

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Momma's, Inc. 1857 Wantagh Avenue Wantagh, NY 11793. D Employer Identification Number 11-2865518. E Telephone number 516/781-8637. F Accounting method: Cash, Accrual.

COPY

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.mommashouse.org

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 771,136.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rents; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Inventory sales; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets or fund balances.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	28,388.	11,355.	12,775.	4,258.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	240,266.	203,921.	25,815.	10,530.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	18,305.	14,668.	2,629.	1,008.
29 Payroll taxes	29	20,553.	16,470.	2,952.	1,131.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,475.		6,475.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	4,936.	3,913.	740.	283.
35 Postage and shipping	35	1,748.	597.	832.	319.
36 Occupancy	36	91,100.	78,914.	8,810.	3,376.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	2,053.	72.	101.	1,880.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	12,282.	12,045.	237.	
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	135,767.	93,158.	25,472.	17,137.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	561,873.	435,113.	86,838.	39,922.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Residential program for young mothers All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Momma's House is a residential program for young mothers and their children, providing a supportive environment for mother-child bonding and pursuit of work or schooling. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	435,113.
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services..... (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	435,113.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non-interest-bearing	252,317.	45	200,584.	
	46	Savings and temporary cash investments	78,983.	46	251,919.	
	47a	Accounts receivable				
		47a				
		b Less: allowance for doubtful accounts				
		47b			47c	
	48a	Pledges receivable				
		48a	74,876.			
		b Less: allowance for doubtful accounts				
		48b	3,875.	96,753.	48c	71,001.
	49	Grants receivable	164,982.	49	183,889.	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
		51a				
		b Less: allowance for doubtful accounts				
		51b			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	2,100.	53	11,152.	
54a	Investments – publicly-traded securities ... Stmt. 5 ... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54a	32,528.	
	b investments – other securities (attach sch.) ... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54b	69,170.	
55a	Investments – land, buildings, & equipment: basis					
	55a					
	b Less: accumulated depreciation (attach schedule)					
	55b			55c		
56	Investments – other (attach schedule)			56		
57a	Land, buildings, and equipment: basis					
	57a	326,795.				
	b Less: accumulated depreciation (attach schedule) ... Statement 6 ...					
	57b	58,013.	263,300.	57c	268,782.	
58	Other assets, including program-related investments (describe ▶ <u>See Statement 7</u>)	14,000.	58	19,500.		
59	Total assets (must equal line 74). Add lines 45 through 58	941,605.	59	1,039,355.		
LIABILITIES	60	Accounts payable and accrued expenses	2,022.	60	5,206.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶ <u>See Statement 8</u>)	44,068.	65	47,818.	
	66	Total liabilities. Add lines 60 through 65	46,090.	66	53,024.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	549,744.	67	676,397.	
	68	Temporarily restricted	345,771.	68	309,934.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	895,515.	73	986,331.	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	941,605.	74	1,039,355.	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

Momma's, Inc.

11-2865518

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000		0		

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		0

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		0

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	653,189.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	b1	-8,999.
	2 Donated services and use of facilities.....	b2	
	3 Recoveries of prior year grants.....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4.....	b	-8,999.
c	Subtract line b from line a.....	c	662,188.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2.....	d	
e	Total revenue (Part I, line 12). Add lines c and d.....	e	662,188.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....	a	561,873.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	b1	
	2 Prior year adjustments reported on Part I, line 20.....	b2	
	3 Losses reported on Part I, line 20.....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4.....	b	
c	Subtract line b from line a.....	c	561,873.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2.....	d	
e	Total expenses (Part I, line 17). Add lines c and d.....	e	561,873.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 9		28,388.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....	82 b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	84 b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members.....	85 c	N/A
d	Section 162(e) lobbying and political expenditures.....	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	85 h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.....	86 b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	87 b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....	88 a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....	88 b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(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,' attach a statement explaining each transaction.....	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....	89 e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....	89 f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....	89 g	X
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....	90 b	10
91 a	The books are in care of ▶ Pat Fitzgerald Telephone number ▶ 516/781-8637 Located at ▶ 3402 Park Avenue, Wantagh, NY ZIP + 4 ▶ 11793		
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)?.....	91 b	X
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.			