

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

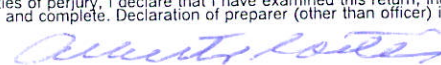
Department of the Treasury
Internal Revenue Service


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

For the **2009** calendar year, or tax year beginning , **2009**, and ending ,

B Check if applicable:	C	D Employer Identification Number		
<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions. MAMA'S KITCHEN 1875 2ND AVENUE SAN DIEGO, CA 92101	33-0434246		
<input type="checkbox"/> Name change		E Telephone number	619-233-6262	
<input type="checkbox"/> Initial return			G Gross receipts \$	2,852,406.
<input type="checkbox"/> Termination		F Name and address of principal officer:	H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE	H(b) Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If 'No,' attach a list. (see instructions)		
I Tax-exempt status		H(c) Group exemption number ▶		
<input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MAMASKITCHEN.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1990	M State of legal domicile: CA	

Part I Summary			
	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 CANCER.</u>		
Activities & Governance	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of employees (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	653
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,117,595.	2,082,254.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-117,540.	-59,678.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,458.	51,400.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,012,513.	2,073,976.
	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)		647,960.	576,894.
16a Professional fundraising fees (Part IX, column (A), line 11e)		49,045.	44,941.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 307,399.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,709,175.	1,612,712.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,406,180.	2,234,547.	
19 Revenue less expenses. Subtract line 18 from line 12	-393,667.	-160,571.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,176,041.	2,319,105.
	22 Net assets or fund balances. Subtract line 21 from line 20	78,835.	86,113.
		2,097,206.	2,232,992.

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	▶  _____ Date <u>7/14/2010</u> Signature of officer EXECUTIVE DIREC ▶ ALBERTO CORTES Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶ 	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	6/22/10		P00106574
	▶ 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