

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions. MAMA'S KITCHEN 1875 2ND AVENUE SAN DIEGO, CA 92101	D Employer Identification Number 33-0434246
		E Telephone number 619-233-6262
F Name and address of principal officer: SAME AS C ABOVE		G Gross receipts \$ 4,081,862.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
J Website: ▶ WWW.MAMASKITCHEN.ORG		H(c) Group exemption number ▶
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: <input type="checkbox"/> M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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 OTHER CRITICAL ILLNESSES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a).....	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	0
	5	Total number of employees (Part V, line 2a).....	5	14
	6	Total number of volunteers (estimate if necessary).....	6	644
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C).....	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 1,911,144.	Current Year 2,117,595.
	9	Program service revenue (Part VIII, line 2g).....		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	75,140.	-117,540.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	329,140.	12,458.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,364,666.	2,012,513.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	545,803.	647,960.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		49,045.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,830.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,792,588.	1,709,175.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,338,391.	2,406,180.
	19	Revenue less expenses. Subtract line 18 from line 12.....	26,275.	-393,667.
Net Assets or Fund Balances	20	Total assets (Part X, line 16).....	Beginning of Year 2,934,021.	End of Year 2,176,041.
	21	Total liabilities (Part X, line 26).....	94,145.	78,835.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	2,839,876.	2,097,206.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date 7/06/09

Check if self-employed Preparer's identifying number (see instructions) P00106574

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DOUGLAS R. ASHBROOK, CPA
5425 OBERLIN DRIVE, SUITE 100
SAN DIEGO, CA 92121-1703

EIN ▶ 33-0982839 Phone no. ▶ (858) 455-5255

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