

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)

OMB No. 1545-0047

2008

Open to Public Inspection

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 2008 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOBILE LOAVES & FISHES, INC. Doing Business As 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
	F Name and address of principal officer:	E Telephone number 512-328-7299
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 1,957,032.
	J Website: ▶ WWW.MLFNOW.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

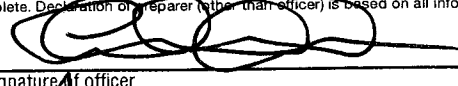
K Type of organization: Corporation Trust Association Other ▶
L Year of formation: **2000** **M** State of legal domicile: **TX**


Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOOD, CLOTHING AND DIGNITY TO THE HOMELESS AND INDIGENT WORKING POOR.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 10
	4 Number of independent voting members of the governing body (Part VI, line 1b) 9
	5 Total number of employees (Part-V, line 2a) 18
	6 Total number of volunteers (estimate if necessary) 11659
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)
	7b Net unrelated business taxable income from Form 990-T, line 34 0.
	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 75,592.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here ▶  Date **8-14-2009**
 Signature of officer
ALAN GRAHAM PRESIDENT
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶  Date **07/28/09** Check if self-employed
 Preparer's identifying number (see instructions) **P00964479**
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **REYNOLDS & FRANKE, P.C.**
6836 AUSTIN CENTER BLVD., SUITE 250
AUSTIN, TX 78731 EIN ▶ **74-2516372**
 Phone no. ▶ **(512) 206-3141**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
OUR MISSION IS TO PROVIDE FOOD, CLOTHING, AND DIGNITY TO OUR BROTHERS AND SISTERS IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O. [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,528,429. including grants of \$) (Revenue \$)
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 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

4b (Code:) (Expenses \$ 5,602. including grants of \$) (Revenue \$)
PROVIDE ASSISTANCE TO PEOPLE IN NEED

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,534,031. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	18	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	18	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d	1	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ALAN GRAHAM - (512) 328-7299**
903 SOUTH CAPITAL OF TEXAS HIGHWAY, AUSTIN, TX 78746

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J.P. PATTERSON VICE PRESIDENT	1.00	X		X			0.	0.	0.	
BRUCE AGNES VICE PRESIDENT	1.00	X		X			0.	0.	0.	
STEVEN LEVATINO SECRETARY	1.00	X		X			0.	0.	0.	
ERIC KLASSON DIRECTOR	1.00	X					0.	0.	0.	
JACK A. SELMAN BOARD MEMBER EMERITUS	1.00	X					0.	0.	0.	
MARK C. WHITE DIRECTOR	1.00	X					0.	0.	0.	
ROB REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
BILL MCLELLAN DIRECTOR	1.00	X					0.	0.	0.	
NEAL NOLAN DIRECTOR	1.00	X					0.	0.	0.	
BRIAN MCCLURE DIRECTOR	1.00	X					0.	0.	0.	
ALAN J. GRAHAM PRESIDENT/CEO	40.00	X		X	X		80,000.	0.	0.	
KATIE ZUNKER EX OFFICIO/TREASURER	40.00			X	X		50,000.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							130,000.	0.	0.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

832008 12-18-08

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	87,554.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,761,238.			
	g Noncash contributions included in lines 1a-1f: \$		30,022.			
	h Total. Add lines 1a-1f		1848792.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,495.		1,495.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	5,200.			
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)		5,200.			
	d Net rental income or (loss)		5,200.	5,200.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses		2,002.			
	c Gain or (loss)		<2,002.>			
	d Net gain or (loss)		<2,002.>	<2,002.>		
	8 a Gross income from fundraising events (not including \$ 87,554. of contributions reported on line 1c). See Part IV, line 18	a	100184.			
	b Less: direct expenses	b	81,048.			
c Net income or (loss) from fundraising events		19,136.		19,136.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a REFUNDS OF OVERPAYMENT		776.	776.			
b REIMBURSEMENTS		585.	585.			
c						
d All other revenue						
e Total. Add lines 11a-11d		1,361.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1873982.	4,559.		20,631.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,602.	5,602.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,000.	87,000.	39,000.	4,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	275,538.	212,419.	28,912.	34,207.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,957.	8,828.	2,002.	1,127.
9 Other employee benefits				
10 Payroll taxes	34,854.	25,734.	5,836.	3,284.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,260.		8,260.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	57,274.	50,976.		6,298.
12 Advertising and promotion	16,674.	13,391.	75.	3,208.
13 Office expenses	103,921.	91,286.	10,179.	2,456.
14 Information technology	101,973.	101,973.		
15 Royalties				
16 Occupancy	119,360.	119,360.		
17 Travel	8,845.	8,845.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,569.	135,569.		
23 Insurance	45,103.	45,103.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD DISTRIBUTED	411,063.	411,063.		
b VEHICLE EXPENSE	73,206.	73,109.	97.	
c CONTRACT LABOR	64,083.	64,083.		
d TRAILER EXPENSE	47,112.	47,112.		
e ANNUAL APPEAL EXPENSE	37,320.	18,660.		18,660.
f All other expenses	17,013.	13,918.	743.	2,352.
25 Total functional expenses. Add lines 1 through 24f	1,704,727.	1,534,031.	95,104.	75,592.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1		1		
	2	317,106.	2	449,845.	
	3		3	71,900.	
	4	2,315.	4	2,300.	
	5		5		
	6		6		
	7	29,525.	7	28,566.	
	8	7,000.	8	7,330.	
	9		9	8,442.	
	10a	962,939.			
	b	492,575.	440,983.	10c	470,364.
	11		11		
	12		12		
	13		13		
	14		14		
	15	1,860.	15	1,800.	
16	798,789.	16	1,040,547.		
Liabilities	17	40,918.	17	49,478.	
	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23		23		
	24		24		
	25	5,000.	25	60,500.	
	26	45,918.	26	109,978.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	725,568.	27	854,265.	
	28	27,303.	28	76,304.	
	29		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30		30		
	31		31		
	32		32		
33	752,871.	33	930,569.		
34	798,789.	34	1,040,547.		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **MOBILE LOAVES & FISHES, INC.** Employer identification number **74-2956081**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

- The organization is not a private foundation because it is: (Please check only **one** organization.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	606,467.	1,237,491.	1,287,675.	1,360,190.	1,848,792.	6,340,615.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			41,800.	24,288.	4,559.	70,647.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					100,184.	100,184.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	606,467.	1,237,491.	1,329,475.	1,384,478.	1,953,535.	6,511,446.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	19,359.	15,519.	29,173.	30,691.	139,395.	234,137.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	19,359.	15,519.	29,173.	30,691.	139,395.	234,137.
8 Public support (Subtract line 7c from line 6.)						6,277,309.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	606,467.	1,237,491.	1,329,475.	1,384,478.	1,953,535.	6,511,446.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95.	311.	5,149.	7,515.	1,495.	14,565.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	95.	311.	5,149.	7,515.	1,495.	14,565.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						6,526,011.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.19 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	97.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.22 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.15 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the 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 boxes 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100.				
b Contributions	3,232.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,332.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		13,155.	13,155.	
c Leasehold improvements				
d Equipment		921,574.	451,447.	470,127.
e Other		28,210.	27,973.	237.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				470,364.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
TREATY OAK LOC	60,500.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	60,500.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,873,982.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,704,727.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	169,255.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	8,443.
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	8,443.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	177,698.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	2,141,252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b 186,222.
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d 81,048.
e	Add lines 2a through 2d	2e 267,270.
3	Subtract line 2e from line 1	3 1,873,982.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5 1,873,982.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,971,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 186,222.
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d 81,048.
e	Add lines 2a through 2d	2e 267,270.
3	Subtract line 2e from line 1	3 1,704,727.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5 1,704,727.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL

OPERATIONS OF THE ORGANIZATION

PART XII AND PART XIII, LINE 2D

FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME ON TAX RETURN.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		WINE TASTING (event type)	NIGHT AT OLD ST. MARKS (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	183,304.	3,508.	926.	187,738.
	2	Less: Charitable contributions	87,554.			87,554.
	3	Gross revenue (line 1 minus line 2)	95,750.	3,508.	926.	100,184.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	1,933.			1,933.
	6	Rent/facility costs				
	7	Other direct expenses	76,520.	711.	1,884.	79,115.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				81,048.
	9	Net income summary. Combine lines 3 and 8 in column (d)				19,136.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	X
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	X
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	X

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number
74-2956081

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE THE HOMELESS PO BOX 2312 AUSTIN, TX 78768		501(C)(3)	700.	0.			FURTHER THE EFFORTS OF THE ORGANIZATION
CAPITOL CITY KIDS 13107 DESSAU RD. AUSTIN, TX 78754			500.	0.			FURTHER THE EFFORTS OF THE ORGANIZATION
OJEDA ABC 4900 MCKINNEY FALLS PKWY. AUSTIN, TX 78744			200.	0.			FURTHER THE EFFORTS OF THE ORGANIZATION
TRUE LIGHT DAYCARE 1307 FORT BRANCH BLVD AUSTIN, TX 78721			1,362.	0.			FURTHER THE EFFORTS OF THE ORGANIZATION
PEACE LUTHERAN CHURCH 9111 EMMETT F LOWRY EXPY TEXAS CITY, TX 77591			1,000.	0.			FURTHER THE EFFORTS OF THE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

MOBILE LOAVES & FISHES, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DONATION	1	0.	1,840.	LIKE SALES	1994 GMC PICKUP

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

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Open To Public
Inspection

Name of the organization **MOBILE LOAVES & FISHES, INC.** Employer identification number **74-2956081**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
MARLEE GRAHAM	DAUGHTER OF PRES/CEO	FINAN FOR PURCH OF MLF VEHICLE

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BILL MCLELLAN	DIRECTOR OF ORGANIZ	60,500.	DIRECTOR IS		X
MARLEE GRAHAM	DAUGHTER OR PRESIDE	5,983.	INDIVIDUAL		X
TRICIA GRAHAM	SPOUSE OF PRESIDENT	30,000.	INDIVIDUAL		X
TAYLOR GRAHAM	DAUGHTER OR PRESIDE	1,776.	INDIVIDUAL		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization **MOBILE LOAVES & FISHES, INC.** Employer identification number **74-2956081**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	10	20,785.	
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>COMPUTER EQUI</u>)	X	1	8,357.	
26	Other ▶ (<u>MISCELLANEOUS</u>)	X	1	805.	
27	Other ▶ (<u>SUPPLIES AND</u>)	X	1	75.	
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE ORGANIZATION HIRES OR USES THIRD PARTIES TO
PROCESS AND SELL NON-CASH CONTRIBUTIONS AS NEEDED. THIRD PARTIES
RECEIVE A PERCENTAGE OF SALES OF NON-CASH CONTRIBUTIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number

74-2956081

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

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.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT TAX RETURN WILL BE EMAILED TO ALL BOARD MEMBERS APPROXIMATELY ONE MONTH PRIOR TO FILING FOR PERSONAL REVIEW. BOARD MEMBERS ARE ENCOURAGED TO ATTEND A MEETING OF THE MANAGEMENT STRATEGY COMMITTEE (MSC) FOR A DETAIL REVIEW OF THE TAX RETURN INCLUDING AN EXTENSIVE PRESENTATION OF THE TAX RETURN BY THE PREPARING CPA. AN AMENDED DRAFT WILL BE SUBMITTED TO ALL BOARD MEMBERS FOR FINAL REVIEW. AT BOARD MEETING, BOARD WILL VOTE TO APPROVE TAX RETURN FOR FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: AT ANNUAL BOARD RETREAT, MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE AND CONSENT FORM AND SUBMIT FOR REVIEW. THIS POLICY IS MONITORED EVERY SIX MONTHS THROUGH AN AGENDA ITEM AT BOARD MEETINGS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number

74-2956081

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE ORGANIZATIONS
CEO AND KEY EMPLOYEES OCCURS ON AN ANNUAL BASIS BY A SALARY COMMITTEE
DURING THE BUDGET REVIEW PROCESS. THE SALARY COMMITTEE REVIEWS COST OF
LIVING ADJUSTMENTS AS WELL AS UTILIZES THE SALARY AND COMPENSATION
RESOURCES AT WWW.GREENLIGHTS.ORG, A WEBSITE FOR NONPROFIT SUCCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION
POLICY, WHISTLEBLOWER POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC THROUGH A WRITTEN OR ORAL REQUEST. THE ORGANIZATION ALSO PROVIDES A
LINK ON ITS WEBSITE THAT DIRECTS THE PUBLIC TO ONLINE COPIES OF THE
PUBLICALLY DISCLOSED DOCUMENTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BILL MCLELLAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 60500.

(D) DESCRIPTION OF TRANSACTION: DIRECTOR IS A SHAREHOLDER OF THE BANK

MOBILE LOAVES AND FISHES UTILIZES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARLEE GRAHAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OR PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 5983.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number

74-2956081

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS ON MOBILE LOAVES AND

FISHES PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TRICIA GRAHAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 30000.

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS ON MOBILE LOAVES AND

FISHES PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TAYLOR GRAHAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OR PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 1776.

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS ON MOBILE LOAVES AND

FISHES PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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	Current Year Deduction
	BUILDINGS											
9	WALK-IN COOLER	021301SL		5.00	16	11,110.			11,110.	11,110.		0.
31	STORAGE UNIT	011304SL		5.00	16	2,045.			2,045.	1,636.		409.
	* 990 PAGE 10 TOTAL BUILDINGS					13,155.		0.	13,155.	12,746.	0.	409.
	FURNITURE & FIXTURES											
11	PREPARATION TABLE	051401SL		7.00	16	847.			847.	807.		40.
12	STAINLESS STEEL TABLE	071001SL		7.00	16	406.			406.	377.		29.
14	DESK AND FILE CABINET	041602SL		7.00	16	950.			950.	770.		136.
17	DIGITAL CAMERA	092002SL		5.00	16	860.			860.	860.		0.
48	CABINET AND SINKS	080405SL		7.00	16	1,310.			1,310.	452.		187.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					4,373.		0.	4,373.	3,266.	0.	392.
	MACHINERY & EQUIPMENT											
1	DELL COMPUTER - SERVER	121700SL		5.00	16	2,565.			2,565.	2,565.		0.
60	GB HARDDRIVE											
2	(WEBSITE)	072502SL		5.00	16	1,268.			1,268.	1,268.		0.
3	COMPUTER SYSTEM	021302SL		5.00	16	3,000.			3,000.	3,000.		0.
4	COMPUTER	061002SL		5.00	16	1,531.			1,531.	1,531.		0.
5	COMPUTER	090502SL		5.00	16	618.			618.	618.		0.
6	DELL DIMENSION COMPUTER	102403SL		5.00	16	798.			798.	667.		131.

8328102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

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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	Current Year Deduction
10	KITCHEN EQUIPMENT	021201	1SL	5.00	16	3,029.			3,029.	3,029.		0.
13	MACHINE AND EQUIPMENT	070101	1SL	5.00	16	3,366.			3,366.	3,366.		0.
15	PRESSURE WASHER	041902	1SL	5.00	16	737.			737.	737.		0.
16	FISHER HOUSE AIR CONDITIONER COMMERCIAL	083002	1SL	5.00	16	2,171.			2,171.	2,171.		0.
18	REFRIGERATOR	101002	1SL	5.00	16	1,930.			1,930.	1,930.		0.
33	LAWN MOWER -42 DEER COMPUTER EQUIPMENT FOR	073005	1SL	5.00	16	1,399.			1,399.	677.		280.
34	NEW HIRE COMPUTER EQUIPMENT -	110405	1SL	5.00	16	1,805.			1,805.	782.		361.
35	DONATED FROM IBM COMPUTER SOFTWARE -	122705	1SL	5.00	16	6,294.			6,294.	2,518.		1,259.
36	QUICKBOOKS 06	123005	1SL	3.00	16	1,257.			1,257.	838.		419.
37	DELL 3400 MP PROJECTOR	123105	1SL	5.00	16	1,406.			1,406.	562.		281.
49	REFRIGERATOR	103105	1SL	5.00	16	2,130.			2,130.	923.		426.
50	PHONE SYSTEM	110405	1SL	5.00	16	2,583.			2,583.	1,120.		517.
66	KITCHEN EQUIPMENT	041006	1SL	5.00	16	2,165.			2,165.	758.		433.
98	4 THINK PAD LAP TOPS	021507	1SL	5.00	16	6,716.			6,716.	1,231.		1,343.
99	COMPUTER SOFTWARE	120107	1SL	3.00	16	1,350.			1,350.	38.		450.
100	2 BLODGETT CONVECTION OVENS	031507	1SL	5.00	16	1,900.			1,900.	317.		380.
101	HOW SHAVED ICE MACHINE	071907	1SL	5.00	16	816.			816.	68.		163.
102	UNFINISHED BBQ PIT	110407	1SL	5.00	16	1,200.			1,200.	40.		240.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
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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	Current Year Deduction
130	COMPUTER EQUIPMENT-SERVER	012308SL		5.00	16	3,059.			3,059.			561.
131	COMPUTER EQUIPMENT-SCANNER	012308SL		5.00	16	1,708.			1,708.			313.
132	COMPUTER EQUIPMENT-DELL	060408SL		5.00	16	2,078.			2,078.			242.
133	COMPUTER EQUIPMENT-DONATED FROM	071408SL		5.00	16	8,357.			8,357.			836.
134	COMPUTER EQUIPMENT-EXCHANGE SER	091008SL		5.00	16	2,738.			2,738.			183.
135	COMPUTER SOFTWARE-ACCOUNTING	022108SL		3.00	16	1,350.			1,350.			375.
136	KITCHEN EQUIPMENT-ICE MACHINE	071008SL		5.00	16	1,673.			1,673.			167.
137	OTHER EQUIPMENT-POP UP TENTS	072308SL		5.00	16	1,803.			1,803.			150.
138	OTHER EQUIPMENT-PORTABLE STR	091808SL		5.00	16	3,100.			3,100.			155.
139	KITCHEN EQUIPMENT-FOOD SERVICE	102408SL		5.00	16	1,981.			1,981.			66.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT					79,881.		0.	79,881.	30,754.	0.	9,731.
20	FORD F-250 FOOD TRUCK	090100SL		5.00	16	22,175.			22,175.	22,175.		0.
21	2001 FORD F-250 TRUCK	022201SL		5.00	16	36,886.			36,886.	36,886.		0.
22	ST. LOUIS TRUCK	071702SL		5.00	16	33,904.			33,904.	33,904.		0.
23	ST. THOMAS MORE TRUCK	060602SL		5.00	16	33,529.			33,529.	33,529.		0.
25	SME TRUCK DOWNTOWN MINISTRY OF CHURCHES TRUCK	102303SL		5.00	16	32,839.			32,839.	27,367.		5,472.
32	CHURCHES TRUCK	120104SL		5.00	16	33,157.			33,157.	20,446.		6,631.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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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	Current Year Deduction
38	MLF OPERATING TRUCK	060705SL		5.00	16	26,551.			26,551.	13,718.		5,310.
40	TRAILER - JB BURRIS	051305SL		5.00	16	14,030.			14,030.	7,483.		2,806.
42	TRAILER - STEVEN KENDRICK	051905SL		5.00	16	6,091.			6,091.	3,147.		1,218.
44	TRAILER - D. BAKER	082205SL		5.00	16	8,000.			8,000.	2,133.		1,600.
51	2006 CHEVY TRUCK - KATRINA	121205SL		5.00	16	35,781.			35,781.	14,908.		7,156.
52	TRAILER - HOW	083005SL		5.00	16	8,596.			8,596.	4,011.		1,719.
53	TRAILER - KATRINA	090605SL		5.00	16	10,095.			10,095.	4,711.		2,019.
54	TRAILER - MLF	090605SL		5.00	16	3,463.			3,463.	1,617.		693.
55	TRAILER - MLF	092605SL		5.00	16	1,628.			1,628.	733.		326.
67	SHOWER TRAILER	062406SL		5.00	16	12,167.			12,167.	3,650.		2,433.
69	TRAILER #11-2000 DUTCHMANSUPREAM	062606SL		5.00	16	11,356.			11,356.	3,407.		2,271.
70	TRAILER #12-1993 AVION	090506SL		5.00	16	13,367.			13,367.	3,564.		2,673.
71	TRAILER #13-1996 JAYCO	091406SL		5.00	16	8,922.			8,922.	2,379.		1,784.
72	TRAILER #14-1999 YELLOWSTONE	112206SL		5.00	16	11,597.			11,597.	2,512.		2,319.
73	TRAILER #15-MANOR MODEL 120	122606SL		5.00	16	22,109.			22,109.	4,422.		4,422.
75	TRUCK #9-CHEVROLET (SJM)	070106SL		5.00	16	36,639.			36,639.	10,992.		7,328.
76	TRUCK #10-ST. FRAN OF ASSIS(CATH)	121506SL		5.00	16	34,324.			34,324.	7,437.		6,865.
87	1999 ENCLOSED TRAILER	011506SL		5.00	16	1,500.			1,500.	600.		300.

828102
04-25-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
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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	Current Year Deduction
103	TRAILER #2 2003 EAGLE	073107SL		5.00	16	15,000.			15,000.	1,250.		3,000.
104	TRAILER #16 1995	010507SL		5.00	16	6,000.			6,000.	1,200.		1,200.
105	TRAILER #17 1998	012507SL		5.00	16	12,423.			12,423.	2,278.		2,485.
106	HITCHHIKER	040507SL		5.00	16	10,531.			10,531.	1,580.		2,106.
107	TRAILER #18 1998 TERRY	042607SL		5.00	16	7,337.			7,337.	978.		1,467.
108	TRAILER #19 1994 WILDERNESS	051107SL		5.00	16	8,189.			8,189.	1,092.		1,638.
109	TRAILER #20 1997 WILDERNESS	071307SL		5.00	16	7,000.			7,000.	700.		1,400.
110	TRAILER #21 1998 SPORTMAN	090107SL		5.00	16	6,999.			6,999.	467.		1,400.
111	TRAILER #22 1994 CHALLENGER	121207SL		5.00	16	9,880.			9,880.	165.		1,976.
112	TRAILER #23 2002 WILDCAT	121707SL		5.00	16	15,245.			15,245.			3,049.
113	TRAILER #24 99 DUTCHMAN CLASSIC	083107SL		5.00	16	9,370.			9,370.	625.		1,874.
114	TRAILER #25 2003 CONQUEST	040207SL		5.00	16	6,054.			6,054.	908.		1,211.
115	1995 NISSAN MAXIMA	060107SL		5.00	16	2,650.			2,650.	309.		530.
116	(D)1998 FORD EXPLORER	082107SL		5.00	16	2,000.			2,000.	133.		0.
117	(D)1998 MERCURY MYSTIQUE	100807SL		5.00	16	1,900.			1,900.	95.		32.
118	TRUCK #7 05 CHEV SIGN	060107SL		5.00	16	390.			390.	46.		78.
119	TRUCK #10 HITCH ADDITION	010307SL		5.00	16	889.			889.	178.		178.
120	TRUCK #11 07 CHEVY SILVERADO (SUN)	050107SL		5.00	16	35,800.			35,800.	4,773.		7,160.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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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	Current Year Deduction
121	TRUCK #13 07 CHEV (RIP)	080107SL	SL	5.00	16	36,954.			36,954.	3,080.		7,391.
122	TRUCK #14 07 CHEV (LHC)	080107SL	SL	5.00	16	35,358.			35,358.	2,947.		7,072.
123	(D)TRUCK #15 07 CHEV COLORADO (HOW)	080107SL	SL	5.00	16	20,852.			20,852.	1,738.		3,128.
124	TRUCK #8 ADDITION	010108SL	SL	5.00	16	1,079.			1,079.			216.
125	TRUCK # 16 08 CHEVY (RBC)	062408SL	SL	5.00	16	34,028.			34,028.			3,403.
126	TRUCK # 17 08 CHEVY (LHC DT)	062408SL	SL	5.00	16	34,014.			34,014.			3,401.
127	TRUCK # 18 08 GMC SIERRA (HOW)	091708SL	SL	5.00	16	23,182.			23,182.			1,159.
128	TRUCK #19 DISASTER RELIEF	120308SL	SL	5.00	16	36,812.			36,812.			614.
129	TRUCK #14 ADDITION TRAILER # 26 2001	011708SL	SL	5.00	16	1,218.			1,218.			223.
140	COUGAR 5TH	040208SL	SL	5.00	16	13,610.			13,610.			2,042.
141	TRAILER #27 JAYCO CT	080108SL	SL	5.00	16	3,505.			3,505.			292.
142	TRAILER #28 99 FORE FLAGSTAFF	071508SL	SL	5.00	16	6,440.			6,440.			644.
143	TRAILER #29 PROWLER FLEETW	102008SL	SL	5.00	16	3,030.			3,030.			101.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPME					866,445.		0.	866,445.	290,273.	0.	125,815.
	OTHER											
	* 990 PAGE 10 TOTAL OTHER					0.		0.	0.	478.	0.	0.
	PROGRAM SERVICES											
27	WEBSITE DESIGN	111400SL	SL	3.00	16	4,000.			4,000.	4,000.		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	Current Year Deduction
28	WEBSITE DESIGN	123100SL		3.00	16	5,522.			5,522.	5,522.		0.
29	WEBSITE DESIGN	063002SL		3.00	16	10,459.			10,459.	10,459.		0.
30	WEBSITE DESIGN	083102SL		3.00	16	3,856.			3,856.	3,856.		0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					23,837.		0.	23,837.	23,837.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					987,691.		0.	987,691.	361,354.	0.	136,347.

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return MOBILE LOAVES & FISHES, INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 74-2956081
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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 for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	136,347.

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 2008	17	
18 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 2008 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
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life	(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 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
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.	22	136,347.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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? Yes No 24b If "Yes," is the evidence written? Yes 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 depreciation allowance for qualified listed 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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2008 tax year:					
	:	:			
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44