## 2949212114117 Short Form

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

OMB-No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.lrs.gov/Form990EZ for instructions and the latest information  $\lambda(\lambda/\lambda)$ 

	A F	or the	2019 calend	ar year, or tax year beginning , 2019, and e	nding		, 20			
	<b>B</b> c	heck if ap	plicable	C Name of organization	DE	mployer identification	number 🗵			
		Address c	hange	THE COOKING CLUB	- 1	840178135	İ			
	ַי	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	/suite E T	elephone number	1			
	===	Initia) retu		10 LAKE CIRCLE		719-471-792	2			
	7	Fina) retur Amended	n/terminaled	City or town, state or province, country, and ZIP or foreign postal code	J F G	Group Exemption	1			
9	=		n pending	COLORADO SPRINGS, CO 80906	~ · · · · ·	Number 🕨 🌃 🕠				
	G A	Account	ing Method:	☐ Cash ☑ Accrual Other (specify) ▶	H Chec	ck 🕨 🗹 if the organ	ization is not			
		Vebsite	ired to attach Sched							
	J Tax-exempt status (check only one) — ☐ 501(c)(3)									
	K Form of organization: Corporation Trust Association Other									
	L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets									
	(Par	t II, col		5500,000 or more, file Form 990 instead of Form 990-EZ		. > \$	83,525			
	Pá	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	ee the inst	tructions for Part	1) 🔯			
			Check if	the organization used Schedule O to respond to any question in this	Part I .	<u> </u>				
	<b>1</b>	1		ons, gifts, grants, and similar amounts received		. 1	5,425			
	7	2	Program s	ervice revenue including government fees and contracts $$		. 2	<u> </u>			
	(?)	3	Membersh	ip dues and assessments		. 3	73,600			
£0	7	4	Investment	tincome		. 4	<u>i</u>			
Ö		5a	Gross amo	ount from sale of assets other than inventory 5a			ŧ			
SCANNED JAN 0 4		b		or other basis and sales expenses			1			
Ž		С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		. <u>5c</u>				
四	f	6	_	d fundraising events:						
		a		ome from gaming (attach Schedule G if greater than						
Ā	Ž		\$15,000) .				•			
Z	Ž	b		· · · · · · · · · · · · · · · · · · ·	ibutions					
٠.	T.			aising events reported on line 1) (attach Schedule G if the						
'حتبر				th gross income and contributions exceeds \$15,000) 6b						
0		C		t expenses from gaming and fundraising events 6c						
	5	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	ind subtrac	18.44				
S			line 6c) .			· 6d				
10		7a		s of inventory, less returns and allowances #40 7a		<u> </u>				
(J)		b		of goods sold		<u> </u>				
(X)		C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		·   7c	4500			
()		8		nue (describe in Schedule O)		. 8	4,500			
~		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	83,525			
77		10	Grants and	I similar amounts paid (list in Schedule O) RECEIVED ENTITY DEP	• • •	. 10	<del></del>			
8	-,,	11	•	aid to or for members		. 11	5,774			
1 1 2021	Se	12		their compensation, and employee benefits	VED :	13	9,650			
	Expenses	13		at tees and other payments to independent contractors in the contractors						
	X	14		y, rent, utilities, and maintenance $\dots \dots $	2020	15	35,817			
		15		ublications, postage, and shipping	2020 - 5	16	78,576			
		16	•	enses (describe in Schedule O)		£   10   17	131,254			
		17		enses. Add lines 10 through 16	<del>, UT · </del>	18	(47,729)			
	\$\$	18 19		or fund balances at beginning of year (from line 27, column (A)) (mus	agree with		1 (7/1/27)			
$\sigma$	586	1.5		ir figure reported on prior year's return)	. agree will	h 19	· 300,023			
	Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)		. 20	000,020			
2	Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	252,294			
$\sim$		1 - 1	1401 900012	or rune varances at end or year, combine intes to unlough 20	<u> </u>	· · · ·				

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 10642I

Form 990-EZ (2019)

Part II , Balance : Check if the	he organization used Schedule	I I I TO POSDODO TO 9				
<u> </u>	TO OF GRANDER AND THE CONTROLLER	o to respond to a		(A) Beginning of year		(B) End of year
22 Cash, savings, a	and investments		i_	220,992	<b></b>	180,097
	ngs			49,664		49,664
	escribe in Schedule O)			29,367		22,533
	• • • • • • • • • • • • •			300,023	_	252,294
26 Total liabilities	(describe in Schedule O)				26	\
	und balances (line 27 of column			300,023		252,294
	nt of Program Service Accom					
	he organization used Schedule					Expenses
	n's primary exempt purpose?					ulred for section c)(3) and 501(c)(4)
is measured by expendersons benefited, and	lon's program service accompil nses. In a clear and concise m other relevant information for ea	nanner, describe the ach program title.	e services provided	, the number of		nizations; optional for
	) If this amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	28a	
(Grants \$	) If this amount	includes foreign gr	ants, check here .	▶ □	29a	,
90	Thin and		····			
		••••••••••				
(Grants \$			ants, check here .		30a	,
31 Other program ce	rvices (describe in Schedule O)				4	
					94.	
(Grants \$ 32 Total program se	) If this amount ervice expenses (add lines 28a cers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list eac	ants, check here	oensated—see the in		
(Grants \$ 32 Total program se Part IV List of Offic Check if the	) If this amount arvice expenses (add lines 28a	includes foreign gra through 31a) y Employees (list eac	none even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the incentification (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	
(Grants \$ 32 Total program se Part IV List of Offic Check if the	) If this amount prvice expenses (add lines 28a cers, Directors, Trustees, and Ke ne organization used Schedule	includes foreign grathrough 31a)	none even if not comp ny question in this i	pensated—see the in Part IV.	32 nstruc	Estimated amount o
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Form	990	·ΕΖ	(201	9)	

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the prescription used Schedule A.

		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No	
8	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			
	<b>3</b> 5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	. •		
	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>V</b>	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36			2
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		1500		
	b	Did the organization file Form 1120-POL for this year?	37b	arrende.	-5'4.5a*	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>	Ø
		If "Yes," complete Schedule L, Part II, and enter the total amount involved	-			
	39 a	Initiation fees and capital contributions included on line 9				
	b	Gross receipts, included on line 9, for public use of club facilities				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			<b>3</b>
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				œ
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
	41	List the states with which a copy of this return is filed ▶	لينت ا			
	42a	3	719-47	1-792	2	
		Located at ► 10 LAKE CIRCLE, COLORADO SPRINGS, CO ZIP + 4 ►	809			
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No /	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	C	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country	42c	<u>`</u>		
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•, •	. Ves	No.	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4 <del>4</del>	The state of the s	1	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	阿索		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~	

		s, was the related organization a se						
50 C	omp	plete this table for the organization's	five highest compen-	sated employees (oth	er than offic	ers, direct	ors, trustees, and key	
er		oyees) Who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	benefits, to employee and deferred	(e) Estimated amount of	
							,	
		***************************************						
***************************************							,	
<b>51</b> C	omp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independent	contractors	who each	n received more than	
	(a) I	Name and business address of each independ	lent contractor	(b) Type of serv	rice .	(c)	) Compensation	
			***************************************					
						· · · · · · · · · · · · · · · · · · ·	, ,	
							•	
d To	otal	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>		····	
<b>52</b> D	id t	he organization complete Schedu	-	ection 501(c)(3) orga	nīzātions m		ha. .▶∐ Yes ,∐ No	
Under pens	altiae.	of perjury, I declare that I have examined this of complete, Declaration of preparer (other than	return Including accompan	ving schedules and stateme	ents, and to the	best of my ki		
		1x 1213,200			A.	5-6-20	0 :	
Sign		Signature of officer			Date	8		
Here	3	WILLIAM B. TUTT , PRESIDENT Type or print name and title						
Paid		Print/Type preparer's name	Preparer's signature	Da	ite	Check Self-emplo		
Prepar		Final Agent			E1_	n's EIN ▶	,	
Use Or	nly	Firm's name ► Firm's address ►				ne no.		
May the	IRS	discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes ☐ No	

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

THW COOKING CLUB 84-0178135 PART I, LINE 8 - OTHER REVENUE **CLUB COMMISSIONS** -4,500 PART I, LINE 16 - OTHER EXPENSES 1000TH DINNER CELEBRATION -54,081 MEMBER APPRECIATION DINNER 7,418 TRANSPORTATION -7,728 4,287 **INSURANCE -**PROPERTY TAXES -2,853 **OPERATING SUPPLIES** 1,784 **MISCELLANEOUS EXPENSES** 425 78,576 **TOTAL OTHER EXPENSES -**PART II, LINE 24 - OTHER ASSETS CHINA, CRYSTAL, MISC ITEMS 22,533