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200900
OMB No 1545-1150
2008

JUL 23 2014

Form 990-EZ
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)
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 July 1, 2008, and ending June 30, 2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
Beaches Community Kitchen Inc
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 51373
 City or town, state or country and ZIP + 4
Jacksonville Beach, FL 32240-1373

D Employer identification number
59-3085418
E Telephone number
(904) 610-6159
F 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).

Accounting method Cash Accrual (specify)

I Website: _____

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. **\$ 5,182**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received						5,082																					
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income						100																					
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																											
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																											
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																											
	6b	Less direct expenses other than fundraising expenses																											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																												
7a	Gross sales of inventory, less returns and allowances																												
7b	Less cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe _____)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																												
Expenses	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe <u>Admin, Food + Paper Products + Assistance - Phytian</u>)							2,972																				
17	Total expenses. Add lines 10 through 16							8,172																					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						(2,990)																					
	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)						37,232																					
	20	Other changes in net assets or fund balances (attach explanation)																											
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)						34,242																					

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	37,232	34,242
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	37,232	34,242
26	Total liabilities (describe _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,232	34,242

STATUTE UNIT RECEIVED

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Part V Other Information (Note the statement requirements in the instructions for Part VI)

		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 not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T 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. ▶ <u>37a - 0 -</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>- 0 -</u> , section 4912 ▶ <u>- 0 -</u> , section 4955 ▶ <u>- 0 -</u>		
40b	b Section 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
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>- 0 -</u>		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ <u>- 0 -</u>		
40e	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 ▶ _____		
42a	The books are in care of ▶ <u>Elizabeth H. Farmer</u> Telephone no ▶ <u>(904) 610-6159</u> Located at ▶ <u>P.O. Box 51373, Jacksonville Beach, FL</u> ZIP + 4 ▶ <u>32240-1373</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43 </u>		
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.

- | | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 49b
- 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		- 0 -		

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 each receiving over \$100,000 ▶		- 0 -

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: Elizabeth H. Farmer Date: 10-15-12

Type or print name and title: Elizabeth H. Farmer, Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no: _____

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

Form 990-EZ (2008)

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,440	9,602	9,126	8,912	5,082	42,162
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
3 The value of services or facilities furnished by a governmental unit to the organization without charge	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
4 Total. Add lines 1-3	9,440	9,602	9,126	8,912	5,082	42,162
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)						1,314
6 Public support. Subtract line 5 from line 4						40,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,440	9,602	9,126	8,912	5,082	42,162
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268	363	476	351	100	1,558
9 Net income from unrelated business activities, whether or not the business is regularly carried on	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
11 Total support. Add lines 7 through 10						43,720
12 Gross receipts from related activities, etc (see instructions)					12	- 0 -
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.43%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	- %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and 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 33 1/3 % support test—2007. 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"/>		
17a 10%-facts-and-circumstances test—2008. 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 10%-facts-and-circumstances test—2007. 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"/>		
18 Private foundation. 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 I- Line 10

Contributions to Dial-A-Ride – \$2,000 - Dial-A-Ride is a service provided by the Beaches Council on Aging (EIN 59-2085522) to transport infirmed and handicapped individuals to the grocery store, doctor's appointments, pharmacy, senior citizen activities, etc. Dial-A-Ride has been in need of financial assistance and the Beaches Community Kitchen voted to make contributions to their ministry, which is much in keeping with the Kitchen's ministry.

Contributions to Mission House – \$2,200 - Mission House (EIN 59-3376704) provides Beaches Community Kitchen with a permanent place to store food and freezers and a central place for preparation and delivery of meals at no charge to Beaches Community Kitchen. The Board of Beaches Community Kitchen voted to make contributions to Mission House for this service.

Contributions to BEAM – \$1,000 - Beaches Emergency Assistance Ministry provides financial assistance, food and clothing to individuals and families in need in the Beaches area. Each year Beam does a fund raiser to provide clothes and school supplies for needy children. The Board of Beaches Community Kitchen voted to make contributions to BEAM for this back-to-school fundraiser.