

**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 2007 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 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 S. CAPITAL OF TEXAS HWY**  
 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 Website:** ▶ **WWW.MOBILELOAVESANDFISHES.ORG**

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

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,391,933.**

**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 ▶ **N/A**  
**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** Group Exemption Number ▶ **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

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

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)											
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>1,251,218.</b> noncash \$ <b>108,972.</b> )											
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)											
<b>3</b> Membership dues and assessments											
<b>4</b> Interest on savings and temporary cash investments											
<b>5</b> Dividends and interest from securities											
<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>											
<b>b</b> Less: rental expenses											
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a											
<b>7</b> Other investment income (describe )											
<b>8 a</b> Gross amount from sales of assets other than inventory											
<b>b</b> Less: cost or other basis and sales expenses											
<b>c</b> Gain or (loss) (attach schedule)											
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 2</b>											
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)											
<b>b</b> Less: direct expenses other than fundraising expenses											
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a											
<b>10 a</b> Gross sales of inventory, less returns and allowances											
<b>b</b> Less: cost of goods sold											
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
<b>11</b> Other revenue (from Part VII, line 103)											
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											
<b>13</b> Program services (from line 44, column (B))											
<b>14</b> Management and general (from line 44, column (C))											
<b>15</b> Fundraising (from line 44, column (D))											
<b>16</b> Payments to affiliates (attach schedule)											
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)											
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12											
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))											
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>											
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20											

**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule) <b>STATEMENT 5</b>	23	3,552.	3,552.		
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	78,750.	70,875.	3,938.	3,937.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	204,681.	149,998.	29,148.	25,535.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27	300.	234.	35.	31.
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29	26,460.	20,620.	3,089.	2,751.
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	61,350.		61,350.	
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	53,894.	53,894.		
<b>34</b> Telephone	34	13,768.	10,729.	1,606.	1,433.
<b>35</b> Postage and shipping	35	11,303.	11,303.		
<b>36</b> Occupancy	36	20,152.	20,152.		
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38	16,787.	16,787.		
<b>39</b> Travel	39	12,990.	12,990.		
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	105,636.	105,636.		
<b>43</b> Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g <b>SEE STATEMENT 4</b>	43g	797,025.	707,951.	4,189.	84,885.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,406,648.	1,184,721.	103,355.	118,572.

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

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

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

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 6</b>           	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,181,169.</b>
<b>b PROVIDE ASSISTANCE TO PEOPLE IN NEED</b>           	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>3,552.</b>
<b>c</b>           	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>           	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>1,184,721.</b>

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	445,169.	46 317,106.
	47 a Accounts receivable .....	47a 2,315.	
	b Less: allowance for doubtful accounts .....	47b	47c 2,315.
	48 a Pledges receivable .....	48a	
	b Less: allowance for doubtful accounts .....	48b	48c
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....	51a 29,525.	
	b Less: allowance for doubtful accounts .....	51b	51c 29,525.
	52 Inventories for sale or use .....	15,700.	52 7,000.
	53 Prepaid expenses and deferred charges .....		53
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	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 802,926.	
b Less: accumulated depreciation <b>STMT 8</b> .....	57b 361,943.	57c 440,983.	
58 Other assets, including program-related investments (describe <b>▶ SECURITY DEPOSIT</b> ) .....	1,000.	58 1,860.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	798,573.	59 798,789.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	17,002.	60 40,918.
	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> ) .....	1,160.	65 5,000.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	18,162.	66 45,918.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted .....	634,479.	67 725,568.
	68 Temporarily restricted .....	145,932.	68 27,303.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	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 and column (B) must equal line 21) .....	780,411.	73 752,871.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	798,573.	74 798,789.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,375,985.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,375,985.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,375,985.

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,406,648.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,406,648.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,406,648.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 10		78,750.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings (15); 75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?; 75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization?; 75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 76 Did the organization make a change in its activities or methods of conducting activities?; 77 Were any changes made in the organizing or governing documents but not reported to the IRS?; 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?; 78 b If "Yes," has it filed a tax return on Form 990-T for this year?; 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?; 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?; 80 b If "Yes," enter the name of the organization; 81 a Enter direct and indirect political expenditures. (See line 81 instructions.); 81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	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.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0.; section 4912 $\blacktriangleright$ 0.; section 4955 $\blacktriangleright$ 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		X
89 b	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed $\blacktriangleright$ NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2007		12
91 a	The books are in care of $\blacktriangleright$ ALAN GRAHAM Telephone no. $\blacktriangleright$ (512) 328-7299 Located at $\blacktriangleright$ 903 SOUTH CAPITAL OF TEXAS HIGHWAY, AUSTIN, TX ZIP + 4 $\blacktriangleright$ 78746		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

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 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	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	7,417.	
96 Dividends and interest from securities .....			14	98.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....			16	4,990.	
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	<3,298.>	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a REIMBURSEMENTS					711.
b REFUNDS OF OVERPAYMENTS					5,877.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		9,207.	6,588.
105 Total (add line 104, columns (B), (D), and (E)) .....					15,795.

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

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

Line No.	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).
103A	REIMBURSEMENTS REDUCE COSTS OF PROGRAM EXPENSE
103B	REFUNDS INCLUDE OVERPAYMENTS FOR PAYROLL TAXES AND INSURANCE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

<b>Please Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title _____																
<b>Paid Preparer's Use Only</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Preparer's signature</td> <td style="width: 15%;">Date</td> <td style="width: 15%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td>                     Firm's name (or yours if self-employed), address, and ZIP + 4  <b>REYNOLDS &amp; FRANKE, P.C.</b>  <b>6836 AUSTIN CENTER BLVD., SUITE 250</b>  <b>AUSTIN, TX 78731</b> </td> <td style="text-align: center;">11/17/08</td> <td></td> <td style="text-align: center;">456-72-0471</td> </tr> <tr> <td colspan="3">EIN</td> <td style="text-align: center;">74-2516372</td> </tr> <tr> <td colspan="3">Phone no.</td> <td style="text-align: center;">(512) 206-3141</td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>REYNOLDS &amp; FRANKE, P.C.</b> <b>6836 AUSTIN CENTER BLVD., SUITE 250</b> <b>AUSTIN, TX 78731</b>	11/17/08		456-72-0471	EIN			74-2516372	Phone no.			(512) 206-3141
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)														
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>REYNOLDS &amp; FRANKE, P.C.</b> <b>6836 AUSTIN CENTER BLVD., SUITE 250</b> <b>AUSTIN, TX 78731</b>	11/17/08		456-72-0471														
EIN			74-2516372														
Phone no.			(512) 206-3141														

**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 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

**2007**

Name of the organization <b>MOBILE LOAVES &amp; FISHES, INC.</b>	Employer identification number <b>74 2956081</b>
---	---

**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
<u>LEIGH EDGAR</u> <u>903 S. CAPITAL OF TEXAS HWY., AUSTIN,</u>	<u>DEVELOPMENT DIRECTOR</u> <u>40.00</u>	<u>51,070.</u>		
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other 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? ..... SEE STATEMENT 11	X	
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? ..... SEE STATEMENT 12	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... SEE STATEMENT 13	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
b	Did the organization make any taxable distributions under section 4966? ..... N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? ..... N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,332,047.	1,199,366.	605,548.	539,968.	3,676,929.
<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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,149.	311.	95.		5,555.
<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	1,337,196.	1,199,677.	605,643.	539,968.	3,682,484.
<b>24</b> Line 23 minus line 17	1,337,196.	1,199,677.	605,643.	539,968.	3,682,484.
<b>25</b> Enter 1% of line 23	13,372.	11,997.	6,056.	5,400.	
<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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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: (2006) 29,173. (2005) 15,519. (2004) 19,359. (2003) 10,440.					
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 11b, 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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 3,676,929. 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> 3,676,929.
d Add: Line 27a total 74,491. and line 27b total 0.					<b>27d</b> 74,491.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 3,602,438.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 3,682,484.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> 97.8263%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> .1508%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
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 11 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 <b>all</b> 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>		

**Caution:** 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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
  - (i) Cash .....
  - (ii) Other assets .....
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization .....
  - (ii) Purchases of assets from a noncharitable exempt organization .....
  - (iii) Rental of facilities, equipment, or other assets .....
  - (iv) Reimbursement arrangements .....
  - (v) Loans or loan guarantees .....
  - (vi) Performance of services or membership or fundraising solicitations .....
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship



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	Current Year Deduction
	COMPUTER EQUIPMENT											
1	DELL COMPUTER - SERVER 60 GB HARDDRIVE	12/21/00	SL	5.00	16	2,565.			2,565.	2,565.		0.
2	(WEBSITE)	07/25/02	SL	5.00	16	1,268.			1,268.	1,122.		146.
3	COMPUTER SYSTEM	02/13/02	SL	5.00	16	3,000.			3,000.	2,950.		50.
4	COMPUTER	06/10/02	SL	5.00	16	1,531.			1,531.	1,403.		128.
5	COMPUTER	09/05/02	SL	5.00	16	618.			618.	537.		81.
6	DELL DIMENSION COMPUTER	10/24/03	SL	5.00	16	798.			798.	507.		160.
984	THINK PAD LAP TOPS * 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT	02/15/07	SL	5.00	16	6,716.			6,716.			1,231.
	MACHINERY AND EQUIPMENT					16,496.		0.	16,496.	9,084.	0.	1,796.
9	WALK-IN COOLER	02/13/01	SL	5.00	16	11,110.			11,110.	11,110.		0.
10	KITCHEN EQUIPMENT	02/12/01	SL	5.00	16	3,029.			3,029.	3,029.		0.
11	PREPARATION TABLE	05/14/01	SL	7.00	16	847.			847.	686.		121.
12	STAINLESS STEEL TABLE	07/10/01	SL	7.00	16	406.			406.	319.		58.
13	MACHINE AND EQUIPMENT	07/01/01	SL	5.00	16	3,366.			3,366.	3,366.		0.
14	DESK AND FILE CABINET	04/16/02	SL	7.00	16	950.			950.	634.		136.
15	PRESSURE WASHER FISHER HOUSE AIR	04/19/02	SL	5.00	16	737.			737.	686.		51.
16	CONDITIONER	08/30/02	SL	5.00	16	2,171.			2,171.	1,881.		290.

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	Current Year Deduction
17	DIGITAL CAMERA	092002	SL	5.00	16	860.			860.	731.		129.
18	COMMERCIAL REFRIGERATOR	101002	SL	5.00	16	1,930.			1,930.	1,641.		289.
31	STORAGE UNIT	011304	SL	5.00	16	2,045.			2,045.	1,227.		409.
33	LAWN MOWER -42 DEER	073005	SL	5.00	16	1,399.			1,399.	397.		280.
34	COMPUTER EQUIPMENT FOR NEW HIRE	110405	SL	5.00	16	1,805.			1,805.	421.		361.
35	COMPUTER EQUIPMENT - DONATED FROM IBM	122705	SL	5.00	16	6,294.			6,294.	1,259.		1,259.
36	COMPUTER SOFTWARE - QUICKBOOKS 06	123005	SL	3.00	16	1,257.			1,257.	419.		419.
37	DELL 3400 MP PROJECTOR	123105	SL	5.00	16	1,406.			1,406.	281.		281.
49	REFRIGERATOR	103105	SL	5.00	16	2,130.			2,130.	497.		426.
50	PHONE SYSTEM	110405	SL	5.00	16	2,583.			2,583.	603.		517.
66	KITCHEN EQUIPMENT	041006	SL	5.00	16	2,165.			2,165.	325.		433.
99	COMPUTER SOFTWARE	120107	SL	3.00	16	1,350.			1,350.			38.
100	2 BLODGETT CONVECTION OVENS	031507	SL	5.00	16	1,900.			1,900.			317.
101	HOW SHAVED ICE MACHINE	071907	SL	5.00	16	816.			816.			68.
102	UNFINISHED BBQ PIT	110407	SL	5.00	16	1,200.			1,200.			40.
	* 990 PAGE 2 TOTAL - MACHINERY AND EQUIPMENTS					51,756.		0.	51,756.	29,512.	0.	5,922.
	VEHICLES											
20	FORD F-250 FOOD TRUCK	090100	SL	5.00	16	22,175.			22,175.	22,175.		0.

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	Current Year Deduction
21	2001 FORD F-250 TRUCK	022201	SL	5.00	16	36,886.			36,886.	36,886.		0.
22	ST. LOUIS TRUCK	071702	SL	5.00	16	33,904.			33,904.	29,949.		3,955.
23	ST. THOMAS MORE TRUCK	060602	SL	5.00	16	33,529.			33,529.	30,736.		2,793.
25	SME TRUCK	102303	SL	5.00	16	32,839.			32,839.	20,799.		6,568.
32	DOWNTOWN MINISTRY OF CHURCHES TRUCK	120104	SL	5.00	16	33,157.			33,157.	13,815.		6,631.
38	MLF OPERATING TRUCK	060705	SL	5.00	16	26,551.			26,551.	8,408.		5,310.
51	2006 CHEVY TRUCK - KATRINA	121205	SL	5.00	16	35,781.			35,781.	7,752.		7,156.
74	(D) SUBURBAN TRUCK #9-CHEVROLET	010106	SL	5.00	16	8,000.			8,000.	1,600.		1,600.
75	(SJN) TRUCK #10-ST. FRAN OF	070106	SL	5.00	16	36,639.			36,639.	3,664.		7,328.
76	ASSIS(CATH)	121506	SL	5.00	16	34,324.			34,324.	572.		6,865.
115	1995 NISSAN MAXIMA	060107	SL	5.00	16	2,650.			2,650.			309.
116	1998 FORD EXPLORER	082107	SL	5.00	16	2,000.			2,000.			133.
117	1998 MERCURY MYSTIQUE	100807	SL	5.00	16	1,900.			1,900.			95.
118	TRUCK #7 05 CHEV SIGNS	060107	SL	5.00	16	390.			390.			46.
119	TRUCK #10 HITCH ADDITION	010307	SL	5.00	16	889.			889.			178.
120	TRUCK #11 07 CHEVY SILVERADO (SJN)	050107	SL	5.00	16	35,800.			35,800.			4,773.
121	TRUCK #13 07 CHEV (RIP)	080107	SL	5.00	16	36,954.			36,954.			3,080.
122	TRUCK #14 07 CHEV (LHC)	080107	SL	5.00	16	35,358.			35,358.			2,947.

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	Current Year Deduction
123	TRUCK #15 07 CHEV COLORADO (HOW)	080107	SL	5.00	16	20,852.			20,852.			1,738.
	* 990 PAGE 2 TOTAL - VEHICLES					470,578.		0.	470,578.	176,356.	0.	61,505.
	WEBSITE DEVELOPMENT COSTS											
27	WEBSITE DESIGN	111400	SL	3.00	16	4,000.			4,000.	4,000.		0.
28	WEBSITE DESIGN	123100	SL	3.00	16	5,522.			5,522.	5,522.		0.
29	WEBSITE DESIGN	063002	SL	3.00	16	10,459.			10,459.	10,459.		0.
30	WEBSITE DESIGN	083102	SL	3.00	16	3,856.			3,856.	3,856.		0.
	* 990 PAGE 2 TOTAL - WEBSITE DEVELOPMENT CO					23,837.		0.	23,837.	23,837.	0.	0.
	TRAILER											
40	TRAILER - JB BURRIS	051305	SL	5.00	16	14,030.			14,030.	4,677.		2,806.
42	TRAILER - STEVEN KENDRICK	051905	SL	5.00	16	6,091.			6,091.	1,929.		1,218.
44	TRAILER - D. BAKER	082205	SL	5.00	16	8,000.			8,000.	2,133.		0.
52	TRAILER - HOW	083005	SL	5.00	16	8,596.			8,596.	2,292.		1,719.
53	TRAILER - KATRINA	090605	SL	5.00	16	10,095.			10,095.	2,692.		2,019.
54	TRAILER - MLF	090605	SL	5.00	16	3,463.			3,463.	924.		693.
55	TRAILER - MLF	092605	SL	5.00	16	1,628.			1,628.	407.		326.
67	SHOWER TRAILER (D)TRAILER #10-1994	062406	SL	5.00	16	12,167.			12,167.	1,217.		2,433.
68	AVION	032306	SL	5.00	16	11,000.			11,000.	1,650.		0.

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	Current Year Deduction
69	TRAILER #11-2000 DUTCHMANSUPREAM	062606	SL	5.00	16	11,356.			11,356.	1,136.		2,271.
70	TRAILER #12-1993 AVION	090506	SL	5.00	16	13,367.			13,367.	891.		2,673.
71	TRAILER #13-1996 JAYCO 13210	091406	SL	5.00	16	8,922.			8,922.	595.		1,784.
72	TRAILER #14-1999 YELLOWSTONE	112206	SL	5.00	16	11,597.			11,597.	193.		2,319.
73	TRAILER #15-MANOR MODEL 120	122606	SL	5.00	16	22,109.			22,109.			4,422.
87	1999 ENCLOSED TRAILER	011506	SL	5.00	16	1,500.			1,500.	300.		300.
103	TRAILER #2 2003 EAGLE	073107	SL	5.00	16	15,000.			15,000.			1,250.
104	TRAILER #16 1995	010507	SL	5.00	16	6,000.			6,000.			1,200.
105	TRAILER #17 1998 HITCHHIKER	012507	SL	5.00	16	12,423.			12,423.			2,278.
106	TRAILER #18 1998 TERRY 275J	040507	SL	5.00	16	10,531.			10,531.			1,580.
107	TRAILER #19 1994 WILDERNESS	042607	SL	5.00	16	7,337.			7,337.			978.
108	TRAILER #20 1997 WILDERNESS	051107	SL	5.00	16	8,189.			8,189.			1,092.
109	TRAILER #21 1998 SPORTMAN	071307	SL	5.00	16	7,000.			7,000.			700.
110	TRAILER #22 1994 CHALLENGER	090107	SL	5.00	16	6,999.			6,999.			467.
111	TRAILER #23 2002 WILDCAT	121207	SL	5.00	16	9,880.			9,880.			165.
112	TRAILER #24 99 DUTCHMAN CLASSIC	121707	SL	5.00	16	15,245.			15,245.			0.
113	TRAILER #25 2003 CONQUEST	083107	SL	5.00	16	9,370.			9,370.			625.
114	TRAILER SHOWER TRAILER	040207	SL	5.00	16	6,054.			6,054.			908.

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	Current Year Deduction
	* 990 PAGE 2 TOTAL - TRAILER					257,949.		0.	257,949.	21,036.	0.	36,226.
	FURNITURE AND FIXTURE CABINET AND SINKS											
48	FACUET	08/04/05	SL	7.00	16	1,310.			1,310.	265.		187.
	* 990 PAGE 2 TOTAL - FURNITURE AND FIXTURE					1,310.		0.	1,310.	265.	0.	187.
	* GRAND TOTAL 990 PAGE 2 DEPR					821,926.		0.	821,926.	260,090.	0.	105,636.

---

---

FORM 990 RENTAL INCOME STATEMENT 1

---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
TRAILER HOME RENTALS	1	4,990.
TOTAL TO FORM 990, PART I, LINE 6A		4,990.

---



---

**FORM 990**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**                      **2**


---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SUBURBAN	01/01/06	02/13/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
CAR MAX	4,500.	8,000.	0.	3,200.	<300.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LOSS ON VARIOUS DONATED ITEMS SOLD ON CONSIGNMENT	VARIOUS	VARIOUS	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
MID-TEX SALES & SERVICE INC	8,150.	8,700.	2,448.	0.	<2,998.>
TO FM 990, PART I, LN 8	12,650.	16,700.	2,448.	3,200.	<3,298.>

---



---

**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**                      **3**


---

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	3,123.
TOTAL TO FORM 990, PART I, LINE 20	3,123.

---



---

**FORM 990**                      **OTHER EXPENSES**                      **STATEMENT**                      **4**


---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD DISTRIBUTED	326,791.	326,791.		
VEHICLE EXPENSE	54,625.	54,625.		
INSURANCE	33,013.	33,013.		
BANK CHARGES	283.		283.	
ADVERTISING	13,676.	9,573.		4,103.



CONTINUING EDUCATION	2,128.		2,128.	
FACILITY EXPENSES	20,253.	20,253.		
MISCELLANEOUS	19,199.	18,457.	742.	
WEBSITE HOSTING	127,852.	127,852.		
CONTRACT LABOR	15,324.	15,324.		
LICENSE AND PERMITS	2,748.	2,748.		
T-SHIRTS EXPENSE	733.	733.		
PROMOTIONS	239.	239.		
PROFESSIONAL FEES	40,154.	40,154.		
ANNUAL APPEAL				
EXPENSE	12,602.	6,301.		6,301.
DUES AND				
SUBSCRIPTIONS	1,036.		1,036.	
FUNDRAISING EXPENSE	74,481.			74,481.
TRAILER EXPENSE	40,413.	40,413.		
CREDIT CARD FEES	10,187.	10,187.		
BACKGROUND CHECK	1,288.	1,288.		
TOTAL TO FM 990, LN 43	797,025.	707,951.	4,189.	84,885.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
HOUSE THE HOMELESS	300.
CORAZON MINISTRIES	1,000.
KATY VETERAN'S MUSEUM	100.
PHILLIP SULLIVAN	2,050.
TEXAS DEPARTMENT OF CRIMINAL JUSTICE INMATE FUND	102.
TOTAL TO FORM 990, PART II, LINE 23	3,552.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

MOBILE LOAVES & FISHES, INC. (MLF) IS A SOCIAL OUTREACH MINISTRY TO THE HOMELESS AND WORKING POOR. MLF'S MISSION IS "WE PROVIDE FOOD, CLOTHING AND DIGNITY TO OUR BROTHERS AND SISTERS IN NEED". THE MISSION IS ACCOMPLISHED PRIMARILY THROUGH THE DAILY DISTRIBUTION OF MEALS, PERSONAL CARE ITEMS, AND CLOTHING TO PEOPLE IN NEED THROUGHOUT THE CENTRAL TEXAS, NEW ORLEANS, LOUISIANA, NASHVILLE, TENNESSEE, AND WOONSOCKET, RHODE ISLAND COMMUNITIES. VOLUNTEERS DRIVE MLF'S TRUCKS, ALL OF WHICH HAVE BEEN OUTFITTED AS CATERING VEHICLES, TO SPECIFIC AREAS AROUND THEIR RESPECTIVE COMMUNITIES DISTRIBUTING FOOD, CLOTHING AND PERSONAL CARE ITEMS. IT IS THE GOAL OF MLF TO EXPAND ITS TRUCK OPERATIONS TO EVERY CITY THROUGHOUT THE UNITED STATES THAT HAS A HOMELESS AND WORKING POOR POPULATION. MLF HAS A POWERFUL SET OF TOOLS THAT ALLOW IT TO MANAGE A LARGE ORGANIZATION WITH FEW STAFF. THESE TOOLS, THE MLF VOLUNTEER MANAGEMENT AND MAPPING SYSTEM, ARE LOCATED AT WWW.MLFNOW.ORG AND ARE ACCESSIBLE BY THE THOUSANDS OF VOLUNTEERS WHO SERVE.

ADDITIONALLY, MLF HAS DEVELOPED A REVOLUTIONARY NEW HOUSING INITIATIVE CALLED HABITAT ON WHEELS WHERE GENTLY USED TRAVEL TRAILERS ARE PURCHASED AND PLACED IN RV PARKS FOR THE CHRONICALLY HOMELESS. THIS AFFORDABLE, SUSTAINABLE AND PERMANENT HOUSING MODEL IS DESIGNED ON A HOUSING FIRST MODEL. MLF CURRENTLY HAS PLANS TO DEVELOP ITS OWN COMMUNITY BASED ON THE RV COMMUNITY MODEL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	_____	1,181,169.
	=====	=====

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
PART III

STATEMENT 7

EXPLANATION

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DELL COMPUTER - SERVER	2,565.	2,565.	0.
60 GB HARDDRIVE (WEBSITE)	1,268.	1,268.	0.
COMPUTER SYSTEM	3,000.	3,000.	0.
COMPUTER	1,531.	1,531.	0.
COMPUTER	618.	618.	0.
DELL DIMENSION COMPUTER	798.	667.	131.
WALK-IN COOLER	11,110.	11,110.	0.
KITCHEN EQUIPMENT	3,029.	3,029.	0.
PREPARATION TABLE	847.	807.	40.
STAINLESS STEEL TABLE	406.	377.	29.
MACHINE AND EQUIPMENT	3,366.	3,366.	0.
DESK AND FILE CABINET	950.	770.	180.
PRESSURE WASHER	737.	737.	0.
FISHER HOUSE AIR CONDITIONER	2,171.	2,171.	0.
DIGITAL CAMERA	860.	860.	0.
COMMERCIAL REFRIGERATOR	1,930.	1,930.	0.
FORD F-250 FOOD TRUCK	22,175.	22,175.	0.
2001 FORD F-250 TRUCK	36,886.	36,886.	0.
ST. LOUIS TRUCK	33,904.	33,904.	0.
ST. THOMAS MORE TRUCK	33,529.	33,529.	0.
SME TRUCK	32,839.	27,367.	5,472.
WEBSITE DESIGN	4,000.	4,000.	0.
WEBSITE DESIGN	5,522.	5,522.	0.
WEBSITE DESIGN	10,459.	10,459.	0.
WEBSITE DESIGN	3,856.	3,856.	0.
STORAGE UNIT	2,045.	1,636.	409.
DOWNTOWN MINISTRY OF CHURCHES TRUCK	33,157.	20,446.	12,711.
LAWN MOWER -42 DEER	1,399.	677.	722.
COMPUTER EQUIPMENT FOR NEW HIRE	1,805.	782.	1,023.
COMPUTER EQUIPMENT - DONATED FROM IBM	6,294.	2,518.	3,776.
COMPUTER SOFTWARE - QUICKBOOKS 06	1,257.	838.	419.
DELL 3400 MP PROJECTOR	1,406.	562.	844.
MLF OPERATING TRUCK	26,551.	13,718.	12,833.
TRAILER - JB BURRIS	14,030.	7,483.	6,547.
TRAILER - STEVEN KENDRICK	6,091.	3,147.	2,944.
TRAILER - D. BAKER	8,000.	2,133.	5,867.
CABINET AND SINKS FACUET REFRIGERATOR	1,310.	452.	858.
PHONE SYSTEM	2,130.	923.	1,207.
2006 CHEVY TRUCK - KATRINA	2,583.	1,120.	1,463.
TRAILER - HOW	35,781.	14,908.	20,873.
TRAILER - KATRINA	8,596.	4,011.	4,585.
TRAILER - KATRINA	10,095.	4,711.	5,384.

TRAILER - MLF	3,463.	1,617.	1,846.
TRAILER - MLF	1,628.	733.	895.
KITCHEN EQUIPMENT	2,165.	758.	1,407.
SHOWER TRAILER	12,167.	3,650.	8,517.
TRAILER #11-2000			
DUTCHMANSUPREAM	11,356.	3,407.	7,949.
TRAILER #12-1993 AVION	13,367.	3,564.	9,803.
TRAILER #13-1996 JAYCO 3210	8,922.	2,379.	6,543.
TRAILER #14-1999 YELLOWSTONE	11,597.	2,512.	9,085.
TRAILER #15-MANOR MODEL 120	22,109.	4,422.	17,687.
TRUCK #9-CHEVROLET (SJN)	36,639.	10,992.	25,647.
TRUCK #10-ST. FRAN OF			
ASSIS(CATH)	34,324.	7,437.	26,887.
1999 ENCLOSED TRAILER	1,500.	600.	900.
4 THINK PAD LAP TOPS	6,716.	1,231.	5,485.
COMPUTER SOFTWARE	1,350.	38.	1,312.
2 BLODGETT CONVECTION OVENS	1,900.	317.	1,583.
HOW SHAVED ICE MACHINE	816.	68.	748.
UNFINISHED BBQ PIT	1,200.	40.	1,160.
TRAILER #2 2003 EAGLE	15,000.	1,250.	13,750.
TRAILER #16 1995	6,000.	1,200.	4,800.
TRAILER #17 1998 HITCHHIKER	12,423.	2,278.	10,145.
TRAILER #18 1998 TERRY 275J	10,531.	1,580.	8,951.
TRAILER #19 1994 WILDERNESS	7,337.	978.	6,359.
TRAILER #20 1997 WILDERNESS	8,189.	1,092.	7,097.
TRAILER #21 1998 SPORTMAN	7,000.	700.	6,300.
TRAILER #22 1994 CHALLENGER	6,999.	467.	6,532.
TRAILER #23 2002 WILDCAT	9,880.	165.	9,715.
TRAILER #24 99 DUTCHMAN			
CLASSIC	15,245.	0.	15,245.
TRAILER #25 2003 CONQUEST	9,370.	625.	8,745.
TRAILER SHOWER TRAILER	6,054.	908.	5,146.
1995 NISSAN MAXIMA	2,650.	309.	2,341.
1998 FORD EXPLORER	2,000.	133.	1,867.
1998 MERCURY MYSTIQUE	1,900.	95.	1,805.
TRUCK #7 05 CHEV SIGNS	390.	46.	344.
TRUCK #10 HITCH ADDITION	889.	178.	711.
TRUCK #11 07 CHEVY SILVERADO			
(SJN)	35,800.	4,773.	31,027.
TRUCK #13 07 CHEV (RIP)	36,954.	3,080.	33,874.
TRUCK #14 07 CHEV (LHC)	35,358.	2,947.	32,411.
TRUCK #15 07 CHEV COLORADO			
(HOW)	20,852.	1,738.	19,114.
TOTAL TO FORM 990, PART IV, LN 57	802,926.	360,876.	442,050.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
LOAN FROM SJN CATHOLIC CHURCH TREATY OAK LOC	1,160.	5,000.	
TOTAL TO FORM 990, PART IV, LINE 65	1,160.	5,000.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
----------	---	-----------	----

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALAN J. GRAHAM 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	PRESIDENT/CEO 40.00	78,750.	0.	0.
ERIC KLASSON 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
JACK A. SELMAN 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	BOARD MEMBER EMERITUS 1.00	0.	0.	0.
J.P. PATTERSON 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	VICE PRESIDENT 1.00	0.	0.	0.
BRUCE AGNESS 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	VICE PRESIDENT 1.00	0.	0.	0.
CHRISTOPHER E. LYNCH 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	TREASURER 1.00	0.	0.	0.
MARK C. WHITE 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.

ROB REYNOLDS 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
BILL MCLELLAN 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
JOHN MCNAMARA 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
MARC CULLERS 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
VICKY HUNTER 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
NEAL NOLAN 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
CATHERINE Q. MORSE 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
BRIAN MCCLURE 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
STEVEN LEVATINO 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>78,750.</u>	<u>0.</u>	<u>0.</u>

---

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2A	STATEMENT 11
------------	--	--------------

---

SOLD AUTOMOBILE TO CHILD OF MEMBER OF BOARD

MARLEE GRAHAM, DAUGHTER OF PRESIDENT, PURCHASED A DONATED 1998 FORD EXPLORER FOR AN APPRAISED VALUE OF \$2,000.00. APPRAISAL WAS DONE THROUGH LOCAL AREA CARMAX. FIFTY PERCENT OF VEHICLE WAS PAID UPFRONT WHILE THE REMAINING UNPAID PORTION WAS LOANED TO THE BUYER BY MOBILE LOAVES AND FISHES. THIS LOAN WAS DISCUSSED AND DETAILED IN THE BOARD MINUTES. BUYER AGREED TO PAY \$150 EACH MONTH UNTIL LOAN IS REPAYED. NO INTEREST WAS CALCULATED FOR THE LOAN.

---

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 12
------------	--	--------------

---

PROVIDED COMPANY VEHICLE AND CELL PHONE USE TO PRESIDENT OF BOARD.

ALAN GRAHAM WAS PROVIDED A 2005 CHEVROLET 2500 PICKUP TO TRAVEL TO AND FROM WORK. PRESIDENT WAS ALSO GIVEN THE USE OF A CELL PHONE TO AID IN CHARITABLE WORK. BOTH VEHICLE AND CELL PHONE WERE USED SOLEY FOR CHARITABLE PURPOSES.



---

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 13
	PART III, LINE 2D	

---

SEE 990, PART V-A

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

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MOBILE LOAVES & FISHES, INC.**

**FORM 990 PAGE 2**

**74-2956081**

**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.

<b>1</b> Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	<b>125,000.</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>500,000.</b>
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
<b>5</b> 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		
<b>7</b> Listed property. Enter the amount from line 29 .....	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2006 Form 4562 .....	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2008. 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.)**

<b>14</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year .....	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election .....	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) .....	<b>16</b>	<b>105,636.</b>

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

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2007 .....	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 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 2007 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)**

<b>21</b> Listed property. Enter amount from line 28 .....	<b>21</b>	
<b>22 Total.</b> 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>105,636.</b>
<b>23</b> 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 the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use .....							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29

**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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 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? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** 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
42 Amortization of costs that begins during your 2007 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2007 tax year .....					43
44 Total. Add amounts in column (f). See the instructions for where to report .....					44