

COOPER GRACI & COMPANY, P.C.  
4210 SPICEWOOD SPRINGS ROAD, SUITE 108  
AUSTIN, TX 78759-8653  
(512) 346-1880

NOVEMBER 20, 2003

MR. ALAN GRAHAM  
MOBILE LOAVES & FISHES, INC.  
903 SOUTH CAPITAL OF TEXAS HIGHWAY  
AUSTIN, TX 78746

DEAR ALAN:

ENCLOSED IS THE ORGANIZATION'S 2002 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN  
FILING THE RETURN.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED  
RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

COOPER GRACI & COMPANY, P.C.

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year period beginning and ending**

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

**C Name of organization**  
**MOBILE LOAVES & FISHES, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**903 SOUTH CAPITAL OF TEXAS HIGHWAY**  
 City or town, state or country, and ZIP + 4  
**AUSTIN, TX 78746**

**D Employer identification number**  
**74-2956081**

**E Telephone number**  
**(512) 328-7299**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ **WWW.MOBILELOAVESANDFISHES.ORG**

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

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **414,302.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN ▶

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	389,168.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>384,168.</b> noncash \$ <b>5,000.</b> )	1d		389,168.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		134.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ )	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		8a		25,000.	
		8b		36,952.	
		8c		-11,952.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	-11,952.	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <b>18,221.</b> of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		377,350.	
Expenses	13	Program services (from line 44, column (B))	13	248,720.	
	14	Management and general (from line 44, column (C))	14	63,557.	
	15	Fundraising (from line 44, column (D))	15	20,806.	
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	333,083.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	44,267.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	144,471.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	188,738.	



**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	31,824.	46 57,244.
	47 a Accounts receivable .....	47a	
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a	
	b Less: allowance for doubtful accounts .....	48b	48c
	49 Grants receivable .....	2,000.	49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	7,142.	53 10,387.
	54 Investments - securities .....	Cost <input type="checkbox"/> FMV <input type="checkbox"/>	54
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis .....	57a 189,219.		
b Less: accumulated depreciation <b>STMT 7</b> .....	57b 48,745.	57c	
58 Other assets (describe <b>SEE STATEMENT 8</b> ) .....	1,119.	58 50.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	155,374.	59 208,155.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	9,419.	60 19,410.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> ) .....	1,484.	65 7.
66 <b>Total liabilities</b> (add lines 60 through 65) .....	10,903.	66 19,417.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	143,401.	67 171,311.
	68 Temporarily restricted .....	1,070.	68 17,427.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	144,471.	73 188,738.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	155,374.	74 208,155.	

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



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="radio"/> exempt or <input type="radio"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a   0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b   N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c   N/A		
d	Section 162(e) lobbying and political expenditures 85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b   N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a   N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b   N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   0.; section 4912   0.; section 4955   0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2002	90b	3
91	The books are in care of ALAN GRAHAM Telephone no. (512) 328-7299		
	Located at 903 SOUTH CAPITAL OF TEXAS HIGHWAY, AUSTIN, TX ZIP + 4 78746		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...					134.
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....			01	-11,952.	
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		-11,952.	134.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					-11,818.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

<b>Line No.</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	LINE 105 - TOTAL INCOME GENERATED IS PLACED IN UNRESTRICTED NET ASSETS AND WILL BE ALLOCATED TO PROGRAM ACTIVITIES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **COOPER GRACI & COMPANY, P.C.** Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **4210 SPICEWOOD SPRINGS ROAD, SUITE 108**  
**AUSTIN, TX 78759-8653** EIN \_\_\_\_\_  
 Phone no. **(512) 346-1880**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2002**

Name of the organization

**MOBILE LOAVES & FISHES, INC.**

Employer identification number

**74 2956081**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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



**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		X
e	Transfer of any part of its income or assets? .....		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) .....		X
4	Do you have a section 403(b) annuity plan for your employees? .....		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	182,824.	221,369.			404,193.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	965.	372.			1,337.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	183,789.	221,741.	0.	0.	405,530.
<b>24</b> Line 23 minus line 17	183,789.	221,741.			405,530.
<b>25</b> Enter 1% of line 23	1,838.	2,217.			

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	▶	<b>26b</b>	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	<b>26c</b>	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	N/A
e Public support (line 26c minus line 26d total)	▶	<b>26e</b>	N/A
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	▶	<b>26f</b>	N/A %

<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) 0. (2000) 0. (1999) 0. (1998) 0.			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) 0. (2000) 0. (1999) 0. (1998) 0.			
c Add: Amounts from column (e) for lines: 15 404,193. 16 _____ 17 _____ 20 _____ 21 _____	▶	<b>27c</b>	404,193.
d Add: Line 27a total 0. and line 27b total 0.	▶	<b>27d</b>	0.
e Public support (line 27c total minus line 27d total)	▶	<b>27e</b>	404,193.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	<b>27f</b>	405,530.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	▶	<b>27g</b>	99.6703%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	▶	<b>27h</b>	.3297%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V**

**Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) **N/A**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2002**

Name of organization

MOBILE LOAVES & FISHES, INC.

Employer identification number

74-2956081

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 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization <b>MOBILE LOAVES &amp; FISHES, INC.</b>	Employer identification number <b>74-2956081</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRUCE & REGAN AGNESS 105 BILLINGS LANE AUSTIN, TX 78733	\$ 5,586.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
2	STEPHEN & ALISON DEHAN 3700 WINDING CREEK DR. AUSTIN, TX 78735	\$ 10,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
3	DLM FOUNDATION P.O. BOX 163832 AUSTIN, TX 78716	\$ 25,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
4	FORESIGHT FOUNDATION 2404 MARLANDWOOD ROAD TEMPLE, TX 76502	\$ 25,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
5	JOE GRIFFITH 19 COUNTRY LAKE DRIVE CARROLLTON, TX 75006	\$ 6,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
6	THE HILLS FITNESS CENTER 4615 BEE CAVES ROAD AUSTIN, TX 78746	\$ 5,330.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>MOBILE LOAVES &amp; FISHES, INC.</b>	Employer identification number <b>74-2956081</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KNIGHTS OF COLUMBUS 101 WESTLAKE DR. AUSTIN, TX 78746	\$ 17,796.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
8	THE LIFE FOUNDATION (BRIAN FOLLETT) 5600 CRAGGY PT. AUSTIN, TX 78731	\$ 45,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
9	SOUTHWESTERN BELL TELEPHONE 6300 BRIDGE POINT PKWY AUSTIN, TX 78730	\$ 5,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
10	WILLIAM & ANNETTE PAAPE 1110 KENNAN AUSTIN, TX 78746	\$ 11,455.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
11	LORY & ROGELIO PINEIRO 5700 SEDGEFIELD AUSTIN, TX 78746	\$ 5,850.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)
12	THE RALPH & EILEEN SWETT FOUNDATION 1114 LOST CREEK BLVD #200 AUSTIN, TX 78746	\$ 25,000.	Person <input checked="" type="radio"/> Payroll <input type="radio"/> Noncash <input type="radio"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>MOBILE LOAVES &amp; FISHES, INC.</b>	Employer identification number <b>74-2956081</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RICHARD & DEBORAH WITEK 4110 SIX BUNNY RUN AUSTIN, TX 78746	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ST. JOHN NEUMANN CATHOLIC CHURCH 101 WESTLAKE DR. AUSTIN, TX 78746	\$ 9,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	ST. THOMAS MORE CHURCH 10205 RANCH ROAD 620 NORTH AUSTIN, TX 78726	\$ 6,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>MOBILE LOAVES &amp; FISHES, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>74-2956081</b>
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**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses .....	<b>1</b>	<b>24,000.</b>
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	<b>14</b>	
15 Property subject to section 168(f)(1) election (see instructions) .....	<b>15</b>	
16 Other depreciation (including ACRS) (see instructions) .....	<b>16</b>	<b>35,265.</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002 .....	<b>17</b>	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input checked="" type="checkbox"/>	

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>35,265.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="radio"/> Yes <input checked="" type="radio"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
<b>27</b> Property used 50% or less in a qualified business use:								
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?			
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2002 tax year:					
	:				
	:				
<b>43</b> Amortization of costs that began before your 2002 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See instructions for where to report					<b>44</b>

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 FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT    1
 

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF CHEVROLET WORKHORSE	11/01/00	07/30/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	25,000.	55,294.	89.	18,431.	-11,952.
TO FM 990, PART I, LN 8	25,000.	55,294.	89.	18,431.	-11,952.

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 FORM 990                      SPECIAL EVENTS AND ACTIVITIES                      STATEMENT    2
 

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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINE TASTING & SILENT AUCTION	18,221.	18,221.			0.
TO FM 990, PART I, LINE 9	18,221.	18,221.			0.

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 FORM 990                      OTHER EXPENSES                      STATEMENT    3
 

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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD DISTRIBUTED	97,095.	97,095.		
CLOTHING DISTRIBUTED	8,315.	8,315.		
PERSONAL CARE ITEMS DISTRIBUTED	1,719.	1,719.		
VEHICLE EXPENSE	11,574.	11,574.		
INSURANCE	6,273.	804.	5,469.	
RENT - STORAGE	1,140.		1,140.	
CREDIT CARD TRANSACTION FEES	1,951.		1,951.	
REPAIRS AND MAINTENANCE	2,959.	2,959.		
ADVERTISING	1,807.			1,807.
VOLUNTEER AND BOARD ACTIVITIES	3,641.		3,641.	
BANK SERVICE CHARGE	342.		342.	

BUS PASSES	553.	553.		
MISCELLANEOUS	21,728.	1,573.	5,569.	14,586.
INTERNET	2,044.		2,044.	
EXTERMINATOR	350.	350.		
WEBSITE HOSTING	70.	70.		
CONTRACT LABOR	7,471.		7,471.	
DUES & SUBSCRIPTIONS	472.		472.	
JANITORIAL COSTS	4,037.		4,037.	
CONSULTING FEES	245.		245.	
COMMISSIONS	289.		289.	
OFFICE EXPENSES	4,977.		4,977.	
<b>TOTAL TO FM 990, LN 43</b>	<b>179,052.</b>	<b>125,012.</b>	<b>37,647.</b>	<b>16,393.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

TO PROVIDE FOOD, CLOTHING AND DIGNITY TO THE HOMELESS AND INDIGENT WORKING POOR.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

DISTRIBUTION OF FOOD, CLOTHING, AND PERSONAL CARE ITEMS TO PEOPLE IN NEED: DURING 2002 WE SERVED ALMOST 35,000 MEALS, DISTRIBUTED OVER 20,000 PAIRS OF SOCKS, THOUSANDS OF PERSONAL CARE ITEMS, AND THOUSANDS OF POUNDS OF CLOTHES IN AUSTIN.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		248,635.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DONATION FOR PROGRAM COSTS	CHICAGO SHARES	CHICAGO, IL	NONE	60.
DONATION FOR PRINTING COSTS	AUSTIN HOMELESS ADVOCATE	AUSTIN, TX	NONE	25.
<b>TOTAL INCLUDED ON FORM 990, PART II, LINE 22</b>				<b>85.</b>

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FORM 990                      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT                      7

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FORD F-250 FOOD TRUCK	22,175.	10,348.	11,827.
DELL COMPUTER - SERVER	2,565.	1,026.	1,539.
WEBSITE DESIGN	4,000.	2,888.	1,112.
WEBSITE DESIGN	5,522.	3,682.	1,840.
2001 FORD F-250 TRUCK	36,886.	13,525.	23,361.
WALK-IN COOLER	11,110.	4,259.	6,851.
KITCHEN EQUIPMENT	3,029.	1,161.	1,868.
PREPARATION TABLE	847.	202.	645.
STAINLESS STEEL TABLE	406.	87.	319.
MACHINE AND EQUIPMENT	3,366.	1,010.	2,356.
WEBSITE DESIGN	10,459.	1,743.	8,716.
60 GB HARD DRIVE (WEBSITE)	1,268.	106.	1,162.
COMPUTER SYSTEM	3,000.	550.	2,450.
DESK & FILE CABINET	950.	90.	860.
EQUIPMENT	737.	98.	639.
COMPUTER	1,531.	179.	1,352.
1990 CADILLAC	3,000.	300.	2,700.
ST. LOUIS TRUCK	33,904.	2,825.	31,079.
ST. THOMAS MORE TRUCK	33,529.	3,912.	29,617.
COMPUTER	618.	41.	577.
FISHER HOUSE AIR CONDITIONER	2,171.	145.	2,026.
DIGITAL CAMERA	860.	43.	817.
COMMERCIAL REFRIGERATOR	1,930.	97.	1,833.
WEBSITE DESIGN	3,856.	428.	3,428.
1991 MAZDA PROTEGE	1,500.	0.	1,500.
TOTAL TO FORM 990, PART IV, LN 57	<u>189,219.</u>	<u>48,745.</u>	<u>140,474.</u>

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FORM 990    OTHER ASSETS    STATEMENT                      8

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DESCRIPTION	AMOUNT
SECURITY DEPOSIT	50.
REFUND DUE FROM INTERNAL REVENUE SERVICE FOR 940 TAXES	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>50.</u>

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
PAYROLL TAXES PAYABLE		0.	
PAYABLE TO EMPLOYEE		7.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		7.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALAN GRAHAM 903 S. CAPITAL OF TEXAS HWY AUSTIN, TX 78746	PRESIDENT/CEO 40	40,500.	0.	0.
JACK SELMAN 111 CONGRESS AVENUE, SUITE 1000 AUSTIN, TX 78701	SECRETARY 1	0.	0.	0.
BRUCE AGNES 1715 S. CAPITAL OF TEXAS HWY, #107 AUSTIN, TX 78746	VICE PRESIDENT .5	0.	0.	0.
CHRISTOPHER LYNCH 5120 CRYSTAL WATER DRIVE AUSTIN, TX 78735	TREASURER .5	0.	0.	0.
JO CREATH 1801 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78746	DIRECTOR .5	0.	0.	0.
PAT PATTERSON 9201 SIMMONS ROAD #113 AUSTIN, TX 78759	VICE PRESIDENT .5	0.	0.	0.
MARK WHITE 1101 S. CAPITAL OF TEXAS HWY, BLDG A, AUSTIN, TX 78746	DIRECTOR .5	0.	0.	0.

STEVE JONES 3618 DOE DRIVE AUSTIN, TX 78730	DIRECTOR .5	0.	0.	0.
LISA BRYSON 2706 BARTON'S BLUFF LANE AUSTIN, TX 78746	DIRECTOR .5	0.	0.	0.
MICHELLE TUCKER 3408 STRATFORD HILLS LANE AUSTIN, TX 78746	DIRECTOR .5	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

40,500.	0.	0.
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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	COMPUTER EQUIPMENT											
3	DELL COMPUTER - SERVER	121700	SL	5.00	16	2,565.			2,565.	513.		513.
13	60 GB HARD DRIVE (WEBSITE)	072502	SL	5.00	16	1,268.			1,268.			106.
14	COMPUTER SYSTEM	021302	SL	5.00	16	3,000.			3,000.			550.
17	COMPUTER	061002	SL	5.00	16	1,531.			1,531.			179.
22	COMPUTER	090502	SL	5.00	16	618.			618.			41.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					8,982.		0.	8,982.	513.	0.	1,389.
	MACHINERY AND EQUIPMENT											
7	WALK-IN COOLER	021301	SL	5.00	16	11,110.			11,110.	2,037.		2,222.
8	KITCHEN EQUIPMENT	021201	SL	5.00	16	3,029.			3,029.	555.		606.
9	PREPARATION TABLE	051401	SL	7.00	16	847.			847.	81.		121.
10	STAINLESS STEEL TABLE	071001	SL	7.00	16	406.			406.	29.		58.
11	MACHINE AND EQUIPMENT	070101	SL	5.00	16	3,366.			3,366.	337.		673.
15	DESK & FILE CABINET	041602	SL	7.00	16	950.			950.			90.
16	EQUIPMENT	041902	SL	5.00	16	737.			737.			98.
23	FISHER HOUSE AIR CONDITIONER	083002	SL	5.00	16	2,171.			2,171.			145.
24	DIGITAL CAMERA	092002	SL	5.00	16	860.			860.			43.
25	COMMERCIAL REFRIGERATOR	101002	SL	5.00	16	1,930.			1,930.			97.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* 990 PAGE 2 TOTAL - MACHINERY AND EQUIPMENT					25,406.		0.	25,406.	3,039.	0.	4,153.
	VEHICLES											
1	FORD F-250 FOOD TRUCK	090100	SL	5.00	16	22,175.			22,175.	5,913.		4,435.
6	2001 FORD F-250 TRUCK	022201	SL	5.00	16	36,886.			36,886.	6,148.		7,377.
18	1990 CADILLAC	063002	SL	5.00	16	3,000.			3,000.			300.
19	ST. LOUIS TRUCK	071702	SL	5.00	16	33,904.			33,904.			2,825.
20	ST. THOMAS MORE TRUCK	060602	SL	5.00	16	33,529.			33,529.			3,912.
31	1991 MAZDA PROTEGE	123102	SL	5.00	16	1,500.			1,500.			0.
	* 990 PAGE 2 TOTAL - VEHICLES					130,994.		0.	130,994.	12,061.	0.	18,849.
	WEBSITE DEVELOPMENT COSTS											
4	WEBSITE DESIGN	111400	SL	3.00	16	4,000.			4,000.	1,555.		1,333.
5	WEBSITE DESIGN	123100	SL	3.00	16	5,522.			5,522.	1,841.		1,841.
12	WEBSITE DESIGN	063002	SL	3.00	16	10,459.			10,459.			1,743.
26	WEBSITE DESIGN	083102	SL	3.00	16	3,856.			3,856.			428.
	* 990 PAGE 2 TOTAL - WEBSITE DEVELOPMENT COSTS					23,837.		0.	23,837.	3,396.	0.	5,345.
	CURRENT YEAR DISPOSALS (D) CHEVROLET WORKHORSE TRUCK											
2	TRUCK	110100	SL	5.00	16	55,294.			55,294.	12,902.		5,529.
	* 990 PAGE 2 TOTAL - CURRENT YEAR DISPOSALS					55,294.		0.	55,294.	12,902.	0.	5,529.

