990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For t	he 2	2017 calend	lar year, or tax year begin	ning	, 2017, and en	ding		, 20
В	Check	if app	plicable:	C Name of organization Momma	a's, Inc			D E	Employer identification no.
	Addres	ss cha	ange	Doing business as				11	-2865518
	Name	chang	ge	Number and street (or P.O. box	(if mail is not delivered to street address)		Room/suite	ΕT	Telephone number
	Initial r	return		1857 Wantagh Av	renue			(5	16)781-8637
	Final r	eturn/	/terminated	City or town, state or province,	country, and ZIP or foreign postal code			G	Gross receipts
	Amend	ded re	eturn	Wantagh, NY 117	93			\$	795,146
	Applica	ation	pending	F Name and address of principal	officer: Patricia Shea		H(a) Is this a group	return for subo	ordinates? Yes X No
				1857 Wantagh Av	enue, Wantagh, NY 1179	93	H(b) Are all subor	dinates incl	luded? Yes No
ı	Tax-ex	kempt	t status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," a	ttach a list.	(see instructions)
J	Websi	ite: 🕨	► www	v.mommashouse.org			H(c) Group exer	nption numl	ber ►
K	Form o	of orga	anization: X	Corporation Trust Asso	ociation Other ►	L Year of formation: 19	986 M State	of legal don	micile: NY
Pa	art I		Summar	у		<u>.</u>			
	1	l E	Briefly descr	ribe the organization's missi	on or most significant activities:	Momma's Inc is a	residentia	al pro	gram for
_		3	young mo	thers and their c	hildren, with a goal o	f self sufficien	cy. In addi	tion,	Momma's
Activities & Governance		_			ildren while				
rna		_		k permanent housi:					
o ve	2	2 (Check this b	ox ▶ ☐ if the organization	discontinued its operations or disp	osed of more than 25% o	f its net assets.		
Ŏ	3	3 1	Number of v	oting members of the gover	rning body (Part VI, line 1a)			3	11
ŝ	4	1 N	Number of ir	ndependent voting members	s of the governing body (Part VI, lir	ne 1b)		4	11
itie	5	5 7	Total numbe	er of individuals employed in	calendar year 2017 (Part V, line 2	a)		5	23
Ę	6	3 T	Total numbe	er of volunteers (estimate if r	necessary)			6	
٩	7	7a 1	Total unrelat	ted business revenue from F	Part VIII, column (C), line 12			7a	0
		b N	Net unrelate	ed business taxable income	from Form 990-T, line 34			7b	0
							Prior Year		Current Year
	8	3 (Contributions	s and grants (Part VIII, line	1h)		624	,938	649,633
e	9) F	Program ser	rvice revenue (Part VIII, line	2g)				0
Revenue	10	0 li	nvestment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)		2	,452	1,567
Re	11	1 (Other revenu	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e) .		90	,150	103,610
	12	2 1	Total revenu	ie - add lines 8 through 11 (r	must equal Part VIII, column (A), lir	ne 12)	717	,540	754,810
	13	3 (Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)				0
	14	4 E	Benefits paid	d to or for members (Part IX			0		
	15	5 8	Salaries, oth	ner compensation, employee	482,19		482,876		
Expenses	16	6a F	Professional	I fundraising fees (Part IX, c	column (A), line 11e)				0
ben		b 1	Total fundrai	ising expenses (Part IX, col	umn (D), line 25) ▶	32,134			
$\bar{\Sigma}$	17				es 11a-11d, 11f-24e)		296	,507	329,407
	18				equal Part IX, column (A), line 25)		778	,697	812,283
	19	9 F	Revenue les	s expenses. Subtract line 1	18 from line 12		(61	,157)	(57,473)
5	ses					E	Beginning of Current	Year	End of Year
Net Assets or	ğ 20	0 7	Total assets	(Part X, line 16)			1,012	,101	955,942
t As	21	1 1	Total liabilitie	es (Part X, line 26)			14	,572	10,211
$\overline{}$			Net assets o	or fund balances. Subtract I	line 21 from line 20		997	,529	945,731
Pa	art II		Signatu	ire Block					
					n, including accompanying schedules and sta cer) is based on all information of which prepara-		nowledge and belief, it	is	
	,			((,				
٥.			—	icia Shea					
Sig	gn		Signatur	re of officer				Date	
He	re			icia Shea, Execut	ive Director				
			Type or	print name and title					
			Print/Type pre	eparer's name	Preparer's signature	Date	Check	if PTIN	ļ
Pa			Stewart	Gelman		06-05-2018	self-employe	d E	201367700
	epar		Firm's name	▶ Stewart	Gelman & Associates CP	As PC	Firm's EIN ▶		
Us	e Or	nly	Firm's addres	ss ► 369 E Ma.	in Street Suite 8		Phone no.		
					ip NY 11730		63	31-224	
May	y the I	IRS	discuss this	retum with the preparer sho	own above? (see instructions) .				🛚 Yes 🗌 No

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
,	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- 3		21
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			- 21
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		- 21
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			21
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	ı ıa	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
Lu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
о 4а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-4		- 21
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Λ
3	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
2		15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		7.7
7			i	Χ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
7 8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7	
		18	Х	

Form 990 (2017) Momma's, Inc Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	Yes	N
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Σ
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Σ
3	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? If "Yes," complete Schedule J	23		Σ
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
а				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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?			
	If "Yes," complete Schedule L, Part I	25b		-
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
		21		
	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):	00-		١.
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
;	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		
		24		
	or IV, and Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
				1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 36		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
a b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			3
o	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		

Part V

17) Momma's, Inc Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2 a	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 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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 (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.7
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	<u> </u>			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Governing Body and Management
Check if Schedule O contains a response or note to any line in this Part VI
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			I
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who 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?	2		Х
3	any other officer, director, trustee, or key employee?			Λ
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	7.7	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York Out to 9404 and 1000 T (Out time 504(4)(0)) and 1000 T (Out time 504(4)(
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Patricia Shea (516)781-8637, 1857 Wantagh Avenue, Wantagh, NY 11793			

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

Check if Schedule O contains a response or note to any line in this Part VII 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.
- 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, if any. 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 neither the organization nor any relate	ed organizatio	n com	oens	ated	l an	y curre	nt of	ficer, director, or tr	ustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unle: er an	Pos eck m ss per d a di	rson	than one is both ar or/trustee)		(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
(1) Hilary Becker Director	6.00	X		Х				(0	0
(2) Mary McCaffrey Vice President	10.00	X		X						0
(3) Pat Fitzgerald Treasurer	20.00	X		X						0
(4) Rhonda Nelson Secretary	2.00	Х						0	0	0
(5) Joseph Bottner, MD Director	2.00	Х						0		0
(6) Patricia Pryor-Bonica CPA CLE Director	2.00	Х						(0	0
(7) Joan Durso-Serra Director	5.00	Х						(0	0
(8) Phil Savarese President	2.00	Х						C	0	0
(9) Gail Powers Director	2.00	Х						C	0	0
(10)Narousse Remy Director	2.00	Х						C	0	0
(11)Daniel Sweeney	2.00	Х						C	0	0
(12)Patricia Shea Executive Director (13)				Х				38,838	0	0
(14)										

Section A.

Part	VII Section A. Officers, Directors, Trustees,	stees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week (list any					both an		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount of other spensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	f org ar	rom the ganization Id related anizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
<u>(22)</u>												
<u>(23)</u> _												
(24)												
(25)												
С	Sub-total	nA						>				
d 2	Total (add lines 1b and 1c)								38,838 e than \$100,000 of			0
	reportable compensation from the organization			,						0		
3	Did the organization list any former officer, director	r, or trustee,	key en	nploy	/ee,	or h	nighes	st co	mpensated			Yes No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of repo										3	X
4	organization and related organizations greater than											
_	individual				٠.						4	X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If</i> "Yes,"			-			_		ion or individual		5	X
Section	on B. Independent Contractors			7 0 10		₁	50.00					
1	Complete this table for your five highest compensated compensation from the organization. Report compenyear.											
	(A) Name and business address								(B) Description of	services		(C) pensation
	reante and pushiess address								Description 01		CONT	JOHOUNDH
2	Total number of independent contractors (including larceived more than \$100,000 of compensation from			ose li	istec	l ab	ove) v	who				

11-2865518

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or no	ote to any line in this	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			10101100		5.2 5.1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
عيق آح	C	Fundraising events	1c					
fts, r Aı	d	Related organizations	1d					
<u>∃</u> .6	e	Government grants (contributions)	1e	344,289				
ons Sir	f	All other contributions, gifts, grants,	16	344,209				
buti the	'	and similar amounts not included above	1f	305,344				
d dri	_	Noncash contributions included in lines 1a-		-				
ತಿ ಕ	g			49,343	640, 633			
	h	Total. Add lines 1a-1f			649,633			
<u>o</u>				Business Code				
/en	2a							
Program Service Revenue	b							
Z ice	C .							
Se	d							
gran	e							
P.		All other program service revenue						
	g	Total. Add lines 2a-2f	• • •	• • • • • •				
	3	Investment income (including dividends, interand other similar amounts)		•	1,567			1,567
	4	Income from investment of tax-exempt bond	-	1,507			1,307	
	5	Royalties	•					
		(i) Real		(ii) Personal				
	62	Gross rents		(II) Fersonal				
		Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less: cost or other basis						
	_	and sales expenses Gain or (loss)						
	l	Net gain or (loss)						
Φ		Gross income from fundraising						
enne	oa	events (not including \$						
		of contributions reported on line 1c).						
Other Rev			•	143 046				
粪		See Part IV, line 18		143,946				
O		Less: direct expenses		40,336	102 610			102 610
		Net income or (loss) from fundraising event	٠.		103,610			103,610
	9a	Gross income from gaming activities.	_					
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities	• •					
	10a	Gross sales of inventory, less returns and allowances	. a					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory	·	▶				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions	<u></u> .	<u></u> . ▶ 「	754,810	C		105,177

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 20,623 38,838 11,884 6,331 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 379,177 315,519 51,601 12,057 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 32,924 25,681 5,597 1,646 10 1,597 31,937 24,911 5,429 11 Fees for services (non-employees): b Legal...... 7,145 7,145 d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 535 535 13 6,235 5,611 624 14 15 16 91,050 127,050 32,400 3,600 17 7,402 5,885 1,517 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,040 165 875 20 21 22 Depreciation, depletion, and amortization 9,210 9,210 23 Insurance 19,823 17,599 2,224 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Utilities 31,752 785 39,600 7,063 b Food Expense 34,299 34,299 c Supplies 19,033 19,033 d Repair and Maintenance 22,195 21,071 1,124 All other expenses 35,840 22,381 7,965 5,494 Total functional expenses. Add lines 1 through 24e 25 812,283 630,440 149,709 32,134 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if

following SOP 98-2 (ASC 958-720)

Form 990 (2017) Momma's, Inc 11-2865518 Page 11

Part X Balance Sheet

Pari		Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	267,319	1	112,366
	2	Savings and temporary cash investments	337,497	2	121,340
	3	Pledges and grants receivable, net	86,381	3	86,264
	4	Accounts receivable, net	62,364	4	115,080
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 638,715			
	b	Less: accumulated depreciation	191,420	10c	475,097
	11	Investments - publicly traded securities	29,120	11	34,795
	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	38,000	15	11,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,012,101	16	955,942
	17	Accounts payable and accrued expenses	8,618	17	5,067
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
i I		trustees, key employees, highest compensated employees, and		00	
Lia	-00	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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	F 054	25	F 144
	26	Total liabilities. Add lines 17 through 25	5,954	25 26	5,144
	20		14,572	20	10,211
		Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	756,822	27	746,281
ılan	28	Temporarily restricted net assets	240,707	28	199,450
B	29	Permanently restricted net assets	270,/0/	29	199,430
<u>n</u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
F.		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	007 530	33	0/5 721
	34	Total liabilities and net assets/fund balances	997,529	34	945,731
	34	i otal liabilities allu liet assets/fullu balarices	1,012,101	J4	955,942

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 3 Revenue less expenses. Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 5 5 Net unrealized gains (losses) on investments 5 5 Net unrealized gains (losses) on investments 6 Charled Services and use of facilities 6 6 7 Investment expenses 7 7 8 7 7 7 7 7 7 7	18	Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12)			
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 No bounded services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis. Consolidated basis Both consolidated and separate basis 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.			
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Begin at the part of the part of the year were audited on a separate basis. Consolidated basis, or both: Begin Separate basis Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Begin Separate basis Consolidated basis Both consolidated and separate basis 6 Were the organization's financial statements and selection of an independent accountant? 1 "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? 1 If the organization changed either its oversight process or selection process during the tax year, explain	7	754,8	310
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Net or period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis	8	312,2	283
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Debt consolidated and separate basis 5 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both:		(57,4	173)
6 Donated services and use of facilities	9	997,5	529
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Beparate basis Consolidated basis, or both: Separate basis Consolidated basis below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consoli		5,6	575
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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.			
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Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	9	945,7	731
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash			
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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.	. 2b	Х	
Separate basis Consolidated basis Both consolidated and separate basis 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.			
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.			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
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.	. 2c	Х	
Schedule O.			
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?	. 3a		Х
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	. 3b		

EEA

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Momma's, Inc 11-2865518 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total Schedule A (Form 990 or 990-EZ) 2017 Momma's, Inc 11-2865518 Page 2

Part II Support Sch

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1 7		· •	•	,					
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	539,908	650,033	688,903	624,938	649,633	3,153,415				
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	539,908	650,033	688,903	624,938	649,633	3,153,415				
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)						229,105				
6	Public support. Subtract line 5 from line 4						2,924,310				
Sec	tion B. Total Support			-							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	539,908	650,033	688,903	624,938	649,633	3,153,415				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,414			2,452		10,711				
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 VI.)										
11	Total support. Add lines 7 through 10 .						3,164,126				
12	Gross receipts from related activities, etc. (s	see instructions)				12					
13	First five years. If the Form 990 is for the organization, check this box and stop here	• <u></u>		rth, or fifth tax year	as a section 501(c)(3)	▶□				
Sec	tion C. Computation of Public Su	•									
14	Public support percentage for 2017 (line 6, o						92.42 %				
15	Public support percentage from 2016 Scheo					1	94.27 %				
16a	33 1/3% support test - 2017. If the organization										
	box and stop here. The organization qualit						▶ 🗓				
b	33 1/3% support test - 2016. If the organiz										
	this box and stop here. The organization of						▶ ⊔				
17a	10%-facts-and-circumstances test - 201	_									
	10% or more, and if the organization meets										
	Part VI how the organization meets the "fac										
b	organization	6. If the organization	on did not check a l	box on line 13, 16a	a, 16b, or 17a, and		▶ ⊔				
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization mee supported organization						▶ □				
18	Private foundation. If the organization did						, —				
	instructions						▶ 📙				

Schedule A (Form 990 or 990-EZ) 2017 Momma's, Inc 11-2865518 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			<u>'</u>	-	_	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su				· · ·		<u> </u>
15	Public support percentage for 2017 (line 8, co	olumn (f) divided l	by line 13, column (f))		. 15	%
16	Public support percentage from 2016 Schedu	ıle A, Part III, line	15			. 16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line			column (f))		. 17	%
18	Investment income percentage from 2016 S		•	.,,			%
19a	33 1/3% support tests - 2017. If the organia 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2016. If the organizline 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ 🗌

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	2-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
(Fo	rm 990	or 990-F	7) 2017

Schedule A (Form 990 or 990-EZ) 2017 11-2865518 Page 5 Momma's, Inc Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3a

Page 6 Momma's, Inc 11-2865518

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations	
1 Check here if the organization satisfied the Integral Part Te			
instructions. All other Type III non-functionally integrated	supporting organization	ns must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production of	or		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruc	ctions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for	greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3	3) 5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Colu	ımn A) 1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, C	olumn A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless sub	ect to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as	a non-functionally-inted	rated Type III supportin	g organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017 Momma's, Inc 11-28

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 11-2865518

	tion D - Distributions	J Supporting Organia	zations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exem	Current rear		
	Amounts paid to supported organizations to accomplish exem Amounts paid to perform activity that directly furthers exempt			
2		purposes or supported		
2	organizations, in excess of income from activity	of augmented argenizati	long	
	Administrative expenses paid to accomplish exempt purposes	s or supported organizati	OHS	
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	·			
	5	organization is recognic	ivo	
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
_	(provide details in Part VI). See instructions.			
	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	(:::)
5	Section E - Distribution Allocations (see instructions)	(iii) Distributable		
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а	·			
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	, . ,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Name of the organization

Momma's, Inc

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

11-2865518

Organization type (check one):							
Filers	of:	Section:					
Form 990 or 990-EZ		∑ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	990-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
instruct	tions.						
Genera	al Rule						
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.					
Specia	al Rules						
X	regulations under section 13, 16a, or 16b, and that	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the is 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during the ye	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	contributor, during the ye contributions totaled more during the year for an ex General Rule applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions uring the year					
	=	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Momma's, Inc

11-2865518

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 1 Newsday Pavroll Noncash 25,000 1857 Wantagh Ave (Complete Part II for noncash contributions.) Wantagh, NY 11793 (d) (a) (c) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 Maternity & Early Childhood Foundat Payroll Noncash 27,650 1857 Wantagh Ave (Complete Part II for Wantagh, NY 11793 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 3 Person X Pavroll Noncash 1857 Wantagh Ave 44,903 (Complete Part II for Wantagh, NY 11793 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 4 Nassau County Bar Association Pavroll Noncash 1857 Wantagh Ave 15,000 (Complete Part II for noncash contributions.) Wantagh, NY 11793 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 5 Silvian Foundation **Payroll** Noncash 20,000 1857 Wantagh Ave (Complete Part II for Wantagh, NY 11793 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X 6 Bank of America **Payroll** \$ Noncash 1857 Wantagh Ave 22,000 (Complete Part II for noncash contributions.) Wantagh, NY 11793

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Name	of the organization	Employer identification number
Mor	mma's, Inc	11-2865518
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
-	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	v important land area
	Protection of natural habitat Preservation of a certified h	'
	Preservation of open space	notorio di dotare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	eservation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	. 20
u	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3		iization duning the
4	tax year ► Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	∏ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
U	Stall and volunteer flours devoted to monitoring, inspecting, flanding of violations, and enforcing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	coments during the year
7	Amount or expenses incurred in monitoring, inspecting, nariding or violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(D\/;\
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	hor Similar Assots
·u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner ommar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as	nd halance sheet
·u	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
D	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
		introduce of
	public service, provide the following amounts relating to these items: (i) Powerus included an Form 999 Part VIII line 1	► ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide trie
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► Φ
a h	Revenue included on Form 990, Part VIII, line 1	
n		P 3

Sched	le D (Form 990) 2017 Momma's, Inc				11-28655	18	Page 2
	t III Organizations Maintaining	Collections of A	rt. Historical Tre	easures, or Otl			
3	Using the organization's acquisition, accession			•		10 (00//////	<u>uou, </u>
•	collection items (check all that apply):	i, and other records, or	rook any or the renew	ing that are a eight	cark doo or no		
а	Public exhibition	d □ Loa	n or exchange progra	ams			
b	Scholarly research	e Othe					
C	Preservation for future generations	-					
4	Provide a description of the organization's coll	ections and explain ho	w they further the ord	anization's exempt	purpose in Part		
	XIII.		,	,	F		
5	During the year, did the organization solicit or	receive donations of ar	t, historical treasures	, or other similar			
	assets to be sold to raise funds rather than to					. Yes	☐ No
Pai	t IV Escrow and Custodial Arrar		<u> </u>				
	Complete if the organization a 990, Part X, line 21.	answered "Yes" or	n Form 990, Part	IV, line 9, or re	ported an amoun	t on Form	
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or ot	her assets not			
						. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	ing table:				
					Amo	unt	
С	Beginning balance				lc		
d	• ,				ld		
е	Distributions during the year				le		
f	Ending balance				lf		
2a	Did the organization include an amount on For			•			$\overline{}$
Pai	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds.	Sheck here if the expla	nation has been prov	rided on Part XIII			<u>. </u>
Fai	Complete if the organization a	newored "Vec" or	Eorm 000 Part	IV lino 10			
	Complete if the organization a				(d) Three years head	(2) [2017.1200	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	S DACK
ıa h	Contributions						
C	Net investment earnings, gains, and						
Ŭ	losses						
Ь	Grants or scholarships						
e	Other expenditures for facilities and	•					
_	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current		ne 1g, column (a)) he	ld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment > 9	,					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.					
3a	Are there endowment funds not in the posses	sion of the organization	n that are held and ad	lministered for the			
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	
	,,					3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations	listed as required on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		nent funds.				
Pai	t VI Land, Buildings, and Equip			n.,			_
	Complete if the organization a	newardd "Vae" or	n Form alan Part	11/ lina 11a C/	aa Larm aan Dar	t X 1100 11	/ 1

	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings		552,744	87,251	465,493
С	Leasehold improvements		61,698	52,755	8,943
d	Equipment		10,919	10,919	
e	OtherSTMD1E		13,354	12,693	661
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		475,097

Schedule D (Form	990) 2017	Momma's,	Inc	11-2865518	Page 3
Part VII	Investments - 0	Other Securiti	es.		
	Complete if the	organization a	nswered "Y	es" on Form 990, Part IV, line 11b, See Form 990, Part X, line	e 12.

	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation	ue
(1) Financial	derivatives		-	
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1)			Cook of Orid of your market value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, F	art X, line 15.
		Description		(b) Book value
(1) Secur	rity Deposit			11,00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
-	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		11,00
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value	_	
	income taxes			
	lent Saving and Security Payabl	5,144		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (h	n) must equal Form 990, Part X, col. (B) line 25.)	5,144		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	760,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	5,675
3	Subtract line 2e from line 1	3	754,810
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	754,810
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	812,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	812,283
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	40	
с 5	Add lines 4a and 4b	4c 5	812,283
	rt XIII Supplemental Information.	J	012,203
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 4; Part IV, lines 1b and 2b; Part IV, lines 1	rt Y line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	it A, iii le	
_,	art XI, into 20 and 45, and 1 art XII, into 20 and 45. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2017

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Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest instructions.

Inspection

ante of the organization					Linployer idei	itilication number
Iomma's, Inc					11-28	
Part I Fundraising Activities		_		swered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	•	•	•			
1 Indicate whether the organization rais	sed funds through	_	_			
a Mail solicitations		е 🗌	Solicitation of	of non-government gra	ants	
b Internet and email solicitations		f 🗌	Solicitation of	of government grants		
c Phone solicitations		g 🗌	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written o	r oral agreement	with any indiv	idual (includ	ing officers, directors,	trustees,	
or key employees listed in Form 990,						es No
b If "Yes," list the 10 highest paid indivi				_		_
compensated at least \$5,000 by the		anaraiooro, i	parodant to a	groomonio andor wiii	on the fanalation to to be	,
compensated at least 40,000 by the	ngariization.					
	1				(v) Amount paid to	
(i) Name and address of individual	400 A 41 11		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
					col. (i)	3
		Yes	No			
1						
2						
3						
4						
5						
_						
6						
7						
ı						
•						
8						
_	<u> </u>					
9						
0						
otal			•			
3 List all states in which the organization	n is registered or l	icensed to so	olicit contribu	tions or has been noti	fied it is exempt from	
registration or licensing.						

Part II

		than \$15,000 of fundraising gross receipts greater than	\$5,000.			
			(a) Event #1 Dinner Dance	(b) Event #2 Hubert House	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	103,753	14,709	6,740	125,202
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	103,753	14,709	6,740	125,202
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	13,675			13,675
Direct Expenses	7	Food and beverages				
ij	8	Entertainment	1,895			1,895
	9	Other direct expenses	1,448			1,448
	10	Direct expense summary. Add lines	• ,			17,018
	11	Net income summary. Subtract line				108,184
Pè	art I	II Gaming. Complete if the o	organization answered	res on Form 990, Part	iv, line 19, or reported	more
		than \$15,000 on Form 990)-EZ. line 6a.		, , ,	
enne		than \$15,000 on Form 990	e-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				· ·	(d) Total gaming (add
Revenue	1	than \$15,000 on Form 990			· ·	(d) Total gaming (add
_	1 2				· ·	(d) Total gaming (add
_		Gross revenue			· ·	(d) Total gaming (add
Direct Expenses Revenue	2	Gross revenue			· ·	(d) Total gaming (add
rect Expenses	2	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
rect Expenses	3 4	Gross revenue			· ·	(d) Total gaming (add
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No	bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	(c) Other gaming Yes% No	(d) Total gaming (add
rect Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, column (d)	bingo/progressive bingo Yes % No mn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 Err	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Erra Is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Erra Is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	(c) Other gaming Yes% No tax year?	(d) Total gaming (add col. (a) through col. (c))

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number

Momma's, Inc 11-2865518 Part I Types of Property

		(a) Check if	(b) Number of contributions or	Noncash contribution	Method of	d) detern	ninina	
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contr		_	ınts
1	Art - Works of art	аррисавіс	nome continuated	Tomicoc, rair viii, iiio ig	Tiorioadii dona	ibation	ramou	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(Auction Asset)	х	20	17,343				
26	Other ►(Baby Supplies)	х	100	19,000				
27	Other ►(Food)	х	50	13,000				
28	Other ►()							
29	Number of Forms 8283 received by	-	- · · · · · · · · · · · · · · · · · · ·					
	which the organization completed F	Form 8283, Pa	rt IV, Donee Acknowledgemer	it	29			
							Yes	No
30a	During the year, did the organizatio	-						
	28, that it must hold for at least thre	-						
	to be used for exempt purposes for		ding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a							
	contributions?					31		_X_
32a	Does the organization hire or use the	•	ŭ	•				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	amount in colu	mn (c) for a type of property for	r which column (a) is checked,				
	describe in Part II.							

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-2865518 Momma's, Inc

01. Form 990 governing body review (Part VI, line 11)
The draft Form 990 was emailed to the board for comments and questions. Any open questions
were resolved before the return was filed.
were resolved before the return was rried.
02. Conflict of interest policy compliance (Part VI, line 12c)
According to our By-Laws, Article VIII, Section 8.1: "The board should avoid and act upson
confilct of interest. A conflict of interest exists: 1) When a matter to be acted upon by
the Board confers a direct benefit to any director, business or agency from which a
director of the Board derives an income or has authority in management or governance: 2)
when an individial member states that his or her ability to act on the matter before the
Board in the best, good faith fiduciary interest in the Corporation is compromised; or 3)
when the majority of the Board of Directors at a duly convened meeting, as expressed in a
vote, states that the individual's abilty, or perceived ability, to act on the matter in
the best good faith fiduciary interest of the Corporation is compromised."
03. CEO, executive director, top management comp (Part VI, line 15a)
All compensation is approved by the board of directors as part of the budget process.
All compensation is approved by the board of directors as part of the budget process.
OA Garannian danumenta ata ancilable to mublic (Dant VIII line 10)
04. Governing documents, etc, available to public (Part VI, line 19)
The financial statements are available through Momma's website and NYS Charities
Registration. The governance documents are available to anyone who requests them.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return FORM 990 - 1 11-2865518 Momma's, Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 9,030 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property 5,400 180 15 HY SLe 15-year property 20-year property 25 yrs. S/L 25-year property S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/I Nonresidential real 39 yrs. MM S/L MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 9,210 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the

23

Federal Supporting Statements	Book Depr Value 12,693 661
Form 990 - Schedule D - Part VI - Line Investments - Other Cost/basis of Investment Curnitture and fixtures Cost/basis Cost/basis Cost/basis Cother) Curnitture and fixtures	11-2865518 1e statement #D1e Book Depr Value 12,693 661
Form 990 - Schedule D - Part VI - Line Investments - Other Cost/basis of Investment (Investment) (Other) (Unitture and fixtures) Output (Other) (Other) (Other)	le statement #D1e Book Depr Value 12,693 661
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of Investment (Investment) (Other) furnitture and fixtures013,354	Depr Value 12,693 661
Furnitture and fixtures 0 13,354	12,693 661
	<u>12,693</u> <u>661</u>