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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning , 2009, 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 | C Name of organization | | D Employer identification number |
| | | MARY'S KITCHEN | | 33-0592109 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | P.O. BOX 4247 City or town, state or country, and ZIP + 4 | | (714) 325-2012 |
| | | ORANGE, CA 92863-4247 | | 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).**

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.MARYSKITCHEN.ORG**J Tax-exempt status** (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 132,291.

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

| | | | | |
|-------------------|---|---|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 113,334. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income ATCH 1 | 4 | 16,857. |
| | 5 a | Gross amount from sale of assets other than inventory | 5a | 2,100. |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 2,100. |
| | 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 \$ of contributions reported on line 1) | 6a | |
| b | Less direct expenses other than fundraising expenses | 6b | | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7 a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe ▶) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 132,291. | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | 33,818. |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 251. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 19,130. |
| | 15 | Printing, publications, postage, and shipping | 15 | 76. |
| | 16 | Other expenses (describe ▶ ATCH 2) | 16 | 15,084. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 68,359. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 63,932. |
| | 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) | 19 | 673,161. |
| | 20 | Other changes in net assets or fund balances (attach explanation) . . . ATCH 3 | 20 | 2,096. |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 739,189. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 . . . ATCH 4 | 652,228. | 22 720,756. |
| 23 Land and buildings | 20,933. | 23 18,433. |
| 24 Other assets (describe ▶) | | 24 |
| 25 Total assets | 673,161. | 25 739,189. |
| 26 Total liabilities (describe ▶) | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 673,161. | 27 739,189. |

JSA
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part 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? 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 why the organization did not report the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38 a 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 outstanding at the end of the period covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955 | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | 40b | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| 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 | 40e | X |
| 41 List the states with which a copy of this return is filed | CA, | |
| 42 a The organization's books are in care of | BETTY LACY | |
| Located at | P.O. BOX 4247 ORANGE, CA | |
| Telephone no | 714-543-0254 | |
| ZIP + 4 | 92863-4247 | |
| 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 | 42b | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 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 | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | 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 | 45 | X |

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

| | Yes | No |
|--|------------|----|
| 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 | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 **NONE**

51 Complete this table for the organization's 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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors receiving over \$100,000 **NONE**

| | | | | |
|---------------------------------|---|--|---|--|
| Sign Here | 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. | | | |
| | Signature of officer <i>Leo R. Kubeska</i> Type or print name and title <i>LEO R. KUBESKA TREASURER</i> | | Date <i>8/23/10</i> | |
| Paid Preparer's Use Only | Preparer's signature <i>Darlene K. Bui CPA</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <i>R. KUHEN & CO., INC. 2010 MAIN STREET, SUITE 1080 IRVINE, CA 92614</i> | Date <i>8/16/10</i> Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) <i>P00101109</i> EIN <i>27-1534961</i> Phone no <i>949-208-9900</i> | |
| | May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Form 990-EZ (2009)

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.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MARY'S KITCHEN

Employer identification number

33-0592109

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

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

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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 66,239 | 69,029 | 80,438 | 113,251 | 113,334 | 442,291 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 66,239 | 69,029 | 80,438 | 113,251 | 113,334 | 442,291 |
| 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). | | | | | | 109,575 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 332,716 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 66,239 | 69,029 | 80,438 | 113,251 | 113,334 | 442,291 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,961 | 19,662 | 30,251 | 25,675 | 18,957 | 106,506 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 548,797 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 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 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 60.63 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 58.43 % |
| 16a 33 1/3 % support test - 2009. 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 - 2008. 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 - 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 | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2008. 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 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 year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 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 lines 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3 % support tests - 2009. 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 ► <input type="checkbox"/> | | |
| b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

MARY'S KITCHEN

33-0592109

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION
INTEREST INCOME

AMOUNT
16,857.

TOTAL

16,857.

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

| | |
|---------------------------|----------------|
| SUPPLIES | 153. |
| INTEREST | 36. |
| DEPRECIATION | 5,408. |
| RENTAL AND MAINTENANCE | 3,578. |
| INSURANCE | 5,301. |
| OTHER EXPENSES | 315. |
| WEBSITE EXPENSE | 123. |
| GRANT & CONTRACT EXPENSES | 170. |
| TOTAL | <u>15,084.</u> |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENT

2,096.

TOTAL

2,096.

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------------|------------------------------|------------------------|
| CASH | 46,567. | 71,240. |
| SAVINGS | 600,206. | 641,965. |
| INVESTMENTS - SECURITIES | 5,455. | 7,551. |
| TOTALS | <u>652,228.</u> | <u>720,756.</u> |

MARY'S KITCHEN

33-0592109

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 5

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

| | |
|---|------------------------------|
| GLORIA SUESS P.O. BOX 4247 ORANGE, CA 92863 | CHAIRPERSON 30.00 |
| SETH FOSTER EASLEY P.O. BOX 4247 ORANGE, CA 92863 | VICE CHAIRPERSON 6.00 |
| HELEN ANDERSON P.O. BOX 4247 ORANGE, CA 92863 | 2ND VICE CHAIRPERSON 7.00 |
| LEO KUBESKA P.O. BOX 4247 ORANGE, CA 92863 | TREASURER 5.00 |
| LOUIS RUHL P.O. BOX 4247 ORANGE, CA 92863 | SECRETARY 7.00 |
| SUE SIEGEL P.O. BOX 4247 ORANGE, CA 92863 | BOARD MEMBER 6.00 |
| HAZEL DICKINSON P.O. BOX 4247 | BOARD MEMBER 6.00 |

MARY'S KITCHEN

33-0592109

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 5 (CONT'D)

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

ORANGE, CA 92863

FRED BARRERA

P.O. BOX 4247

ORANGE, CA 92863-4247

BOARD MEMBER

1.00

BARBARA RESH

P.O. BOX 4247

ORANGE, CA 92863

BOARD MEMBER

20.00

JACK RESH

P.O. BOX 4247

ORANGE, CA 92863

BOARD MEMBER

20.00

REVEREND STAN SMITH

P.O. BOX 4247

ORANGE, CA 92863

BOARD MEMBER

1.00

DAN STONER

P.O. BOX 4247

ORANGE, CA 92863

BOARD MEMBER

6.00

ROD BIGNER

P.O. BOX 4247

ORANGE, CA 92863

BOARD MEMBER

6.00

GRAND TOTALS

Mary's Kitchen

Our purpose is to provide food, clothing and basic services that support and enhance the quality of life for the hungry and the homeless.

We feed on average 75-85 hot meals per day and prepare a "bag lunch" for their dinner. Donated clothing and shoes are distributed daily, along with new socks, underwear and toiletries. Showers and laundry facilities are also provided.

Our goal is to continue Mary's legacy of providing for the homeless. Mary's Kitchen was founded on Christian principles, including compassion and respect for human dignity. Mary McAnena, affectionately called "the Mother Thereasa of Orange", began feeding the homeless in Hart Park in 1984. All morning long, she would prepare warm meals in her home on Grand Ave. and deliver them to her homeless friends in Hart Park. In 1994, with cooperation of the City of Orange, Mary's Kitchen was born on a city maintenance lot on Struck Avenue, next to the Orange Police Department. Mary past in December of 2003, a few months shy of her 101st birthday. Mary's Kitchen is a legal non profit corporation of California.

Our activities this year, have consisted of setting up the administrative functions, including a board of directors and committees which include operations, strategic planning and finance. Mary performed all of these functions herself and rarely asked for other opinions!! Mary's Kitchen is now positioned to raise funds to improve our facilities and services that we provide, including partnerships with other agencies to help get our clients off the streets.

Our clients consist of 85% male, 12% female and 3% children, most of which live along the Santa Ana River or in their vehicle. Mary's Kitchen is run solely by volunteers, approximately 50, and 89% of donations goes towards feeding the homeless. Turnip Rose Catering, Vons, Ralphs, Albertsons, and Whole Foods provide most of our food.

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2009

Name of estate or trust

MARY'S KITCHEN

Employer identification number

33-0592109

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|---|---|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|-----------|--------|
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | 1b | 2,100. |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | 2 | |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 3 | |
| 4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet | 4 | () |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back | 5 | 2,100. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|---|---|
| 6a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|-----------|-----|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b | 6b | |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | 7 | |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 8 | |
| 9 Capital gain distributions | 9 | |
| 10 Gain from Form 4797, Part I | 10 | |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet | 11 | () |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back | 12 | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2009

| Part III Summary of Parts I and II | | (1) Beneficiaries' (see page 5) | (2) Estate's or trust's | (3) Total |
|---|---|---------------------------------|-------------------------|-----------|
| Caution: Read the instructions before completing this part | | | | |
| 13 | Net short-term gain or (loss) | 13 | | 2,100. |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | | |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | | 2,100. |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** necessary.

| Part IV Capital Loss Limitation | |
|--|---|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 16 () |

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

| | | | | |
|-----------|---|-----------|--|--|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero 18 | | | |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 19 | | | |
| 20 | Add lines 18 and 19 20 | | | |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶ 21 | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- 22 | | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- 23 | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 24 | | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23 25 | | | |
| 26 | Subtract line 25 from line 24 26 | | | |
| 27 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 27 | | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) 28 | | | |
| 29 | Subtract line 28 from line 27 29 | | | |
| 30 | Multiply line 29 by 15% (15) 30 | | | |
| 31 | Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 31 | | | |
| 32 | Add lines 30 and 31 32 | | | |
| 33 | Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 33 | | | |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) 34 | | | |

Schedule D (Form 1041) 2009

Department of the Treasury
Internal Revenue Service

▶ **See instructions for Schedule D (Form 1041).**
▶ **Attach to Schedule D to list additional transactions for lines 1a and 6a.**

OMB No. 1545-0092

2009

MARY'S KITCHEN

33-0592109

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less[illegible]

| | |
|--|--------|
| 1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b | 2,100. |
|--|--------|

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization MARY'S KITCHEN | Employer identification number 33-0592109 |
| | Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 4247 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORANGE, CA 92863-4247 | |

Check type of return to be filed (File a separate application for each return)

| | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **BETTY LACY**
Telephone No. **714 543-0254** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **11/15/2010**.
- 5** For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension **WE RESPECTFULLY REQUEST ADDITIONAL TIME TO PREPARE A COMPLETE AND ACCURATE RETURN.**

| | | |
|--|-----------|-------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ 0. |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **R. KUHN & CO., INC.** Title **CPA** Date **8/10/10**

R. KUHN & CO., INC.
2010 MAIN STREET, SUITE 1080
IRVINE, CA 92614

Form **8868** (Rev. 4-2009)