

**Short Form**  
**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**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008, and ending** \_\_\_\_\_,

<b>B</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.	<b>C</b> Momma's, Inc. 1857 Wantagh Avenue Wantagh, NY 11793	<b>D</b> Employer identification number 11-2865518
			<b>E</b> Telephone number 516/781-8637
			<b>F</b> Group Exemption Number ..... ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.mommashouse.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 798,335.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	570,226.	
	2 Program service revenue including government fees and contracts .....	<b>2</b>	117,950.	
	3 Membership dues and assessments .....	<b>3</b>		
	4 Investment income .....	<b>4</b>	8,113.	
REVENUE	5a Gross amount from sale of assets other than inventory .....	<b>5a</b>		
	b Less: cost or other basis and sales expenses .....	<b>5b</b>		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.) .....	<b>5c</b>		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> .....			
	a Gross revenue (not including \$ <u>55,234.</u> of contributions reported on line 1) .....	<b>6a</b>	102,046.	
	b Less: direct expenses other than fundraising expenses .....	<b>6b</b>	61,007.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	<b>6c</b>	41,039.	
	7a Gross sales of inventory, less returns and allowances .....	<b>7a</b>		
	b Less: cost of goods sold .....	<b>7b</b>		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>		
	8 Other revenue (describe ▶ _____) .....	<b>8</b>		
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .....	<b>9</b>	737,328.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) .....	<b>10</b>		
	11 Benefits paid to or for members .....	<b>11</b>		
	12 Salaries, other compensation, and employee benefits .....	<b>12</b>	398,180.	
	13 Professional fees and other payments to independent contractors .....	<b>13</b>	8,627.	
	14 Occupancy, rent, utilities, and maintenance .....	<b>14</b>	112,200.	
	15 Printing, publications, postage, and shipping .....	<b>15</b>	7,752.	
	16 Other expenses (describe ▶ <u>See Statement 1</u> ) .....	<b>16</b>	164,406.	
	<b>17 Total expenses</b> (add lines 10 through 16) .....	<b>17</b>	691,165.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	46,163.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	977,030.	
	20 Other changes in net assets or fund balances (attach explanation) ..... <u>See Statement 2</u> .....	<b>20</b>	-18,896.	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 .....	<b>21</b>	1,004,297.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments .....	485,031.	466,126.
23 Land and buildings .....	265,138.	258,985.
24 Other assets (describe ▶ <u>See Statement 3</u> ) .....	279,885.	290,771.
<b>25 Total assets</b> .....	1,030,054.	1,015,882.
26 <b>Total liabilities</b> (describe ▶ <u>See Statement 4</u> ) .....	53,024.	11,585.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	977,030.	1,004,297.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form **990-EZ** (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Residential program for young mothers</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 5</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>28a</b>	552,200.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>29a</b>	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>30a</b>	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>	552,200.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Hilary Becker, CPM SEE FACE OF RETURN	President 2.00	0.	0.	0.
Mary McCaffrey SEE FACE OF RETURN	Vice President 2.00	0.	0.	0.
Mary Gilroy-Doohan, MD SEE FACE OF RETURN	Secretary 2.00	0.	0.	0.
Pat Fitzgerald SEE FACE OF RETURN	Treasurer 15.00	0.	0.	0.
Thomas Lilly, Esq. SEE FACE OF RETURN	 2.00	0.	0.	0.
Joseph Bottner MD SEE FACE OF RETURN	 2.00	0.	0.	0.
Joan Phillips, MSW SEE FACE OF RETURN	 2.00	0.	0.	0.
Joan Durso Serra SEE FACE OF RETURN	 2.00	0.	0.	0.
William Sullivan CPA SEE FACE OF RETURN	 10.00	0.	0.	0.
Jeanne Towers RN SEE FACE OF RETURN	 2.00	0.	0.	0.
Pat Shea SEE FACE OF RETURN	Executive Direc 40.00	28,992.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N. . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. . . . . ▶ <b>37a</b> 0.		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> N/A		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. . . . .		X
41	List the states with which a copy of this return is filed ▶ <u>NY</u>		

**42a** The books are in care of ▶ Pat Shea Telephone no. ▶ 516/781-8637  
 Located at ▶ 1857 Wantagh Avenue Wantagh NY ZIP + 4 ▶ 11793

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 6

	Yes	No
<b>46</b> 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?.....	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000..... ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000..... ▶		

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	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) (N/A)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Sara K. Pisani 874 Broadway Brentwood, NY 11717		
	EIN ▶	N/A	
	Phone no. ▶	(631) 804-2533	

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	246,466.	613,283.	559,356.	399,267.	514,992.	2,333,364.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> 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.
<b>4 Total.</b> Add lines 1-3.	246,466.	613,283.	559,356.	399,267.	514,992.	2,333,364.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4.						2,333,364.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	246,466.	613,283.	559,356.	399,267.	514,992.	2,333,364.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,826.	2,168.	4,700.	9,808.	8,113.	26,615.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10.						2,359,979.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	98.9%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	0.0%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> 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. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶







**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>Dinner dance</u> (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	157,280.		157,280.
2	Less: Charitable contributions	55,234.		55,234.
3	Gross revenue (line 1 minus line 2)	102,046.		102,046.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs	37,156.	37,156.
	7	Other direct expenses	23,851.	23,851.
8	Direct expense summary. Add lines 4- through 7 in column (d)			61,007.
9	Net income summary. Combine lines 3 and 8 in column (d)			41,039.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers? .....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility. ....	<b>13a</b>	%
<b>b</b> An outside facility. ....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ..... **15a**

**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address:

Name: ▶ -----

Address: ▶ -----

**16** Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

Client MOMMAS

Momma's, Inc.

11-2865518

7/06/09

08:07AM

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion.....	\$	475.
Auto expense.....		399.
Conferences.....		1,185.
Depreciation.....		14,169.
Event expense.....		10,689.
Food expense.....		31,470.
House expense.....		2,137.
Insurance.....		25,152.
Miscellaneous.....		3,721.
Office Expenses.....		12,385.
Recreation and client services.....		2,849.
Repairs and maintenance.....		11,259.
Supplies.....		11,249.
Telephone.....		4,427.
Utilities.....		32,840.
	Total \$	<u>164,406.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Gain on change in value of timeshare.....	\$	500.
Net Unrealized Gains and Losses on Investments.....		-19,396.
	Total \$	<u>-18,896.</u>

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 0.	\$ 4,379.
Furniture and Fixtures.....	2,515.	1,980.
Machinery and Equipment.....	1,342.	1,026.
Miscellaneous.....	-213.	-213.
Pledges and Grants Receivable.....	245,589.	263,599.
Prepaid Expenses and Deferred Charges.....	11,152.	0.
Security deposit.....	11,000.	11,000.
Timeshare asset.....	8,500.	9,000.
	Total \$ <u>279,885.</u>	\$ <u>290,771.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 5,206.	\$ 7,967.
Refundable advances.....	47,018.	3,618.
Security deposit payable.....	800.	0.
	Total \$ <u>53,024.</u>	\$ <u>11,585.</u>

**Statement 5  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments**

Momma's is a home for young mothers aged 17 to 21 years and their babies. For approximately two years, the young mothers at Momma's House continue education or vocational experience interrupted by pregnancy. With guidance and direction, the young mothers can learn to support themselves and their children independently.

**Statement 6  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No