

# BUCHANAN & COMPANY, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

1616 NORTH FORT MYER DRIVE  
ROSSLYN, VIRGINIA 22209

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

(703) 351-6600  
FAX: (703) 351-6610

MIRIAM'S KITCHEN  
2401 VIRGINIA AVENUE NW  
WASHINGTON, DC 20037

DEAR VINCENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED DECEMBER 31, 2009 FOR:

MIRIAM'S KITCHEN AS FOLLOWS...

2009 990 - AMENDED RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2009 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
2009 SCHEDULE B - SCHEDULE OF CONTRIBUTORS  
2009 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS  
2009 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING  
2009 SCHEDULE J - COMPENSATION INFORMATION  
2009 SCHEDULE M - NONCASH CONTRIBUTIONS  
2009 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

*Buchanan & Company PLLC*

PATRICIA M. TINKELMAN  
BUCHANAN & COMPANY PLLC

INSTRUCTIONS FOR FILING  
MIRIAM'S KITCHEN  
AMENDED FORM 990 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED DECEMBER 31, 2009

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SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2010  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

IF YOU WOULD PREFER, YOU MAY E-MAIL A PDF SCANNED COPY OF YOUR  
SIGNED ELECTRONIC FILING AUTHORIZATION FORMS TO:  
PBUSSIERE@BUCHANAN-CPA.COM

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# 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)

Department of the Treasury  
Internal Revenue Service

▶ 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** , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> MIRIAM'S KITCHEN Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2401 VIRGINIA AVENUE NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037	<b>D Employer identification number</b> 52-1331552 <b>E Telephone number</b> (202) 452-8926 <b>G Gross receipts \$</b> 2,234,279. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.MIRIAMSKITCHEN.ORG	
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶		<b>L Year of formation:</b> <input type="checkbox"/> <b>M State of legal domicile:</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: BREAKFAST AND CASE MANAGEMENT FOR THE HOMELESS		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	20
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,200
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	1,092,415.	1,689,709.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,435.	1,606.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,718.	114,862.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,799.	94,175.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,208,367.	1,900,352.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	605,699.	713,844.
<b>16b</b>	Total fundraising expenses, Part IX, column (D), line 25 ▶ 143,112.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	350,643.	449,418.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	956,342.	1,163,262.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	252,025.	737,090.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	2,027,516.	2,916,057.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	53,601.	92,580.
		1,973,915.	2,823,477.

**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** ▶ | 10-16-2010  
 Signature of officer Date

▶ Vincent Reuver, Director  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Patricia Jewellman</u>	Date 10/14/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00133865
	Firm's name (or yours if self-employed), address, and ZIP + 4 BUCHANAN & COMPANY, PLLC 1616 N FORT MYER DR, # 1400 ROSSLYN, VA 22209	EIN ▶ 53-0040087	Phone no. ▶ 703-351-6600	

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

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** \* Form **990** (2009)

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

A SOCIAL SERVICES ORGANIZATION SERVING HOMELESS INDIVIDUALS WITH CASE MANagements, MEALS, AND THERAPEUTIC SERVICES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 346,578. including grants of \$ ) (Revenue \$ )

THE BREAKFAST PROGRAM PROVIDED HOT, NUTRITIOUS BREAKFASTS FOR THE HOMELESS EACH WEEKDAY MORNING. THERE WERE 52,356 HOMEMADE MEALS SERVED TO MORE THAN 4,000 GUESTS IN 2009 WITH 1,200 VOLUNTEERS CONTINUING TO BE THE DRIVING FORCE.

**4b** (Code: ) (Expenses \$ 302,097. including grants of \$ ) (Revenue \$ )

THE ON-SITE CASE MANAGEMENT PROGRAM IS STAFFED BY TWO DIRECTORS AND SIX CASE MANAGERS. IN 2009, THEY PROVIDED CASE MANAGEMENT SERVICES TO 2,301 GUESTS. THE PROGRAM PROVIDES REFERRALS AND IN-DEPTH INDIVIDUALIZED ASSISTANCE TO OVERCOME HOMELESSNESS BY ASSISTING IN OBTAINING ID'S, TOKENS, PUBLIC BENEFITS, REHAB ASSISTANCE, AND HOUSING.

**4c** (Code: ) (Expenses \$ 111,754. including grants of \$ ) (Revenue \$ 778. )

THE AFTER-BREAKFAST PROGRAM PROVIDES ART THERAPY, VISUAL ARTS & CREATIVE WRITING PROGRAMS. THE PROGRAM HAS GROWN SIGNIFICANTLY IN BOTH THE NUMBER OF WORKSHOPS OFFERED AND THE NUMBER OF PEOPLE SERVED. IN 2004, IT PUBLISHED ITS FOURTH WRITING AND ARTWORK ANTHOLOGY CALLED "BRIGHTENED CANVAS OF THE ENDLESS NIGHT."

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 2  
(Expenses \$ 228,832. including grants of \$ ) (Revenue \$ 828. )

**4e** Total program service expenses ▶ 989,261.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? 4a 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TREASURER 2401 VIRGINIA AVE, NW WASHINGTON, DC 20037 202-452-8926

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DOYLE BOD MEMBER	1.00	X					0.	0.	0.	
VINCENT RENNER TREASURER	1.00	X					0.	0.	0.	
THOMAS RIETANO BOD MEMBER	1.00	X					0.	0.	0.	
ANNELIESA CLUMP ALPRIN BOD MEMBER	1.00	X					0.	0.	0.	
NICOLE LEVINE SECRETARY	1.00	X		X			0.	0.	0.	
JULIE ANN POTTS BOARD CHAIR	1.00	X		X			0.	0.	0.	
COLLINS ROTH BOD MEMBER	1.00	X					0.	0.	0.	
RISA FREEDMAN BOD MEMBER	1.00	X					0.	0.	0.	
JOE KOCHAN BOD MEMBER	1.00	X					0.	0.	0.	
ANNE LARGE BOD MEMBER	1.00	X					0.	0.	0.	
RUTHANNE MILLER BOD MEMBER	1.00	X					0.	0.	0.	
ALAN MUNTER BOD MEMBER	1.00	X					0.	0.	0.	
ROBERT MUSSLEWHITE BOD MEMBER	1.00	X					0.	0.	0.	
ERICA SWANSON BOD MEMBER	1.00	X					0.	0.	0.	
ANNE M. BERTSCH BOD MEMBER	1.00	X					0.	0.	0.	
TOPHER TURNER BOD MEMBER	1.00	X					0.	0.	0.	



**Part VII Statement of Revenue**

52-1331552

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 89,456.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 146,375.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 1,453,878.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,689,709.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> TRANSITIONAL HOUSI		828.	828.		
	<b>b</b> MERCHANDISE SALES		778.	778.		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		1,606.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 3		3,457.			3,457.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b> Royalties . . . . .		0.			
	<b>6a</b> Gross Rents . . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other		399,000.		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			287,595.		
	<b>c</b> Gain or (loss) . . . . .			111,405.		
	<b>d</b> Net gain or (loss) . . . . .			111,405.		111,405.
	<b>8a</b> Gross income from fundraising events (not including \$ 146,375. of contributions reported on line 1c). See Part IV, line 18 . . . . .	ATCH 4		140,507.		
	<b>b</b> Less: direct expenses . . . . .			46,332.		
	<b>c</b> Net income or (loss) from fundraising events . . . . .	ATCH 5		94,175.		94,175.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b> Less: cost of goods sold . . . . .						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			0.			
<b>12</b> <b>Total Revenue.</b> See instructions . . . . .			1,900,352.	1,606.	209,037.	

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**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	90,990.	72,792.	9,099.	9,099.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7	Other salaries and wages . . . . .	531,655.	436,433.	13,417.	81,805.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits . . . . .	46,505.	37,667.	1,861.	6,977.
10	Payroll taxes . . . . .	44,694.	36,501.	1,665.	6,528.
11	Fees for services (non-employees):				
a	Management . . . . .	0.			
b	Legal . . . . .	0.			
c	Accounting . . . . .	12,000.	10,200.	240.	1,560.
d	Lobbying . . . . .	0.			
e	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	27,285.	25,086.	425.	1,774.
12	Advertising and promotion . . . . .	38,312.	16,148.	577.	21,587.
13	Office expenses . . . . .	53,218.	45,529.	1,159.	6,530.
14	Information technology . . . . .	0.			
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	8,686.	8,686.		
17	Travel . . . . .	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . .	0.			
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . .	9,675.	9,400.	275.	
23	Insurance . . . . . <u>ATCH. 6.</u>	53,504.	45,478.	1,070.	6,956.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	<u>FOOD</u> . . . . .	62,511.	62,511.		
b	<u>REPAIRS &amp; MAINTENANCE</u> . . . . .	53,139.	53,139.		
c	<u>CLIENT SUPPORT</u> . . . . .	27,716.	27,716.		
d	<u>PROGRAM SUPPORT</u> . . . . .	52,693.	52,310.	87.	296.
e	<u>CAPITAL EXPENSES</u> . . . . .	50,679.	49,665.	1,014.	
f	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	1,163,262.	989,261.	30,889.	143,112.
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	154,953.	1	41,133.
	2	Savings and temporary cash investments	1,203,297.	2	2,177,689.
	3	Pledges and grants receivable, net	193,602.	3	289,128.
	4	Accounts receivable, net	215,897.	4	275,309.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,409.	9	12,870.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	130,857.		
	10 b	Less: accumulated depreciation	11,709.		
			253,848.	10c	119,148.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	510.	15	780.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,027,516.	16	2,916,057.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	53,201.	17	92,580.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	400.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	53,601.	26	92,580.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,641,201.	27	2,371,834.
	28	Temporarily restricted net assets	332,714.	28	451,643.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	1,973,915.	33	2,823,477.
34	<b>Total liabilities and net assets/fund balances</b>	2,027,516.	34	2,916,057.	

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)

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Name of the organization

MIRIAM'S KITCHEN

Employer identification number

52-1331552

ATTACHMENT 1

## PART VI

## SECTION B, LINE 12C

EACH BOARD MEMBER IS EXPECTED TO COMPLETE AND SIGN AN ANNUAL AFFIRMATION STATEMENT, WHICH COVERS, AMONG OTHER THINGS, BOARD CONFLICT OF INTEREST, IN ACCORDANCE WITH THE LAWS OF THE STATE GOVERNING NOT-FOR-PROFIT ORGANIZATIONS, AND OTHER EXPECTATIONS OF BOARD MEMBERS.

## PART VI

## SECTION B, LINE 15

A TASK FORCE, COMPROMISING THE BOARD CHAIR AND THE CHAIR OF THE GOVERNANCE COMMITTEE, AFTER SEEKING INPUT FROM ALL BOARD MEMBERS AND SELECTED STAFF, SHALL FORMALLY EVALUATE THE EXECUTIVE DIRECTOR ANNUALLY, BASED ON ACHIEVEMENT OF ORGANIZATIONAL GOALS AND ANY OTHER SPECIFIC GOALS THE BOARD AND EXECUTIVE DIRECTOR HAVE AGREED UPON IN ADVANCE, AS WELL AS THE EXECUTIVE DIRECTOR'S OWN WRITTEN SELF-EVALUATION.

## PART III

## LINE 3

MIRIAM'S KITCHEN DECIDED TO CLOSE THE TRANSITIONAL HOUSING PROGRAM IN 2009.

## PART VI

## SECTION B LINE 11

THE ORGANIZATION MAKES THE 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization MIRIAM'S KITCHEN	Employer identification number 52-1331552
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ATTACHMENT 1 (CONT'D)

## PART VI

## SECTION B LINE 19

AFTER PREPARATION BY THE INDEPENDENT AUDITORS, THE 990 IS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND THE MEMBERS OF THE BOARD OF DIRECTR'S FINANCE AND AUDIT COMMITTEE. ANY ERRORS OR CHANGES ARE THEN COMMUNICATED TO THE AUDITORS BEFORE THE 990 IS FILED.

## PART VII

## SECTION A COLUMNS C, E AND F

RETURN IS BEING AMENDED TO CHANGE RESPONSES TO SECTION A AS FOLLOWS:

COLUMN C - FOR ALL BUT EXECUTIVE DIRECTOR, CHECK THE FIRST BOX

"INDIVIDUAL TRUSTEE OR DIRECTOR" AND FOR ALL BUT EXECUTIVE DIRECTOR, TREASURER, SECRETARY AND BOARD CHAIR, UNCHECK THE "OFFICER" BOX.

COLUMNS E AND F - PUT \$0 IN EACH FOR ALL PERSONS LISTED EXCEPT FOR EXECUTIVE DIRECTOR.

ATTACHMENT 2

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TRANSITIONAL HOUSING		78,250.	828.
DINNER PROGRAM		58,874.	
CASE MANAGEMENT (EVENING)		88,236.	
ADVOCACY		3,472.	
TOTALS		<u>228,832.</u>	<u>828.</u>

