (Part VIII, line 2g)		0.	1,527,379.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-996.	. 27,794.					
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	16,668.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,376,329.	5,292,399.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,269,850.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,247,951.	1,444,419.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
bei		Total fundraising expenses (Part IX, column (D), line 25)								
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,888,968.	648,511.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,136,919.	4,362,780.					
	19	Revenue less expenses. Subtract line 18 from line 12		2,239,410.	929,619.					
or			В	eginning of Current Year	End of Year					
Assets - d Balanc	20	Total assets (Part X, line 16)		4,512,561.	5,561,804.					
Ase	21	Total liabilities (Part X, line 26)		66,394.	186,018.					
- Inter	22	Net assets or fund balances. Subtract line 21 from line 20		4,446,167.	5,375,786.					
Pa	irt II	Signature Block								
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	ly 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 JOHN BOST, EXECUTIVE DIRECTOR Type or print name and title		Date	3					
		Preparer's signature KATY BROWN	Date 04/06/23	Check PTIN if self-employed P00650274 94-6214841					
Preparer Use Only	Firm's name ARMANINO LLP Firm's address 12657 ALCOSTA BLVD, STE. SAN RAMON, CA 94583-4600			l's EIN ▶ 94-6214841 ne no.925-790-2600					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038 F	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	EQUITABLE ACCESS TO NUTRITIOUS FOOD TODAY, WHILE BUILDING A FOOD		
	SECURE TOMORROW.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3		Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	assured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expenses, and	
4a	(Code:) (Expenses \$1,933,297. including grants of \$1,647,258.) (Revenue	¢ 1 527 3	379 \
та	THE COMMUNITY POINT OF DISTRIBUTION (CPOD) PROGRAM IS AN EMERGENCY	۰ <i>– – – – – – – – – – – – – – – – – – – </i>)
	GROCERY DISTRIBUTION THAT PROVIDES ESSENTIAL GROCERIES TO THE COMMUNITY		
	IN RESPONSE TO THE COVID-19 PANDEMIC. EACH CLIENT RECEIVES PRODUCE, DRY		
	GOODS, AND PROTEIN. THIS PROGRAM IS A COLLABORATION WITH THE ALAMEDA		
	COUNTY COMMUNITY FOOD BANK.		
	1 000 150		
4b	(Code:) (Expenses \$1,028,150. including grants of \$322,008.) (Revenue	\$)
	SENIOR MEAL PROGRAM: THE SENIOR MEAL PROGRAM ADDRESSES THE NUTRITIONAL		
	GAP FOR LOW INCOME SENIORS. OPEN HEART KITCHEN PREPARES AND SERVES		
	LUNCH AND DINNER FOR LOW INCOME SENIOR CITIZENS 60+ YEARS OF AGE,		
	MONDAY THROUGH FRIDAY. WE CURRENTLY SERVE AT FOUR SENIOR LOCATIONS IN		
	PLEASANTON, LIVERMORE, AND DUBLIN. ALL SENIOR CITIZENS OF THE		
	TRI-VALLEY ARE WELCOME TO EAT AT OUR SENIOR MEAL LOCATIONS.		
4c	(Code:) (Expenses \$	\$)
	OPEN HEART KITCHEN'S STREET OUTREACH PROGRAM DELIVERS FOOD TO THE		
	UNHOUSED. READYMADE FOOD IS IMPORTANT TO PEOPLE EXPERIENCING		
	HOMELESSNESS THAT SIMPLY LACK ACCESS TO KITCHEN FACILITIES AND ARE		
	UNABLE TO SAFELY REFRIGERATE OR STORE FOOD. OUR STREET OUTREACH TEAM		
	DELIVERS HOT MEALS AND BREAKFAST BAGS FOR PEOPLE LIVING IN ENCAMPMENTS		
	SIX DAYS A WEEK AT VARIOUS LOCATIONS THROUGHOUT THE TRIVALLEY. SINCE		
	STREET OUTREACH PROGRAMS WORK WITH A VULNERABLE POPULATION THAT OFTEN		
	HAS LITTLE OR NO ACCESS TO SERVICES, A MAIN COMPONENT OF OUR STREET		
	OUTREACH WORK IS TO ENSURE THE SURVIVAL OF PEOPLE LIVING ON THE		
	STREETS. OUR STREET OUTREACH PROGRAMS ALSO PROVIDE NECESSARY SUPPLIES		
	FOR OUR UNSHELTERED CLIENTS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 402,545. including grants of \$ 123,110.) (Revenue \$)	
4e	Total program service expenses 3,804,660.		
		Form 990	(2021)
132002	2 12-09-21		,
	3		

Form 990 (2021)

Part IV Checklist of Required Schedules

OPEN HEART KITCHEN OF LIVERMORE INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		X
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,			
	Part VI	11a	X	
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	Did 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		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII	120		
D	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	0.5%		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	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	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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	054		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		<u> </u>
36		26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	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?			
	- · · · · ·	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
		D		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	5			

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Form	990 (2021) OPEN HEART KITCHEN OF LIVERMORE INC 94-339603	8	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 57									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
3a										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
44		4-		x						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
D	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
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		x						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
U		8								
0		0								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
10										
17	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.		000	(000 4)						
132005	12-09-21 6	Form	1 220	(2021)						

Form	990 (2021) OPEN HEART KITCHEN OF LIVERMORE INC			396038	F	age 6				
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and	d for a "No	" respoi	nse				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O									
	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		11						
	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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other							
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?					x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				L I	X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				;	X				
6	Did the organization have members or stockholders?				;	х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7	а	x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····· -	-					
	newspapers of the set			7	h	x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			····· '	-	1				
a			-	8	a X					
a h	The governing body? Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			····· •	5					
9				ļ		x				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re				,					
	tion B. Ponoico (This Section B requests information about policies not required by the internal He	<u>/enue (</u>			Yes	No				
10-	Did the extension have lead charters, branches, or efflicted?			10		X				
	Did the organization have local chapters, branches, or affiliates?		offiliataa	····· "						
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	anniales,	1						
14.	and branches to ensure their operations are consistent with the organization's exempt purposes?		filing the form	<u>10</u>		x				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delore	e ming the for	n? 1 1	a					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				a X					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	<u>^</u> d					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,								
	on Schedule O how this was done			12						
13	Did the organization have a written whistleblower policy?				-					
14	Did the organization have a written document retention and destruction policy?			1	4 X					
15	Did the process for determining compensation of the following persons include a review and approva	by inc	ependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official									
b	Other officers or key employees of the organization			15	ib X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a							
	taxable entity during the year?			16	ia	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	S							
	exempt status with respect to such arrangements?			16	ib					
sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section 501	(c)(3)s on	ly) availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	on Sci	nedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and fin	ancial					
	statements available to the public during the tax year.			- 1						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records							
	HEATHER GREAUX - 925-580-1616		F							
	1141 CATALINA DR #137, NO. 137, LIVERMORE, CA 94550									
32004	12-09-21			F	orm 990	(2021)				
	7					()				
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<u>Form 990 (2021)</u>	OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038	Page 1					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if S	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	3						
1a Complete this tabl	le for all persons required to be listed. Report compensation for the calendar year	r ending with or within the organization'	s tax year.					

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I		Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) HEATHER GREAUX	40.00									
EXECUTIVE DIRECTOR				x				139,033.	0.	4,612.
(2) JUSTIN GAGNON	1.00									
BOARD CHAIR		х		х				٥.	0.	0.
(3) KRISTINA VANNONI	1.00									
BOARD VICE CHAIR		Х		х				٥.	0.	0.
(4) SHAILY NAIR	1.00									
BOARD SECRETARY		Х		х				٥.	0.	0.
(5) MICHAEL HAASE	1.00									
BOARD TREASURER		Х		х				0.	0.	0.
(6) CHUCK DECKERT	1.00									
MEMBER		Х						0.	0.	0.
(7) BETHANY HORTON	1.00									
MEMBER		Х						0.	0.	0.
(8) JEWEL HUNT	1.00									
MEMBER		Х						0.	0.	0.
(9) LIRA KAMAT	1.00									
MEMBER		Х						0.	0.	0.
(10) ERIC MAXWELL	1.00									
MEMBER		х						0.	0.	0.
(11) CARLA MOORE	1.00									_
MEMBER		х						0.	0.	0.
(12) JANETTE PACE	1.00									
MEMBER		х						0.	0.	0.
				-	-					
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

10300406 701245 143529.1

	KITCHEN OF L	IVE	RMOI	RE	INC				94-33	96038	8	Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		Fs	timate	d
Name and the	hours per					than c s both		compensation	compensatio	I		nount	
	week					r/trust		from	from related	I		other	
	(list any	tor						the	organizations	I		pensat	tion
	hours for	direc				-		organization	(W-2/1099-MIS			om the	
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	ruste	al tru:		99/	mper		1099-NEC)			•	d relate	
	below	dual t	ltion	_	nploy	st co iyee	J.	,				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			=	0	Ť	1 0							
		-											
										$ \rightarrow $			
										\rightarrow			
		-											
1b Subtotal								139,033.		٥.		4,	612.
c Total from continuation sheets to Part	/II, Section A							0.		٥.			٥.
d Total (add lines 1b and 1c)								139,033.		٥.		4,	612.
2 Total number of individuals (including but							o re	eceived more than \$100.0	000 of reportable				
compensation from the organization						,							1
												Yes	No
• Did the even institut list on a formation office							la : a			ſ		100	110
3 Did the organization list any former office			•	•	•		•	• • •					v
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual			4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? <i>If "Yes." co</i>											5		х
Section B. Independent Contractors	mpiete Genedul		01 30		0013						-		
1 Complete this table for your five highest of	omponented inc	lono	ndor	at co	ontra	octor	in th	at received more than \$	100 000 of comp	oncat	ion fro	m	
	•	•							•	CIISAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
the organization. Report compensation fo	r the calendar y	ear e	enain	ig w	ith c	or wit	<u>inin</u>		ear.				
(A)								(B)		~	(C		_
Name and busines	s address	NO	NE					Description of s	ervices		omper	nsatior	1
							-						
2 Total number of independent contractors	(including but n	ot lir	nited	tot	thos	e lis	ted	above) who received mo	re than				
\$100,000 of compensation from the organ		2)							
											Forme	990 (2	004
											r-orm -	550 (ž	2021)

132008 12-09-21

'ar	t VII	Statement of Re	ven	ue						_
		Check if Schedule O	conta	ains a resp	onse	or note to any line		(D)		
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total revenue	function revenue	business revenue	from tax und
										sections 512 -
ts	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues								
, mo	с	Fundraising events				24,745.				
ĽА		Related organizations								
nila		Government grants (conti								
Si		All other contributions, gifts,								
her	•	similar amounts not included				3,695,813.				
õ	g				\$	1,621,522.				
pu	-	Total. Add lines 1a-1f					3,720,558.			
Ø		Tutal. Aug lines Ta-11				Business Code	0,720,000,			
	•	FEDERAL CONTRACTS				624210	1,447,181.	1,447,181.		
	2 a	STATE/ LOCAL CONTRA	CTTC			624210	80,198.	80,198.		
an	b					024210	00,190.	00,190.		
Řevenue	с.									
e,	d									
	е									
		All other program service								
	g	Total. Add lines 2a-2f	<u></u>			🕨	1,527,379.			
	3	Investment income (inclue	•							
		other similar amounts) \dots				►	5,383.			5,3
	4	Income from investment of	of tax	-exempt b	ond p	roceeds 🕨 🕨				
	5	Royalties	<u></u>			🕨				
				(i) Rea	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of	, <u></u>	(i) Secur	ties	(ii) Other				
		assets other than inventory	7a	175,	179.	23,000.				
	h	Less: cost or other basis	74	,						
Ð	D	and sales expenses	7b	175,	768	0.				
enue	-				589.	23,000.				
eve eve				•			22,411.			22,4
		Net gain or (loss)					22, 111.			22,1
E	8 а	Gross income from fundraisi								
		including \$								
		contributions reported on				16 375				
		Part IV, line 18				16,375.				
		Less: direct expenses				1,465.				
		Net income or (loss) from				····· 🕨	14,910.			14,9
	9 a	Gross income from gamir								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ing activitie	es	>				
	10 a	Gross sales of inventory,	less r	returns						
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
1	-					Business Code				
	11 ว	MISC. REVENUE				900099	1,758.			1,7
Revenue							_,			-,,
ven	b									
Be	C									
		All other revenue				L	1 750			
		Total. Add lines 11a-11d					1,758.			
	12	Total revenue. See instruction	one				5,292,399.	1,527,379.	0.	44,4

10

2021.05070 OPEN HEART KITCHEN OF LIV 143529.1

OPEN HEART KITCHEN OF LIVERMORE INC

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

94-3396038 Page 10

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 49,785 49,785. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,220,065, 2,220,065 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 Benefits paid to or for members 4 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) 1,210,907. 856,138. 170,271. 184,498. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 132,372 98,784 15,711 17,877. 9 Other employee benefits 101,140. 72,086 14,106 14,948. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 20,680, 18,350. 2,330 b Legal 15,320, 15,320 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 46,079 23,818 17,553 4,708. column (A), amount, list line 11g expenses on Sch 0.) 19,403 17,979, 575 849. Advertising and promotion 12 32,173. 4,386 17,892. 54,451 13 Office expenses _____ 29,619 17,168. 5,538 6,913. 14 Information technology 15 Royalties 319,047 295,214. 10,450 13,383. 16 Occupancy 33,560 33,504, 28 28. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 429 260. Conferences, conventions, and meetings 4,317. 3,628. 19 20 Interest Payments to affiliates 21 36,039 35,911, 64 64. 22 Depreciation, depletion, and amortization 14,164 6,710. 7,158 296. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) BANK/CREDIT CARD PROCES 25,281. 0. 25,211 70. а 931. OTHER 18,212 14,374. 2,907 b 12,339. 8,973. PAYROLL COSTS 1,697. 1,669. С d All other expenses е 264,386. Total functional expenses. Add lines 1 through 24e 4,362,780 3,804,660 293,734 25 26 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) Check here

11

132010 12-09-21

Form 990 (2021)

10300406 701245 143529.1

4,446,167.

4,512,561.

29

30

31

32

33

17,222. 3 Pledges and grants receivable, net 3 486,855. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 11,336. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 848,145. basis. Complete Part VI of Schedule D _____ 10a 202,967. 514,317. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 48,889. Other assets. See Part IV, line 11 15 15 4,512,561. 5,561,804. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 66,064. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 330. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 66,394. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 and complete lines 27, 28, 32, and 33. 3,793,926. 3,874,627. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 652,241 1,501,159. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

OPEN HEART KITCHEN OF LIVERMORE INC

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

Cash - non-interest-bearing

Savings and temporary cash investments

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year

3,433,942.

1

2

(B)

End of year

4,455,578.

29,589.

315,744.

9,213.

69,798.

645,178.

36,704.

186,018.

186,018.

5,375,786.

5,561,804.

Form 990 (2021)

Form 990 (2021) Part X | Balance Sheet

1

2

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Form	990 (2021) OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038	3	Pa	_{ge} 12
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)	1	5,	292,	399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4 ,	362,	780.
3	Revenue less expenses. Subtract line 2 from line 1	3		929,	619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	446,	167.
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,	375,	786.
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 Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	review, or compilation of its financial statements and selection of an independent accountant?	ΓΓ	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	·····	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

132012 12-09-21

(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.

Department of the Treasury Internal Revenue Service

VEX.TINCERN.OF LIVERADEL TINC VEX.TINCERN.OF LIVERADEL TINC VEX.TINCERN.OF LIVERADEL TINCE VEX.TINCERN.OF LIVERADEL V	Name of	the organization						Employer	identification number	
The organization is not a private foundation because it is: (For Ines 1 through 12, check only one box) Image: A check on a private foundation because it is: (For Ines 1 through 12, check only one box) A school described in section 170(b)(1)A(ii). A school described in section 170(b)(1)A(iii). A choophal or a cooperative hospital service organization described in section 170(b)(1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). A deal research organization operated in conjunction with a hospital described in section 170(b)(1)A(iii). (Complete Part II) A community thus described in section 170(b)(1)A(i). (Complete Part II) A community thus described in section 170(b)(1)A(i). (Complete Part II) A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A community thus described in section 170(b)(1)A(i) operated in conjunction with a land-grant college or university: A conjunction on a statistic and the contex statistic and the describes to									94-3396038	
1 A church, convention of churches, or association of churches described in section 1700()1()(A)(ii). 2 A choic described in section 1700()1()(A)(ii). (Attach Schedule E (Form 1900)) 3 A medical reservich organization operated for conjunction with a hospital described in section 1700()1()(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700()1()(A)(V). 6 A federal, state, or local government or governmental unit described in section 1700()1()(A)(V). 7 An organization that normally receives a substratial part of this support form a governmental unit of norm the general public described in section 1700()1()(A)(V). 8 A community trust describe In section 1700()1()(A)(V). Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of this support from contributions, membership fees, and gross receipts from activities related to its seciption spart (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its seciption S09(a) (2) no more than 33 1/3% of its support from contributions, and y receives (1) more than 33 1/3% of its support from contributions, and y receives (3), 10°S. See section S09(a)(2). Complete Part II. 10 An organization organization aductively to test for public satisfy a state state in the supporting organization aductively to test of support for organization aductively (3). Check the box on lines 52 athroy 12 (2). Check the dox o	Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.		
2 A school described in section 170(b)(1)(A)(ii). 4 A nondical research organization described in section 170(b)(1)(A)(iii). 4 A nondical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 A nonganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). Complete Part II) 6 A dedital, state, or clocal government or governmental unit described in section 170(b)(1)(A)(i). Complete Part II) 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(i). Complete Part II) 8 A community trust described in section 170(b)(1)(A)(i). Complete Part II) 9 A agoinzlation that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unnialed busines taxable income (less section 111 ta) from biasnesses acquired by the organization acquires and acquires acclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly support do reganization section is section 509(a)(2). 10 An organization organization section is section for elect an agiver of the supporting organization section is section 509(a)(2). Cone bete Part II) 11	The organ	nization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
3 A hospital or a cooperative hospital service organization described in section 170(b)(1(A)(iii). Enter the hospital's name, city, and state: 9 An organization operated in the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1(A)(ii). Complete Part II.) 10 A federal, state, or local government or governmental unit described in section 170(b)(1(A)(ii). Complete Part II.) 11 A community true diseas substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1(A)(ii). Complete Part II.) 12 An organization that normally receives a substantial part of its support from conjunction with a land grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and grass receipts from activities related to its seempt functions, subject to certain exceptions; and (2) m rome than 33 1/3% of its support from grass investment income and unrelated business trababi income (less section 511 ta) from businesses acquired by the organization after June 30, 1975. See section 500(a)(1). 11 An organization networkes bas they be organization acclusively to test for public safety. See section 500(a)(3). Check the box on lines 12a through 12d tat describes the type of support of organization. 11 An organization organization described in section 500(a)(1) supported organization (2) comotel that 31 is support of organization (3) type ing it the supporting organization section bed (a) to excertion 500(a)(2). Check the box on lines 12a through 12d that describes the type of s	1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
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its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Ste organization lister (iv) Amount of monetary organization (iv) Amount of monetary (iv) Amount of monetary support (see instructions) (v) Amount of monetary	_		-							
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f Enter the number of supported organizations	e	•					турет, туре	п, туре п		
g Provide the following information about the supported organization (s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Ves No No Support (see instructions) Support (f Ent	, , ,		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.				
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Image: State of the support of the support see instruction of the support see instruction of the support see instruction of the support see instructions) Image: State of the support see instruction		••	•							
organization Closed of lines (FID) Yes No support (see instructions) support (see instructions)				(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
		organization					support (see ir	nstructions)	support (see instructions)	
Image: Constraint of the second sec										
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OMB No. 1545-0047

2021

Open to Public

. Inspection 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,333,426.	1,570,864.	2,549,172.	7,377,325.	5,247,937.	18,078,724.
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	1,333,426.	1,570,864.	2,549,172.	7,377,325.	5,247,937.	18,078,724.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						18,078,724.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,333,426.	1,570,864.	2,549,172.	7,377,325.	5,247,937.	18,078,724.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,591.	2,218.	1,944.	3,565.	5,383.	14,701.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	108,433.		87,560.		18,133.	214,126.
	Total support. Add lines 7 through 10						18,307,551.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
0.0	organization, check this box and stop						▶∟
	ction C. Computation of Publi						00 75
	Public support percentage for 2021 (I					14	98.75 %
	Public support percentage from 2020					15	. %
16a	33 1/3% support test - 2021. If the d						► V
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	0 10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•		•••••		
18	Private foundation. If the organization	IT UIU HOL CHECK A I		i, 100, 178, 01 170	, check this dox a		Form 990) 2021
							1 UIII 33UI 2UZ I

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						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6				_		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b 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 activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here		-				
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I			column (f))		15	%
16 Public support percentage from 2020					16	98.00 %
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from a					18	.07 %
19a 33 1/3% support tests - 2021. If the						ine 17 is not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2020. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in		
132023 01-04-22		16			Sched	lule A (Form 990) 2021
		то				

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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132024 01-04-21

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

OPEN HEART KITCHEN OF LIVERMORE INC

Yes No

Yes No

Yes No

1

2

			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1

Section B. Type I Supporting Organizations

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
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

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported exemization(a)	1

Section 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	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	----------------------------------------------------	---------------------------------------------------------------------------------

18

- 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

che	dule A (Form 990) 2021 OPEN HEART KITCHEN OF LIVERMORE I	NC		94-3396038 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2021

Page 6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	3	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	;	Distributable Amount for 2021				
_1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
C	: From 2018								
d	1 From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2017								
b	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								

Schedule A (Form 990) 2021

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

PART II, LINES 1:

THE ORGANIZATION'S CONTRACT SERVICES BENEFIT THE PUBLIC AS DESCRIBED IN

TREASURY REGULATIONS SECTION 1.509(A)-3(G) AND 1.170A-9(F)(8),

THEREFORE THE AMOUNTS REPORTED AS PROGRAM SERVICE REVENUE ON FORM 990,

PART VIII ARE REPORTED HERE AS GRANTS ON LINES 1.

Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202⁻

dentification number

Name of the organization	Employer identif	
	OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$164,824.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$257,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$204,778.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,172,601.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

10300406 701245 143529.1

23 2021.05070 OPEN HEART KITCHEN OF LIV 143529.1

Schedule B (Form 990) (2021)

OPEN HEART KITCHEN OF LIVERMORE INC

Name of organization

94-3396038

Employer identification number

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$100,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$330,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021)

Name of organization

Part I

Employer identification number

94-3396038

OPEN HEART KITCHEN OF LIVERMORE INC

123452 11-11-21

10300406 701245 143529.1

Name of c	organization	Employ	Employer identification number		
OPEN HEA	ART KITCHEN OF LIVERMORE INC		94	-3396038	
Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is neede	d.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		
	STOCK: 450 SHARES CAN				
1		\$164	,824.	11/09/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
	FOOD				
4			101	00 100 100	
		\$1,386	<u>,101.</u>	06/30/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received	
		_			
		\$			

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Schedule B (Form 990) (2021)

10300406 701245 143529.1

Schedule B (Form 990) (2021)

Schedule B	(Form 990)	(2021)
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lame of or	ganization	Employer identification number		
PEN HEAD	RT KITCHEN OF LIVERMORE INC			94-3396038
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry For organizations	
a) No.			(1) D	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, ar 	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	[
-	Transferee's name, address, ar 	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
		(e) Transfer of gift		
F	Transferee's name, address, and ZIP + 4			nsferor to transferee
3454 11-11-	21			Schedule B (Form 990) (20

10300406 701245 143529.1

SCHEDULE C	IEDULE C Political Campaign and Lobbying Activities			OMB No. 1545-004	47	
(Form 990)	orm 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527				2021	
		if the organization is described I				-
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for in			Den to Public	2
		Form 990, Part IV, line 3, or For			•	
-		plete Parts I-A and B. Do not com		e 40 (Political Campaig	n Acuvities), then	
		1(c)(3)) organizations: Complete P		Do not complete Part I-F		
 Section 527 organization 						
•	•	Form 990, Part IV, line 4, or For	n 990-EZ. Part VI. lin	e 47 (Lobbving Activiti	es), then	
-		nave filed Form 5768 (election und			••	
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	under section 501(h))): Complete Part II-B. Do	not complete Part II-A.	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 99	0-EZ, Part V, line 35c (Pro	оху
Tax) (See separate inst	ructions), then					
	, or (6) organizat	ions: Complete Part III.				
Name of organization				En	ployer identification num	nber
Devit A Commit		KITCHEN OF LIVERMORE INC			94-3396038	
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527	organization.	
		ation's direct and indirect political			•	
2 Political campaign					• \$	
3 Volunteer hours for	political campai	gri activities				
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)).		
-		incurred by the organization under			· \$	
		incurred by organization managers		· · · · · · · · · · · · · · · · · · ·		
		n 4955 tax, did it file Form 4720 fo				No
						No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 501	(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt functio	on activities	• \$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527		
exempt function ac				🕨	• \$	
•	•	. Add lines 1 and 2. Enter here and				
					·\$	1
		1120-POL for this year?				No
		nployer identification number (EIN) tion listed, enter the amount paid f				
		omptly and directly delivered to a s				
		additional space is needed, provide				
(a) Name	à	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of politic	
(4) (10)			(-)	filing organization's	contributions received	l and
				funds. If none, enter -() promptly and direct delivered to a separa	
					political organization	
					If none, enter -0	

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

Schedule C (Form 990) 2021

132041 11-03-21

		KITCHEN OF LIVERMOR			3396038 Page 2
	anization i	s exempt under sect	ion 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).		e en effilieted every (end li			
•••	•	o an affiliated group (and li bbying expenditures).	st in Part IV each affiliated g	group member's nam	ie, address, EIN,
		boying experiatures). box A and "limited control"	provisions apply		
¥ ¥		ng Expenditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mean	ns amounts paid or incurr	ed.)	totals	totais
1a Total lobbying expenditures to influ	uence public o	pinion (grassroots lobbying	g)		
b Total lobbying expenditures to influ	uence a legisla	ative body (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c	and 1d)			
f Lobbying nontaxable amount. Ente	er the amount	from the following table in	both columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line	1e.		
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% of the	excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			xcess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		10			
g Grassroots nontaxable amount (en		2			
h Subtract line 1g from line 1a. If zer	-	•			
i Subtract line 1f from line 1c. If zero i If there is an amount other than ze			Inization file Form 4720		
reporting section 4911 tax for this		, 0			Yes No
		ear Averaging Period Un			
(Some organizations t	hat made a se		not have to complete all o	f the five columns b	elow.
	Lobbyin	g Expenditures During 4-	Year Averaging Period		_
Calendar year	(a) 201	8 (b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(a) 201		(0) 2020	(u) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures	[0-1	 ule C (Form 990) 2021
				School	uuo (* /Lorm 00/1) 2/21

Schedule C (Form 990) 2021

132042 11-03-21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	ı)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	X			230.
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х		
j Total. Add lines 1c through 1i				230.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5	ō), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
 Bid the organization agree to carry over lobbying and political campaign activity expenditures from the 				
Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1 Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit 				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
 b Carryover from last year 				
c Total				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what por				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
evenediture port veer0	Jointical	4		
 5 Taxable amount of lobbying and political expenditures. See instructions 				
Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Dort II		nd 2 (Soo	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5 list), 1 alt lis	¬, шез та	10 2 (000	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE ORGANIZATION SENT LETTERS OF SUPPORT FOR LEGISLATION WHICH				
ADDRESSES THE LACK OF ACCESS TO NUTRITIOUS FOOD AND OTHER IMPACTS OF				
POVERTY.				

Schedule C (Form 990) 2021

132043 11-03-21

60	HEDULE D	Supplement	al Financial S	tatements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Y	es" on Form 990,		2021
Part IV, line 6, 7, 8, 9, 10,), 11a, 11b, 11c, 11d, 11 Attach to Form 990.	le, 11f, 12a, or 12b.		Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instru				the latest information.	1	Inspection
Name of the organization OPEN HEART KITCHEN OF LIVER			RMORE INC		Employ	er identification number 94-3396038
Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Other S	Similar Funds or Ac	counts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advis	ed funds	(b) Funds a	and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Ves No
6	•	on inform all grantees, donors, and donor a	• •		•	
		poses and not for the benefit of the donor of			°	
Pa	impermissible priv					Yes No
		vation Easements. Complete if the or			line 7.	
1		servation easements held by the organizati		_		
		n of land for public use (for example, recrea	ation or education)	Preservation of a histo		
		of natural habitat n of open space		Preservation of a cert	ineu nistoni	c structure
2		through 2d if the organization held a quali	find conconvotion contrib	nution in the form of a co	nconvotion	assement on the last
2	day of the tax yea	. .	ned conservation contric			d at the End of the Tax Year
9					2a	
b					2b	
c	•	rvation easements on a certified historic str			2c	
ď		rvation easements included in (c) acquired				
		nal Register			2d	
3		rvation easements modified, transferred, re			· · · · ·	ng the tax
	year 🕨			, ,		0
4	Number of states	where property subject to conservation ea	sement is located 🕨			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and en	forcement of the conservation easements i	t holds?	-		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservatio	n easemer	nts during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and er	nforcing conservation ea	sements du	uring the year
	▶\$					
8	Does each conse	rvation easement reported on line 2(d) abov	ve satisfy the requirement	ts of section 170(h)(4)(B)	(i)	
	and section 170(h	ı)(4)(B)(ii)?				Ves No
9	In Part XIII, descri	be how the organization reports conservati	on easements in its reve	nue and expense statem	ent and	
		d include, if applicable, the text of the foot	note to the organization's	s financial statements th	at describe	s the
Do		counting for conservation easements.	f Art Historiaal Tra	agurag or Other S	imilor A	
Fd		ations Maintaining Collections or		asures, or other 3		33513.
		if the organization answered "Yes" on Form				
1a	•	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for pul			ICE OT PUBL	IC
ь.		Part XIII the text of the footnote to its final			obcot	tro of
a	-	elected, as permitted under FASB ASC 95	· ·			
		sures, or other similar assets held for public ing amounts relating to these items:	exhibition, education, o	research in furtherance	s oi public s	SEI VICE,
		ווש מווטעותס וכומנוווע נט נווכסכ ונכוווס.				

(i) Revenue included on Form 990, Part VIII, line 1 _____ (ii) Assets included in Form 990, Part X _____

а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			
13205	1 10-28-21				
		30			
103004	406 701245 143529.1	2021.05070	OPEN	HEART	K]

the following amounts required to be reported under FASB ASC 958 relating to these items:

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

2021.05070 OPEN HEART KITCHEN OF LIV 143529.1

▶ \$ \$

Schedule D (Form 990) 2021

Sche		KITCHEN OF LIVE						94-339		<u> </u>	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t make s	significant	t use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ey further th	he organizatio	on's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical trea	sures, or othe	er simila	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" or	n Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								-	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:				1	-		
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year							-			
f	Ending balance						1 f		7		7
	Did the organization include an amount on Fo						• • • • •	L	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII.										
Ta	t V Endowment Funds. Complete i	(a) Current year		rior year	(c) Two yea			e years back		r voare	back
4.	Designing of your holes of	(a) Ourrent year		noi yeai		13 Dack		yours buck	(e) i ou	ycars	Dack
1a ⊾	Beginning of year balance										
b	Contributions										
ט ה	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
	Administrative expenses										
g 2	End of year balance [Provide the estimated percentage of the curr	ont year and balance	L 0 (lino 10)) hold as:						
2	Board designated or quasi-endowment	•	ی e (۱۱۱۱ e این مد	y, column (a	III TIEIU as.						
a b	Permanent endowment										
		%									
U	The percentages on lines 2a, 2b, and 2c should be the second seco	, -									
3a	Are there endowment funds not in the posses		ation that	t are held a	nd administer	red for t	he organi	zation			
00	by:						no organi	Lation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		Accumula epreciatio		(d) Boo	k valu	e
1a	Land										
b	Buildings				112,014.		28	,231.		83,	783.
с	Leasehold improvements				5,800.			345.		5,	455.
	Equipment				115,455.		68	,321.		47,	134.
	Other				614,876.		106	,070.		508,	806.
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B), line 1	0c.)	<u></u>		🕨		645,	178.
								.	_ /_		

Schedule D (Form 990) 2021

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Part VII	Investments - (Other Securi	ies				
Schedule D (Form 990) 2021	OPEN HEAR	KITCHEN	OF	LIVERMORE :	INC	

(a) Description of security or category (including name of secu	rity) (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market valu
) Financial derivatives		
Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.		
Part VIII Investments - Program Related	J.	
Complete if the organization answered	Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9) otal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.		
(9) • tal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.		11d. See Form 990, Part X, line 15. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y (1)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered " (1) (2)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered " (1) (2) (3)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6)	Yes" on Form 990, Part IV, line	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes" on Form 990, Part IV, line (a) Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (E)	Yes" on Form 990, Part IV, line (a) Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answered "`	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Yart IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (E) Yart X Other Liabilities. Complete if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. 'art IX Other Assets. Complete if the organization answered "\ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (E 'art X Other Liabilities. Complete if the organization answered "\ (a) Description of liability (1) Federal income taxes	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Yart IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (E) Yart X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) (3)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Vart IX Other Assets. Complete if the organization answered "` (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) Other Liabilities. Complete if the organization answered "` (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "` (1) Federal income taxes (2) (3) (4) (4)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Oart IX Other Assets. Complete if the organization answered "\" (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "\" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Oart IX Other Assets. Complete if the organization answered "\" (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "\" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Oart IX Other Assets. Complete if the organization answered "N (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "N (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (9)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "\" (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "\" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "\" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes" on Form 990, Part IV, line (a) Description (a) June 15.)	(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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 OPEN HEART KITCHEN OF LIVERMORE INC	94-3	3396038 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		5,292,399.
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		
с			
d			
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,292,399.
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 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,292,399.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	penses per Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		4,362,780.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		4,362,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)		4,362,780.
Pa	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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE

TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

AND SECTION 27301(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. AS SUCH

THERE IS NO PROVISION FOR INCOME TAXES.

THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED

THAT AS OF JUNE 30, 2022, THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

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Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 202

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization Employe OPEN HEART KITCHEN OF LIVERMORE INC 94-339								entification number 38
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
•	complete this part	t. ed funds through any of the followin	a activ	vities (Check all that apply			
a Mail solicitat					overnment grants			
b Internet and	email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solici		g Special	fundra	aising	events			
d In-person so		or oral agreement with any individual	(incluc	lina of	ficers directors trus	tees	or	
		art VII) or entity in connection with p					Ye	s No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	he fur	ndraiser is to b	be
			(iii)	Did		(v)	Amount paid	() A mount poid
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (o	or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total				►				
		n is registered or licensed to solicit o		utions	or has been notified	it is o	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedu	le G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	1
			ANNUAL GALA	COMEDY UNCORKED	NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne				(event type)	(total humber)	
Revenue	1	Gross receipts	7,450.	33,670.		41,120.
	2	Less: Contributions	5,650.	33,670.		39,320.
	3	Gross income (line 1 minus line 2)	1,800.			1,800.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment	1,465.			1,465.
	9	Other direct expenses				
	-		a	[►	
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	9 in column (d)			
Pa	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization	9 in column (d)			
Pa	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	9 in column (d)	990, Part IV, line 19, or n		335.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization	9 in column (d)			335, (d) Total gaming (add
Revenue Ba	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	335, (d) Total gaming (add
Revenue	10 11 art I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	335, (d) Total gaming (add
Revenue	10 11 art I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	335, (d) Total gaming (add
Revenue	10 11 art I 1 2	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	335, (d) Total gaming (add
_	10 11 art 1 2 3	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	335, (d) Total gaming (add
Revenue	10 11 art 1 2 3 4	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or n	eported more than	(d) Total gaming (add col. (a) through col. (c)

	7 Direct expense summary. Add lines 2 through 5 in column (d)		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization conducts gaming activities:		
	a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

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Schedule G (Form 990) 2021

No

Sch	edule G (Form 990) 2021	OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	s 🗌 No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	s 🛄 No
	Indicate the percentage of gamin			
				%
				%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and record	IS:	
	Name 🕨			
45				
158	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		s 🛄 No
b	If "Yes," enter the amount of gam	ing revenue received by the organization $lacksquare$ $\$ and the amo	ount	
	of gaming revenue retained by th	e third party ▶\$		
c	If "Yes," enter name and address	of the third party:		
	Name 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation	₽		
	Carning manager compensation	Ψ		
	Description of services provided			
		—		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
	•	r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	5 🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in		
_	organization's own exempt activit			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide any additional information. See instructions.		
1320	33 10-21-21	29	Schedule G (Form	m 990) 2021
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Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

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SCHEDULE I			arants and Oth					OMB No. 1545-0047	
(Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury		Compi	ete il the organizatio	Attach to For		rt iv, inte z i or zz.		Open to Public	
Internal Revenue Service			Go to www.in	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection	
Name of the organiza	tion OPEN HEART KI	TCHEN OF LIVEF	MORE INC					Employer identification number 94-3396038	
Part I General	Information on Grants a	nd Assistance							
	ization maintain records t								
criteria used to	award the grants or assis	stance?						X Yes No	
	t IV the organization's pro					opization annuared "M	(aall an Farm 000, Dart	N/ line 01 for only	
	nd Other Assistance to that received more than S	-				anization answered f	es on Form 990, Pan	TV, III e 21, for any	
1 (a) Name and a	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CITYSERVE OF THE PO BOX 1613 PLEASANTON, CA 9		37-1735822	501(C)(3)	36,500.	0.			STREET OUTREACH SUPPORT	
TRI-VALLEY HAVEN 3663 PACIFIC AVE LIVERMORE, CA 94	8	94-2462357	501(C)(3)	13,285.	0.			ASSISTANCE WITH EMERGENCY FOOD DISTRIBUTION	
2 Enter total num	ber of section 501(c)(3) a	I nd government or	I	l e line 1 table				▶ 2.	
	ber of other organization								

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

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OOD	9625	0.	2,191,377.	FMV	FOOD
					HYGIENE SUPPLIES, CLOTHING,
YGIENE SUPPLIES, CLOTHING, BLANKETS	100	0.	28,688.	FMV	BLANKETS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GRANTEE SUBMITS AN ANNUAL REPORT OUTLINING PROGRAM OBJECTIVES, TRENDS,

PROCESS, AND IMPACT NUMBERS.

SCHEDULE L		Tra	insactior	ıs V	Vith	Inte	rested	Person	s			0	MB No.	1545-00	47
(Form 990) Department of the Treasury		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.								2021 Open To Public					
Internal Revenue Service Name of the organizatio	-	Go to v	www.irs.gov/Fo	orm99	0 for ii	nstructio	ons and the	latest informa	ition.	Em			spect		mbor
Name of the organizatio		т кг	TCHEN OF LIV	ERMOR	RE IN	с				1		rident 06038	ificati	on nu	mper
Part I Excess	Benefit Trans						c)(4), and se	ction 501(c)(29) orgar						
	if the organization														
1 (a) Name of disqual	lified person	(b) F	Relationship bety person and o		•	lified	(c) Description of	of trans	sactic	n	(d) Co			
	•			Iyaniza			•	· ·					Y	es	No
													_		
2 Enter the amount of	of tax incurred by	the o	rganization man	agers	or disc	qualified	persons dur	ing the year un	der						
	· · · · · · · · · · · · · · · · · · ·										► \$ ► \$				
3 Enter the amount of	of tax, if any, on i	ne 2, a	above, reimburs	ea by	the org	ganizatio	n				▶ \$				
Part II Loans to	o and/or Fror	n Int	erested Pers	sons.											
-	if the organization					, Part V,	line 38a or F	⁻ orm 990, Part	IV, line	e 26; (or if th	e orga	nizatio	on	
reported an (a) Name of	n amount on For (b) Relatio		, Part X, line 5, 6 (c) Purpose		2. Dan to or	(e) (Original	(f) Balance of		(0) In	(h) Ap	provec	l (i) V	Vritten
interested person	· · · ·		of loan	fron	n the ization?	(°)	al amount		Jue		ault?	by bo	ard or hittee?		ement?
				То	From					Yes	No	Yes	No	Yes	No
				+											+
							<u> </u>								
Total Part III Grants of	or Assistance	Ben	efiting Inter	ested	d Per	sons.	🕨 💲								
	if the organization		-				e 27.								
(a) Name of interested person		(b) Relationship between interested person and the organization				Amount of ssistance			ype of stance		(e) Purpose of assistance			f	
		+	-								+				
		_													
											-+				
		+									+				

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

Schedule L (Form 990) 2021

132131 11-02-21

OPEN HEART KITCHEN OF LIVERMORE INC

(d) Description of

transaction

(e) Sharing of

organization's

revenues? Yes

Business Transactions Involving Interested Persons. Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested (a) Name of interested person (c) Amount of person and the organization transaction G

				Yes	No
GAGNON CENTER LLC	CONTROLLED ENTITY O	161,364.	LEASE AGREE		Х

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: GAGNON CENTER LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CONTROLLED ENTITY OF JUSTIN GAGNON, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: LEASE AGREEMENT

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2021 Open to Public Inspection

Employer identification number 94-3396038

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	۱	

OPEN	OPEN	HEART	KITCHEN	OF	LIVERMORE	INC

Par	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contribut amounts reported		Method of de		•	_
		applicable		Form 990, Part VIII, li		noncash contribu	tion ar	nounts	5
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	37	2	170	241	3.67			
9	Securities - Publicly traded	Х	3	1/6	,241.E	rMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	1,444	.831.	MV			
20	Drugs and medical supplies			/	, .				
21	- · · · · · · · · · · · · · · · · · · ·								
22	Taxidermy								
	Historical artifacts								
23	Scientific specimens								
24		x	1		449.0	2017			
25	Other (<u>EQUIPMENT</u>)	Δ	1		449.0	- MV			
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	-						_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement2	9			0	
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1	through	n 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	o be use	ed for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard co	ontributi	ons?	31	х	
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell no	ncash				
	contributions?		-				32a	х	
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a)	is checl	ked.			
	describe in Part II.								
ΙНΑ		the Instruct	tions for Form 990)		Schedule M	(Forn	n 990)	2021

Schedule M (Form 990) 2021 OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	3, and whether the organ nbination of both. Also co	ization
CHEDULE M, PART I, COLUMN (B):		
HE NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF		
TEMS CONTRIBUTED.		
CHEDULE M, LINE 32B:		
ARIOUS COMMUNITY ORGANIZATIONS AND BUSINESSES ASSISTED WITH THE		
OLICITATION OF FOOD DONATIONS.		
32142 11-17-21	Schedule M (Fo	rm 990) 202 [.]

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	-EZ OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organizatior	OPEN HEART KITCHEN OF LIVERMORE INC	Employer identification number 94-3396038
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
OPEN HEART KITCHEN	IS THE LARGEST HOT MEAL PROGRAM OF ITS KIND IN THE	
TRI-VALLEY AREA OF	NORTHERN CALIFORNIA. GUESTS COME FROM ALL WALKS OF	
LIFE AND OPEN HEAR	T KITCHEN HAS BECOME A SAFETY NET TO THOSE IN NEED	
DURING CHALLENGING	TIMES.	
EXPENSES \$ 377,038	. INCLUDING GRANTS OF \$ 123,110. REVENUE \$ 0.	
	· · · · · · · · · · · · · · · · · · ·	
KITCHEN PROJECT: O	PEN HEART KITCHEN IS BUILDING A FLAGSHIP FOOD SERVICE	
FACILITY THAT WILL	HAVE A TREMENDOUSLY POSITIVE IMPACT ON THE	
COMMUNITY, WITH:		
* MODERN COMMERCIA	L KITCHEN FACILITY BUILT TO MAXIMIZE OUR PRODUCTIVITY	
* OPEN LAYOUT TO B	ETTER ALLOW US TO MANAGE GROUPS OF VOLUNTEERS AND	
INCREASE FOOD PROD	UCTION;	
* MODULAR KITCHEN	DESIGN TO ENABLE US TO DO MORE WITH THE SAME NUMBER	
OF PEOPLE BY ADJUS	TING FOR DIFFERENT MEAL PROGRAMS FROM PACKAGED STREET	
OUTREACH TO BUFFET	-STYLE SERVING;	
* PERMANENT DINING	SPACE DESIGNED TO BETTER THE LIVES OF THOSE WE SERVE	
BY BEING WARM AND	WELCOMING;	
* SEPARATE DINING	ROOM OF OVER 3,100 SQUARE FEET ABLE TO SERVE 100	
DINERS AT A TIME;		
* STORAGE AND COLD	STORAGE AREAS TO TAKE ADVANTAGE OF BULK DONATIONS	
AND LOWER-COST VOL	UME PURCHASES OF FOOD TO MAKE CHARITABLE DOLLARS GO	
EVEN FURTHER;		
* ACCESSIBLE WALKI	NG DISTANCE FOR BOTH CLIENTS AND VOLUNTEERS TO	
DOWNTOWN AND MAIN	TRANSIT SYSTEM FOR BUSES AND TRAINS;	
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

10300406 701245 143529.1

45

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
OPEN HEART KITCHEN OF LIVERMORE INC	94-3396038
* IDEAL LOCATION FOR THE FUTURE THAT WILL BE ADJACENT TO A LOW-INCOME	
HOUSING DEVELOPMENT, HOMELESS SHELTER AND FUTURE COMPLIMENTARY SUPPORT	
SERVICES, INCLUDING A HOMELESS SHELTER, SHOWERS, LAUNDRY, STORAGE, AND	
MAILBOX SERVICES;	
* THE ABILITY TO HOST PARTNER AGENCY CASE OFFICERS ONSITE, OFFERING	
NEEDED HEALTH AND SUPPORT SERVICES FOR THOSE STRUGGLING TO OVERCOME	
FAMILY AND PERSONAL CRISIS.	
EXPENSES \$ 25,507. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
EXPENSES \$ 402,545. INCLUDING GRANTS OF \$ 123,110. REVENUE \$ 0.	
· · · · · ·	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CPA FIRM PREPARES THE 990 AND SENDS IT TO THE EXECUTIVE DIRECTOR AND	
CFO FOR REVIEW. AFTER THE EXECUTIVE DIRECTOR AND CFO COMPLETE THEIR REVIEW	
OF THE 990, A COPY OF THE 990 WITH REDACTED CONTRIBUTOR INFORMATION IS SENT	
VIA EMAIL TO ALL BOARD MEMBERS. THE BOARD MEMBERS HAVE A REASONABLE AMOUNT	
OF TIME TO REVIEW SUCH COPY OF THE 990 AND MAKE COMMENTS OR TO ASK	
QUESTIONS PRIOR TO FILING THE 990 WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION PROVIDES ONGOING TRAINING TO BOARD MEMBERS, OFFICERS AND	
KEY EMPLOYEES TO ALLOW THEM TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST.	
ANY POTENTIAL CONFLICTS ARE IDENTIFIED AND REPORTED TO THE BOARD ANNUALLY	
AND IF TRANSACTIONS OCCUR THAT HAVE A POTENTIAL CONFLICT OF INTEREST. THE	
ORGANIZATIONAL POLICIES INCLUDE A PROVISION FOR DISCIPLINARY ACTION FOR	
VIOLATIONS.	
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY ALL THE MEMBERS ON	

THE BOARD OF DIRECTORS. UPON REVIEW, MEMBERS DISCLOSE ANY CONFLICS AND SIGN

132212 11-11-21

Schedule O (Form 990) 2021

FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIREC	CTORS DETERMINES AND REVIEWS
SALARY OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AVAILABLE AT OFFICE UPON REQUEST.	
132212 11-11-21	Schedule O (Form 990) 2 47

Schedule O (Form 990) 2021 Name of the organization

OPEN HEART KITCHEN OF LIVERMORE INC

Employer identification number 94-3396038