Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 2009, and ending For the 2009 calendar year, or tax year beginning D Employer Identification Number B Check if applicable: 33-0434246 IRS label or print or type. See MAMA'S KITCHEN Address change E Telephone number 1875 2ND AVENUE Name change SAN DIEGO, CA 92101 619-233-6262 specific Instruc-Initial return Termination 2,852,406. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? X No Yes F Name and address of principal officer: Application pending H(b) Are all affiliates included? Yes SAME AS C ABOVE If 'No,' attach a list. (see instructions) 4947(a)(1) or 527 Tax-exempt status X 501(c) (3) ◄ (insert no.) WWW.MAMASKITCHEN.ORG H(c) Group exemption number ▶ L Year of Formation: 1990 M State of legal domicile: CA Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: AT MAMA'S KITCHEN WE BELIEVE THAT EVERY PERSON IS ENTITLED TO THE BASIC NECESSITY OF LIFE, NUTRITIOUS FOOD. AS A Governance VOLUNTEER-DRIVEN, NOT-FOR-PROFIT ORGANIZATION, WE PREPARE AND DELIVER FOOD TO MEN, WOMEN, AND CHILDREN WHO ARE AFFECTED BY AIDS OR CANCER. _ _ _. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b)..... 16 5 Total number of employees (Part V, line 2a)..... Total number of volunteers (estimate if necessary)..... 6 653 0._ 7a Total gross unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. **Current Year Prior Year** 2,117,595. 2,082,254. 8 Contributions and grants (Part VIII, line 1h).... Program service revenue (Part VIII, line 2g)..... -117,540. -59,678. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 12,458. 51,400. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 2,073,976. 2,012,513. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 576,894. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 647,960 44,941. 49,045 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,709,175. 1,612,712. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 2,234,547. 2,406,180. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... -393,667. -160,571. Revenue less expenses. Subtract line 18 from line 12..... Beginning of Year End of Year Net Assets or Fund Balances 2,319,105. 2,176,041 Total assets (Part X, line 16)..... 78,835. 86,113. Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20..... 2,097,206. 2,232,992. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. west loses Sign Here Signature of officer EXECUTIVE DIREC ALBERTO CORTES Type or print name and title. Preparer's identifying number (see instructions) Check if self-employed ► X Paid Preparer's P00106574 Pre-6/22/10 signature parer's DOUGLAS R. ASHBROOK, CPA Firm's name (or Use yours if self-employed), address, and ZIP + 4 5425 OBERLIN DRIVE, SUITE 100 33-0982839 Only ▶ 858-455-5255 SAN DIEGO, CA 92121-1703 Phone no.

Yes

Form 990 (2009) MAMA'S KITCHEN	33-0434246	Page 2
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission:		
SEE SCHEDULE O		
2 Did the organization undertake any significant program services during the year which were not listed or	n the prior	
Form 990 or 990-EZ?		X No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes	X No
If 'Yes,' describe these changes on Schedule O.	0 1 50	17-1721
4 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	s by expenses. Section 50 and allocations to others, the	total
4a (Code:) (Expenses \$1,736,527. including grants of \$) DELIVERY OF FREE MEALS TO HOME-BOUND PEOPLE WITH AIDS OR CANCER. DELIVERED 375,723 MEALS,122 GROCERY BAGS, AND HAD 4,709 VISITS TO MONDAY AND WEDNESDAY DELIVERIES EACH CONSIST OF SIX MEALS, INCLUIT AND ONE FROZEN DINNER. THE FRIDAY DELIVERY CONSIST OF NINE MEALS, DINNER AND TWO FROZEN DINNERS.	THE ORGANIZATION MAMA'S PANTRY. DING ONE HOT DINN INCLUDING ONE H	,976.) ER
4b (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	(Dayanua . \$	
4c (Code:) (Expenses \$ including grants of \$)		
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue 4e Total program service expenses ► 1,736,527.	\$	

Form	990 (2009) MAMA'S KITCHEN 33-043424	6	Р	age 3
Par	t IV Checklist of Required Schedules		. 1	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	NO
1	Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
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; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	X	
11	X as applicable	11	Х	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	 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. 			
	 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 			
	 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 			
	 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? If'Yes,' complete Schedule D, Part X. 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII.	12	Х	
	AWas the organization included in consolidated, independent audited financial statement for the tax Vear? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
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.	17	Х	
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,'	19		X X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	1	1 1

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
	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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
l	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 Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
į	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		X
36	The second secon	36		Х
37	The first of the state of the s	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2009)

Form 990 (2009) MAMA'S KITCHEN 33-043424	5	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			200 0.00
4		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Rose the experiention have annual gross receipts that are normally greater than \$100,000, and did the organization			V
solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not	6a		X
deductible?deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Χ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	- other	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a initiation lees and capital contributions moladed en last limit in the last limit			
b dross Necelpts, included of 1 of 11 550, 1 art 411, 1110 12, 101 passes are			-2-51
11 Section 501(c)(12) organizations. Enter:			
a Gross medite from other members of sharehelders :			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124		L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A.	Governing Body and Management								
					Yes	No				
1	a Enter the	number of voting members of the governing body		22						
	b Enter the	e number of voting members that are independent	1b 2	22						
	Did any	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	lationship with any other	. 2		X				
3	Did the o	organization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other person	under the direct supervision?	1 . 3		X				
4	4 Did the organization make any significant changes to its organizational documents									
	since the prior Form 990 was filed?									
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?									
6	Does the	organization have members or stockholders?		. 6		X				
7	a Does the	organization have members, stockholders, or other persons who may elect one or	more members of the	. 7a		Х				
		decisions of the governing body subject to approval by members, stockholders, or o				X				
		organization contemporaneously document the meetings held or written actions under		1.						
	a The gove	erning body?		. 8a						
		nmittee with authority to act on behalf of the governing body?			X					
9	Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	. 9		Х				
Se	ction B.	Policies (This Section B requests information about policies not	required by the Intern	al						
Rev	venue Code	2.)								
					Yes	No				
10	a Does the	organization have local chapters, branches, or affiliates?		. 10a		X				
	and brar	does the organization have written policies and procedures governing the activities of the organization?		. 100						
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	. 11	X					
11	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	D. SEE SCHEDULE C)						
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		. 12a	X					
	b Are offic	ers, directors or trustees, and key employees required to disclose annually interests	that could give rise	. 12b	Х					
	c Does the	organization regularly and consistently monitor and enforce compliance with the pose O how this is done SEE SCHEDULE . O	olicy? If 'Yes,' describe in	. 12c						
13	Does the	organization have a written whistleblower policy?		. 13	X					
14	Does the	organization have a written document retention and destruction policy?		. 14		X				
15	Did the poersons.	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?							
	a The orga	inization's CEO, Executive Director, or top management official SEE . SCHEDULE	EO	. 15a	X					
		ficers of key employees of the organization				X				
		o line 15a or 15b, describe the process in Schedule O. (See instructions.)		177						
16	a Did the	organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxab	ole 16 a		Х				
	b If 'Yes,'	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard ith respect to such arrangements?	n to evaluate its participati d the organization's exemp	on t						
So		Disclosures				Vegality and the				
	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.				public				
	Own	website X Another's website X Upon request			. 20					
	stateme	in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public. SEE SCHEDULE O				ancial				
20	State the	e name, physical address, and telephone number of the person who possesses the TO CORTES 1875 2ND AVENUE SAN DIEGO CA 92101 619-23	books and records of the c	organiza -	tion: 					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.											
(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average hours		tion (and the same	all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
SCOTT GARDNER										1927	
PRESIDENT	4	X						0.	0.	0.	
DONALD GOFF											
VICE PRESIDENT	2	X		X				0.	0.	0.	
DONALD CAUFIELD	4. VA A.A.							i e			
SECRETARY	2	X		X				0.	0.	0.	
ROGER WERBECK							ě				
TREASURER	2	X		X				0.	0.	0.	
RACHELLE CARVAJAL										0	
MEMBER AT LARGE	2	X		X				0.	0.	0.	
ELLEN AGEY										0	
DIRECTOR	2	X						0.	0.	0.	
DAVID CONTOIS										0	
DIRECTOR	2	X						0.	0.	0.	
MICHAEL DODT				3						0	
DIRECTOR	2	X			_			0.	0.	0.	
MICHELLE DONOVAN								_	_	0	
DIRECTOR	2	X					_	0.	0.	0.	
TODD GABELLO	_								0	0.	
DIRECTOR	2	X	_	_				0.	0.	0.	
GREGG GARNER									0	0.	
DIRECTOR	2	X			_		- Newson	0.	0.	0.	
CHERI HOOLIHAN									0.	0.	
DIRECTOR	2	X					-	0.	0.	<u> </u>	
JENNIFER KEARNS	_							0.	0.	0.	
DIRECTOR	2	X	-	-	⊢		-	0.	0.	0.	
THOMAS KWAN	4 .							0.	0.	0.	
DIRECTOR	2	X	-	_	_		-	0.	0.	0.	
TIMOTHY LOOMIS		.,,						0.	0.	0.	
DIRECTOR	2	X	-	-	-		\vdash	0.	0.	0.	
LOUIS_LOPEZ		v	1					0.	0.	0.	
DIRECTOR	2	X	-	-	-	-	-	0.	0.	0.	
JOHN PELKEY		17						0.	0.	0.	
DIRECTOR	2	X			_	1/10/00		0.	0.	Form 990 (2009)	

Company Comp	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)										
JOHN PROSEN JOHN PROSEN JOHN PROSEN 2 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(B) (c)									(F)
JOIN PROSEN JOHN PROSEN JOHN PROSEN JOHN PROSEN JAURENCE RINEHART JURECTOR 2 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name and Title			tion (_				Reportable	Reportable compensation from	Estimated amount of other
DIRECTOR 2 X 0. 0. 0. 0. 1 LAURENCE RINEHART 2 X 0. 0. 0. 0. 0. 0. 1 DIRECTOR 2 X 0. 0. 0. 0. 0. 0. 0. 1 DIFF ROBES DIRECTOR 2 X 0. 0. 0. 0. 0. 0. 0. 0. 1 DIRECTOR 1 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		per week	or d	Insti	Offic	Key	High	For	the organization	related organizations	compensation
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue of	compen	satio	n fr	om	any	unre	elate	ed organization fo	r services	. 5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		nedule	3 101	Suc	пр	CISC	11				···
compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Complete this table for your five highest compensations	ted inde	pen	den	t co	ntra	ctor	s tha	at received more	than \$100,000 of	
Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization.		•						T		
Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)										(C)
	Name and business address	(0)									
		-	-	111					 		
			- 19								
						150	2000 - 1				(A)
	2. Total number of independent contractors (including	i hut no	t lim	ited	to t	hos	e lis	ted	above) who recei	ved more than	
				.,	.0 1		ری	.55		100 A TOST	

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribns included in Ins 1a-1f: \$ h Total. Add lines 1a-1f Business Code Business Code	2,082,254.			
PROGRAM SERVICE REVEN	b c d e f All other program service revenue g Total. Add lines 2a-2f.				
8.	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds Royalties. 	64,872.			64,872.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Real (ii) Personal (ii) Personal (ii) Personal (iii) Personal				
	b Less: cost or other basis and sales expenses	-124,550.	-124,550.		
OTHER REVENUE	8a Gross income from fundraising events (not including. \$\frac{185,132.}{185,132.}\] of contributions reported on line 1c). See Part IV, line 18	51,400.	51,400.		
	9 a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue Business Code 11 a b c				
	d All other revenue		-73,150.	0.	64,872.
	12 Total revenue. See instructions	4,013,310.	13,130,	L	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not requ	quired to complete columns (B), (C), and (D)).
---	--	----

	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				paragraph i
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,104.	48,552.	38,842.	9,710.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	403,463.	191,506.	85,339.	126,618.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	19,376.	5,432.	8,204.	5,740.
•	, , , , , , , , , , , , , , , , , , ,	15,240.	1,296.	8,204.	5,740.
9	Other employee benefits		24,135.	6,681.	10,895.
10	Payroll taxes	41,711.	24,133.	0,001.	10,055.
	Fees for services (non-employees)				
	a Management				
	o Legal			0.050	
	Accounting	5,000.	2,650.	2,350.	
(d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17	44,941.		A STANSON OF THE RES	44,941.
1	Investment management fees	23,689.	23,689.		
	Other				
	Advertising and promotion	42,396.	2,801.		39,595.
13	Office expenses	22,054.	12,954.	5,792.	3,308.
14	Information technology				
15	Royalties				
16	Occupancy	118,830.	105,581.	9,080.	4,169.
17	Travel	2,227.	2,227.		Markovinos religios de la companya del companya de la companya del companya de la
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,335.	27,533.	2,500.	1,302.
23	Insurance	22,957.	17,810.	3,828.	1,319.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	a FOOD COSTS	990,647.	990,647.		
	b SUPPLIES	272,953.	245,313.		27,640.
	c PRINTING AND PUBLICATIONS	14,423.		*	14,423.
	d BANK FEES	13,523.		13,523.	
	e CLIENT EXPENSE	9,004.	9,004.		
	f All other expenses	43,674.	25,397.	6,278.	11,999.
	Total functional expenses. Add lines 1 through 24f	2,234,547.	1,736,527.	190,621.	307,399.
26					
BAA					Form 990 (2009)

Part X Balance Sheet (A) Beginning of year (B) End of year 49,179 1 248,537. Cash - non-interest-bearing..... 312,326. 1,369. 2 Savings and temporary cash investments..... 36,585. Pledges and grants receivable, net..... 46,393. 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.. 7 Notes and loans receivable, net..... 17,382. 16,718. 8 Inventories for sale or use..... 17,533. 9 16,400. 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. | 10a 352,875. Complete Part VI of Schedule D 310,451. 67,992. 10 c 42,424. 1,646,790. 1,933,868. Investments — publicly-traded securities..... 11 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments – program-related. See Part IV, line 11..... 8,486. 5,734. 14 Intangible assets.... 16,806. 10,624. 15 Other assets. See Part IV, line 11..... 2,319,105. Total assets. Add lines 1 through 15 (must equal line 34).... 2,176,041. 16 16 78,835. 17 73,613. 17 18 18 12,500. 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L.... 23 24 Unsecured notes and loans payable to unrelated third parties..... 25 86,113. 78,835. 26 Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 2,202,553. 2,068,206. 27 Unrestricted net assets..... 28 Temporarily restricted net assets..... 30,439 29,000 29 Permanently restricted net assets..... OR Organizations that do not follow SFAS 117, check here ► | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds..... 2,232,992. 2,097,206. 33 33 Total net assets or fund balances..... 2,176,041. 2,319,105. 34 Total liabilities and net assets/fund balances..... Form 990 (2009) BAA

Part XI Financial Statements and Reporting		
	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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		
Form	990 (2009)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Employer identification number Name of the organization 33-0434246 MAMA'S KITCHEN Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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)(vi). (Complete Part II.) 7 X community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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 unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Other Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... 11 g (ii) a family member of a person described in (i) above?.... a 35% controlled entity of a person described in (i) or (ii) above?..... 11 a (iii) Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col. (i) of (vi) Is the organization in col. (i) organized in the U.S.? (vii) Amount of Support (ii) EIN (iv) Is the organization in col (i) Name of Supported Organization (i) listed in your your support? governing document? Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 MAMA'S KITCHEN 33-0434246 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.)

	(Complete only if you check	ed the box on the	3, 7, 01 0 011 an						
Sec	tion A. Public Support								
begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	1,822,200.	1,664,482.	1,926,144.	2,117,595.	2,082,254.	9,612,675.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	1,822,200.	1,664,482.	1,926,144.	2,117,595.	2,082,254.	9,612,675.		
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)						0.		
6	Public support. Subtract line 5 from line 4		のなった。		OPENION NO.		9,612,675.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	1,822,200.	1,664,482.	1,926,144.	2,117,595.	2,082,254.	9,612,675.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	61,104.	79,891.	75,140.	79,825.	64,727.	360,687.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE. PART. IV.	18,706.	65,461.	53,125.			137,292.		
	Total support. Add lines 7 through 10		report to the look of	had distributed		and female the series	10,110,654.		
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by lir	ne 11, column (f).		14	95.1%		
15	Public support percentage from						92.6%		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, an organization	d the line 14 is 33	3-1/3 % or more, c	heck this box		
ł	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	33-1/3% or more, o	check this box		
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-ad-circumstances'	and-circumstance test. The organi	ization qualifies a	s a publicly suppo	orted organization			
_	Private foundation. If the organ	ization did not che	eck a box on line,	, 13, 16a, 16b, 17	a, or 17b, check t	nis box and see in	990 or 990-EZ) 2009		
RΔΔ					50	JIEGULIE A (FUIII) S	JU UI JJU-LL) 2003		

rar	(Complete only if you che			in Section 509(a)(2)		
Soot	tion A. Public Support	cked the box on ii	ne 9 of Part 1.)	a Comment and the second		7	
_		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	dar year (or fiscal yr beginning in) P Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2005	(b) 2000	(c) 2007	(u) 2000	(6) 2003	(i) Fotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line		1-15-01-2-12-13 mbs	15 4 L 12 (4 C) (5)	British British		
	7c from line 6.)		References and the second	TO STATE OF THE ST			
Sec	tion B. Total Support						
_	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included inline 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 IV.).						
13	Total support. (add Ins 9, 10c, 11, and 12.)		STATE CHISCOLOGIC	Bullion School			
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	ond, third, fourth, c	or fifth tax year as	s a section 501(c)(3) ▶
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 2						%
	Public support percentage from						%_
Sec	tion D. Computation of Inv						
17	Investment income percentage	for 2009 (line 10c	, column (f) divid	ed by line 13, colur	mn (f))		%
18	Investment income percentage	from 2008 Schedu	ule A, Part III, line	e 17			%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	box and stop nere	e. The organization	ni quaimes as a pu	blicly supported	organization	
b	33-1/3 support tests — 2008. If is not more than 33-1/3%, check	the organization d k this box and stc	lid not check a bo p here. The orga	ox on line 14 or 19a nization qualifies a	a, and line 16 is r s a publicly supp	nore than 33-1/3% orted organization	, and line 18

Schedule A	(Form	990 or	990-EZ) 2009	MP	MA S	NT1	CHEN	V						٥.	5-043	4240		raye	34
Part IV	Supp Part I	lemer I, line	i tal In 17a c	forma or 17b	ation. o; and	Com Part	plete III, li	this ine 12	part t 2. Pro	o pro ovide	ovide any	the exother a	kplana additio	tions i nal in	require forma	ed by tion. S	Part I See in	I, line structi	10; ions.	
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2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

MAMA'S KITCHEN

33-0434246

NATURE AND SOURCE	2009	2008	2007	2006	2005
PURCHASE DISCOUNTS TOTAL	\$ 0.	\$ 0.	53,125. \$ 53,125.	65,461. \$ 65,461.	18,706. \$ 18,706.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number
MAMA'S KITCHEN		33-0434246
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	private foundation
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	ate foundation
Check if your organization is covered by the Ge Note: Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. Anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule — For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test of the one contributor, during the year, a contribution of the greater of (1 r (ii) Form 990-EZ, line 1. Complete Parts I and II.	regulations under sections) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 prevention of cruelty to children or animals.	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, litera Complete Parts I, II, and III.	contributor, during the year, ary, or educational purposes, or the
contributions for use <i>exclusively</i> for religiou this box is checked, enter here the total corpurpose. Do not complete any of the parts	ation filing Form 990 or 990-EZ, that received from any one s, charitable, etc, purposes, but these contributions did not a stributions that were received during the year for an exclusivanless the General Rule applies to this organization because	aggregate to more than \$1,000. If religious, charitable, etc, e it received nonexclusively
25.	i,000 or more during the year	
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Scle 2 of their Form 990, or check the box on line H of its Form grequirements of Schedule B (Form 990, 990-EZ, or 990-PF	990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

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Page	T

of Part I

MAMA'S KITCHEN

Employer identification number

of 1

33-0434246

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CALIFORNIA ECP SETLEMENT FUND PO BOX 6177 NOVATO, CA 94948	\$ <u>42,555.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	S. MARK TAPER FOUNDATION 12011 SAN VICENTE BLVD LOS ANGELES, CA 90049	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JOHN DAVIS 1875 2ND AVE SAN DIEGO , CA 92101	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	MAC AIDS FOUNDATION 130 PRINCE ST NEW YORK, NY 10012	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of 1

of Part II

Name of organization

MAMA'S KITCHEN

Employer identification number 33-0434246

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	\$ (c) FMV (or estimate) (see instructions) \$ FMV (or estimate) (see instructions) (d) Date received Date received (c) FMV (or estimate) (see instructions) \$ FMV (or estimate) (see instructions) Date received	
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
	(b) Description of noncash property given	Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions)

(b)

Purpose of gift

Transferee's name, address, and ZIP + 4

beautiful and a second			l age 1	le di lattii	
				50 100 - 200	
Y					
Name of organization MAMA'S KITCHEN Part III)(7), (8), or (10)				
	(e) and the following line entry.)				
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once –	naritable, etc, see instructions.)	▶\$ N/A	
(a) No. from Part I (a) No. from Port I N/A	55-052	* * *	(d)		
	Purpose of gift	Use of gift	Des	scription of how gift is held	
	N/A				
	Turneferral's name address		Polationship o	f transferor to transferee	
	ransieree's name, address	s, allu ZIF + 4	Neiationship o	Transferor to transferee	
		X			
		V			
(a)	(b)				
	Purpose of gift	Use of gift	Des	scription of how gift is held	
Parti					
	Tformalla manua addusar	Relationship of transferor to transferee			
	Transferee's name, address	s, and zir + 4	Relationship o	Transferor to transferee	
(2)	(b)	(c)		(d)	
138,00			Des		
	Tulpose of gilt				
· ·					
		(e)			
	Transferee's name, address	Transfer of gift	Relationship o	of transferor to transferee	
	I ransieree's name, address	3, and L il 1 4	itelationship o		

Relationship of transferor to transferee

(d)

Description of how gift is held

(a)

No. from Part I

(c)

Use of gift

(e) Transfer of gift

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

MAMA'S KITCHEN

				33-0434246	
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Form 990, Part IV, line	Similar Funds 6.	or Accounts Complete if	
		(a) Donor advised fu		(b) Funds and other accoun	ts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
2					
3	Aggregate grants from (during year)				· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive l	legal control?	Yes	No
	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	etit??		res	No
	t II Conservation Easements Comple			Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that	at apply).		
	Preservation of land for public use (e.g., re			n historically important land area	a
	Protection of natural habitat		Preservation of c	ertified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	contribution in the	e form of a conservation easeme	nt on the
	last day of the tax year.				works
				Held at the End of the	Year
	Total number of conservation easements				
	Total acreage restricted by conservation easer				
	: Number of conservation easements on a certif				
c	Number of conservation easements included in	n (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated	by the organization during the ta	ax
	year ►				
4	Number of states where property subject to co			W. W. W. W. W.	
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it noids?			No
	Staff and volunteer hours devoted to monitoring the year •			ents	
7	Amount of expenses incurred in monitoring, in during the year ▶			\$	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			les	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	to the organization's financial s	tatements that des	cribes the organization's account	I ting for
Pai	t III Organizations Maintaining Colle	ctions of Art, Historical 7	Treasures, or O	ther Similar Assets	
	Complete if the organization answer	wered 'Yes' to Form 990,	Part IV, line 8.		
	a If the organization elected, as permitted under treasures, or other similar assets held for pub- the text of the footnote to its financial stateme	nc exhibition, education, or research that describes these items.	earch in Turtheranc ·	e of public service, provide, in the	art XIV,
ł	o If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items:	lic exhibition, education, or res	earch in furtheranc	e of public service, provide the h	onowing
	(i) Revenues included in Form 990, Part VIII,	line 1		> \$	
	(ii) Assets included in Form 990, Part X			> \$	2
	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 relating to these items:	r similar assets for	financial gain, provide the follow	ving
ä	a Revenues included in Form 990, Part VIII, line	. 1		►\$	
I	Assets included in Form 990, Part X				

Part III Organizations Maintai	ning Collections	of Art, Histo	rical	Treasures, or	Other Similar Asse	ets (continu	ea)
3 Using the organization's acquisition items (check all that apply):	on accession and oth				at are a significant use	of its collection	on
a Public exhibition		d Loan o		ange programs			
b Scholarly research		e Other					-
c Preservation for future genera						- 0	
4 Provide a description of the organ Part XIV.						e in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receive ather than to be main	donations of art ntained as part o	, histo	rical treasures, or organization's colle	other similar ection?	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangements (unt on Form 990,	Complete if or Part X, line 2	rganiz 21.	zation answere	ed 'Yes' to Form 99	90, Part IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the followir	ng tabl	e:		Amount	
c Beginning balance					. 1c		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a	mount on Form 990.	Part X. line 21?.				Yes	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	mplete if organiza	ation answere	ed 'Ye	es' to Form 990), Part IV, line 10.		7.7
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back	(e) Four year	s back
1a Beginning of year balance	28,619.	30,3		creation process to		inda a da la la la	
b Contributions	,						
c Net Investment earnings, gains, and losses	1,965.	-1,7	17.				
d Grants or scholarships	1,500.	= /		handing.	PERMIT	o 4 at subjects	
e Other expenditures for facilities							
and programs	26.		26.				
f Administrative expenses q End of year balance	30,558.	28,6	19	and an investment	School Constitution	Charles and	
2 Provide the estimated percentage			17.				
a Board designated or quasi-endow		erice ricia as.					
b Permanent endowment		·					
c Term endowment							
and the species and the second and second second second		Anno menorano de mario Armeno			:		
3a Are there endowment funds not in organization by:	n the possession of t	the organization	that a	re held and admin	istered for the	Yes	No
(i) unrelated organizations						3a(i) X	
(ii) related organizations	and there are the the fall					3a(ii)	Χ
b If 'Yes' to 3a(ii), are the related of	rganizations listed a	s required on Sc	hedule	e R?		3b	
4 Describe in Part XIV the intended					SEE P	ART XIV	-
Part VI Investments—Land, B	uildings, and Eg	uipment. See	Forr	n 990, Part X,	line 10.		
Description of investment	(a) Cos	t or other basis evestment)	(b)	Cost or other asis (other)	(c) Accumulated Depreciation	(d) Book V	alue
1a Land							
b Buildings	The state of the s						
c Leasehold improvements				53,039.			,039.
d Equipment			re In	299,836.			,836.
e Other					310,451.		<u>, 451.</u>
Total. Add lines 1a through 1e (Column	n (d) must equal For	m 990, Part X, c	olumn	(B), line 10(c).)			,424.
BAA					Sched	ule D (Form 99	3 0) 2009

TEEA3302L 02/02/10

Part VII Investments-Other Securities See Fo	orm 990. Part X. lii	ne 12. N/A	
	(b) Book value	(c) Method of valuation	
(a) Description of security or category (including name of security)	54 T F 10000000000000000000000000000000000	Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			·
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶			
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(4)		Cost or end-of-year market value	
		And the second s	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			4.0
D 11V OH - A 1 - (C F - was 000 Dort V	line 15) M/	Λ	
Part IX Other Assets (See Form 990, Part A,	line 15) N/3	1	
Part IX Other Assets (See Form 990, Part X,	escription	(b) Book va	alue
			alue
(a) De	escription	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B),	escription	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	escription	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	line 15)X, line 25)	(b) Book va	alue

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	t XI Reconciliation of Change in Net Assets from Form 990 to F	inancial	Statements		
	Total revenue (Form 990, Part VIII,column (A), line 12)				2,073,976.
1	Total expenses (Form 990, Part VIII, column (A), line 12)				2,234,547.
2	Excess or (deficit) for the year. Subtract line 2 from line 1	es that the time			-160,571.
4	Net unrealized gains (losses) on investments				296,356.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4 through 8				296,356.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9			135,785.
Par	t XII Reconciliation of Revenue per Audited Financial Statement	s With R	Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		******	1	2,718,075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a	296,356.		
	Donated services and use of facilities		347,743.		
	Recoveries of prior year grants				
	Other (Describe in Part XIV)				
•	Add lines 2a through 2d			2e	644,099.
3	Subtract line 2e from line 1			3	2,073,976.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
ā	Investments expenses not included on Form 990, Part VIII, line 7b.	4a			
ŀ	Other (Describe in Part XIV)	4b			
(Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,073,976.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Return	0 500 000
1	Total expenses and losses per audited financial statements			1	2,582,290.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0.45 5.40	0.00	
	Donated services and use of facilities		347,743.		
I	Prior year adjustments	2b			
10	Other losses.	2c			
	Other (Describe in Part XIV)	2d			247 742
(Add lines 2a through 2d			2e	347,743. 2,234,547.
3	Subtract line 2e from line 1			3	2,234,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investments expenses not included on Form 990, Part VIII, line 7b			1	
	Other (Describe in Part XIV)	4b		1	
,	Add lines 4a and 4b.			4 c	2,234,547.
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)			3	2,234,341.
	t XIV Supplemental Information	-			
Com line info	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 3, 5, and 9; Pa and 4b; and Part XIII, lines 3, 5, and 9; Pa and 4b; and Part XIII, lines 3, 5, and 9; Pa and 4b; and Part XIII, lines 2d and 4b; and Part XIIII, lines 2d and 4b; and Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	art III, lines and 4b. Als	s 1a and 4; Part IV so complete this pa	, lines 1b art to pro	and 2b; Part V, vide any additional
	ENDOWMENT CREATED FOR OPERATING PURPOSES OF THE ORG	GANIZAT	 'ION		
				*	
ELLY) = X**					

Schedule D (Form 990) 2009 MAMA'S KITCHEN	33-0434246	Page 5
Schedule D (Form 990) 2009 MAMA'S KITCHEN Part XIV Supplemental Information (continued)		
	- Die sofgenich bertretten ausschen Antervenne	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions. Employer identification number Name of the organization 33-0434246 MAMA'S KITCHEN Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser (i) Name of individual or entity (fundraiser) (or retained by) (vi) Amount paid to (iv) Gross receipts (ii) Activity (or retained by) have custody or control of contributions? fundraiser listed in from activity col.(i) organization Yes No 0. Total. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

ı uı	• ••	reported more than \$15,000 on Fo	orm 990-EZ, line 6	a. List events with	gross receipts grea	ter than \$5,000.		
		reperted mere than \$100.00	(a) Event #1 MAMA 'S DAY	(b) Event #2 PIE IN THE SKY (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))		
E		-	(event type)	(event type)	(total number)			
REVENU	1	Gross receipts	146,329.	83,913.	14,700.	244,942.		
E	2	Less: Charitable contributions	110,779.	67,668.	6,685.	185,132.		
	3	Gross income (line 1 minus line 2)	35,550.	16,245.	8,015.	59,810.		
	4	Cash prizes						
	5	Noncash prizes						
D I R	6	Rent/facility costs						
RECT	7	Food and beverages						
EXPEZSES	8	Entertainment						
ZSE	9	Other direct expenses	395.	5,269.	2,746.	8,410.		
S	10	Direct expense summary. Add lines 4- th	nrough 9 in column (d)			8,410.		
	11	Net income summary. Combine lines 3, c	column (d) and line 10			51,400.		
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or rep	orted more than		
Ŗ			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (Add col. (a) through		
REVEZUE				bingo		col. (c))		
Ë	1	Gross revenue						
E	2	Cash prizes						
D I P E N S E S	,	Non-cash prizes						
C S T E S	3							
	4	Rent/facility costs						
	5	Other direct expenses		Yes%	Vec %			
	6	Volunteer labor	No Yes6	No No	No No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7				
						YES NO		
9	Ent	ter the state(s) in which the organization of the organization licensed to operate gamin	perates gaming activition	es:		9a		
		he organization licensed to operate gamini No,' explain:	g activities in each of t	nese states:	*			
10	a We	re any of the organization's gaming license		or terminated during th	e tax year?	10a		
		Yes,' explain:						
11	Do	es the organization operate gaming activiti	es with nonmembers?.	2 (1) (2) (1) (1) (1)		11		
		the erganization a granter beneficiary or tr						
	adi	minister charitable gaming?				14		

Schedule G (Form 990 or 990-EZ) 2009 MAMA'S KITCHEN	33-0434246		Page 3
	_	YE	S NO
 13 Indicate the percentage of gaming activity operated in: a The organization's facility. b An outside facility. 14 Enter the name and address of the person who prepares the organization's 			
Name: •			
Address: ►			
 15a Does the organization have a contact with a third party from whom the organization b If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party: 		15 a	
Name: •			
Address: •		06 16 04 16	
16 Gaming manager information			
Name: •			
Gaming manager compensation ► \$		10	
Description of services provided:			
Director/officer Employee Indepe	endent contractor		
17 Mandatory distributions a Is the organization required under state law to make charitable distributions state gaming license?	s from the gaming proceeds to retain the	17a	
b Enter the amount of distributions required under state law to be distributed organization's own exempt activities during the tax year: ► \$			
BAA TEEA3703L 02/05/10	Schedule G (Form 990 c	or 990-E	Z) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Attach to Form 990.

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MAMA'S KITCHEN

Employer identification number 33-0434246

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d) d of de revenu	termini Jes	ng
1	Art—Works of art	- 5					10000	
2	Art—Historical treasures							
3	Art–Fractional interests					South Control of the Control	- W	
4	Books and publications							
5	Clothing and household goods		and the comment of the second					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	The state of the s						
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—							
14	Qualified conservation contribution—Other							
15	Real estate—Residential					lly and a second		
16	Real estate-Commercial	The second second second second						
17	Real estate—Other							
18	Collectibles							
19	Food inventory.	Control of the contro		70,182.	COMPAR	ABLE	SAL	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (AUCTION ITEMS)		91	37,613.	SELLIN			
26	Other ► (CATERING FOOD)	X	72	169,047.	COMPAR			
27	Other ► (MISC ITEMS)	X	30	17,107.	COMPAR	ABLE	SAL	
28	Other ► ()					I Salayi		
29		ion during the ee Acknowle	ne tax year for contributedgement	tions for which the	29			
	organization compresses a second						Yes	No
30	a During the year, did the organization receive by chold for at least three years from the date of the purposes for the entire holding period?	contribution initial contri	any property reported in bution, and which is no	n Part I, lines 1-28 that it required to be used for	it must or exempt	30 a		X
	b If 'Yes,' describe the arrangement in Part II.							
21	Does the organization have a gift acceptance pol	icy that requ	uires the review of any	non-standard contributi	ons?	31		Х
	Does the organization hire or use third parties or noncash contributions?	related orga	anizations to solicit, pro	ocess, or sell		32a		Х
					The second secon			
22	b If 'Yes,' describe in Part II. If the organization did not report revenues in colu	ımn (c) for :	a type of property for w	hich column (a) is chec	ked,	2.1		
33	describe in Part II.	(0) 101 1	7ke e. k. eker.7 .e		70.			
RΛ	A For Privacy Act and Paperwork Reduction Act N	lotice, see t	he Instructions for For	m 990.	Schedu	le M (F	orm 99	0) 2009

Schedule M (Form 990) 2009 MAMA'S KITCHEN	33-0434	240	raye Z
Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I,	lines 30b,	32b,

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

► Attach to Form 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization MAMA'S KITCHEN 33-0434246

MAMA S RITCHEN
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
AT MAMA'S KITCHEN WE BELIEVE THAT EVERY PERSON IS ENTITLED TO THE BASIC NECESSITY OF
LIFE, NUTRITIOUS FOOD. AS A VOLUNTEER-DRIVEN, NOT-FOR-PROFIT ORGANIZATION, WE
PREPARE AND DELIVER FOOD TO MEN, WOMEN, AND CHILDREN WHO ARE AFFECTED BY AIDS OR
CANCER
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS
THE FORM IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER. UPON APPROVAL BY
THE FINANCE COMMITTEE IT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
NEW MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT
AFTER BEING ELECTED TO THE BOARD. ALL BOARD MEMBERS COMPLETE A NEW CONFLICT OF
INTEREST DISCLOSURE STATEMENT EACH JANUARY
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE
EXECUTIVE DIRECTOR BASED ON COMPARIBILITY DATA AVAILABLE FOR THE GEOGRAPHIC AREA AND
NATURE OF THE ORGANIZATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS AND POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON RECEIPT OF A WRITTEN REQUEST FOR SAME.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
MAMA'S KITCHEN	33-0434246
MAMA 5 KIICHEN	100 0101210
	4

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

miterial Nevenue	OCIVICO		* *				
If you are	e filing for an Automatic 3-Mont	h Extension, comple	ete only Part I and ch	eck this box			► X
If you are	e filing for an Additional (Not A	utomatic) 3-Month E	xtension, complete o	nly Part II (on	page 2 of thi	s form).	
	olete Part II unless you have alre					iled Form 8868.	
Part I	Automatic 3-Month Exten	sion of Time. Or	nly submit origina	I (no copies	needed).		
A corporation	n required to file Form 990-T an	d requesting an auto	omatic 6-month exten	sion — check t	his box and o	complete Part I	only ▶
	porations (including 1120-C filer						
Electronic Fi	ling (e-file). Generally, you can below (6 months for a corpora I (not automatic) 3-month exter Instead, you must submit the fu it www.irs.gov/efile and click or	electronically file Fo tion required to file I ssion or (2) you file I illy completed and si n e-file for Charities	rm 8868 if you want a Form 990-T). Howeve Forms 990-BL, 6069, Igned page 2 (Part II) & Nonprofits.	a 3-month auto r, you cannot to or 8870, group of Form 8868	omatic extens file Form 8868 returns, or a . For more de	ion of time to fil 3 electronically i composite or co tails on the elec	e one of the f (1) you want onsolidated stronic filing of
	Name of Exempt Organization				W	Employer identifica	tion number
Type or							
print	MAMA'S KITCHEN					33-043424	5
File by the due date for	Number, street, and room or suite number	er. If a P.O. box, see instruc	ctions.				
filing your return. See	1875 2ND AVENUE		and the second of the second				
instructions.	City, town or post office, state, and ZIP of		, see instructions.				
	SAN DIEGO, CA 92101		to the same of the				
	of return to be filed (file a separ				Form 472	20	
X Form 990		Form 990-T (cor	tion 401(a) or 408(a)	truct)	Form 522		
Form 990			st other than above)	irusi)	Form 606		
Form 990		Form 1041-A	st other than above)		Form 887		
Form 990	J-PF	1011111041-7			1 01111 007		
• The books	s are in the care of <u>ALBERT</u>	O CORTES					
Telephone	e No ► 619-233-6262		FAX No. ►		****		
If the ord	anization does not have an offi	ce or place of busine	ess in the United Stat	es, check this	box		
If this is	for a Group Return, enter the or	rganization's four dig	it Group Exemption N	Number (GEN)	If	this is for the w	hole group,
check thi	s box ▶ . If it is for part o	f the group, check th	nis box . 🏲 🔲 and at	tach a list with	the names a	nd EINs of all m	embers
the exter	nsion will cover.						
1 reque	st an automatic 3-month (6 mor	nths for a corporation	n required to file Forn	n 990-T) exten	sion of time		
	8/15, 20 <u>10</u> _, to fi		zation return for the	organization n	amed above.		
	tension is for the organization's	return for:					
	calendar year 20 09 or	0.00	S				
>	tax year beginning	, ²⁰ , a	nd ending	, ²⁰ _	'		
2 If this t	ax year is for less than 12 mon	ths, check reason:	Initial return	Final retu	ırn C	hange in accoun	nting period
nonrefu	application is for Form 990-BL, sundable credits. See instruction	S				3a \$	0.
b If this a made.	application is for Form 990-PF o Include any prior year overpayn	r 990-T, enter any renent allowed as a cr	efundable credits and edit	estimated tax	payments	3ь\$	0.
deposit	e Due. Subtract line 3b from lint with FTD coupon or, if requires structions	d, by using EFTPS (I	_lectronic Federal Ta	x Payment Sys	stem).	3c \$	0.
Caution. If y	ou are going to make an electro	onic fund withdrawal	with this Form 8868,	see Form 845	3-EO and For	m 8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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2009	CALIFORNIA WORKSHEETS MAMA'S KITCHEN	PAGE 1 33-0434246
LATE PAYMENT PENA	LTY (FORM 109)	
TAX DUE MONTHLY PENALTY 5% PENALTY LATE PAYMENT PENAL	TY	0.