Department of the Treasur

A For the 2006 calendar year, or tax year beginning

Charles Section PACODE

Short Form

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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must life Form
(90 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form ▶ The organization may have to use a copy of this return to sepsity state reporting requirements

May 1

, 2006, and ending

, 20

06

December 31

OMB No. 1545-1150

B :	nedkia 90	grossie.	Please : use iRS :	C Name of organization	D Emplo	yer idani	meation number		
===	43d+898 C	· 5	62	·	1813012				
==:	fiema cha	. I have a littlember 900 street of above a way is act decision and account applicable and a contact				siephone number			
==	lertial retur	\$c P O Roy 120864					496-4962		
<u>===</u>	final retur Aniended	Specific I				Exempt	105		
=		# NISHOC*				•	*S:F		
==.					counting me		Z Cash		
•	Section	ວກ ວບາ(ດ)(3) ເ	organiza	the area to many the contract of the contract	mer (specify)		≥ Casir i Accida:		
			a con						
		e: 🛌 luke1	412 ora	·	теск 🗲 📋		•		
					not required		v 996-82. or 995-PFt		
) 505; 23 50 (6); 3 1 4 (185); (10); (1 -54); (2); (1 - 152);					
			-	n is not a section 509/a)(3) supporting organization and its gross receipts are i	normally not	more tha	in \$25,000. A return is		
				ration chooses to fire a return, be sure to file a complete return.					
				e 9 to determine gross receipts; if \$100,000 or more, file Form 390 instead of Fo		<u> </u>			
	10 48	Revenue,	, Expe	nses, and Changes in Net Assets or Fund Balances (See p	pag∈ 47 of	the ins	tructions.)		
	1	Contribution	ns. aifts	, grants, and similar amounts received		1	29,603.57		
	. 2			evenue including government fees and contracts		2	-0-		
	3	_		and assessments		3	-0-		
	4	investment	•			4	220		
		- - · -		n sale of assets other than inventory 53					
	5a			Tribate of assets continued involves.					
	b i			1 0335 and 36133 Expenses		5c	-0-		
Ü	C			sale of assets other than inventory (line 5a less line 5b) tattach sch		1 35			
Revenue	6	•		activities (attach schedule). If any amount is from gamling, check here	>				
34.6	а	Gross reve	enue (no	a including \$ of contributions	•				
ř	İ	reported o	n line 1	·	-0-				
	b	Less: direc	ot expe	nses other than fundraising expenses	-0-		•		
	C	c. Net income or (loss) from special events and activities (line 6a less line 6b)					-0-		
	: 7а	Gross sale	s of inv	entory, less returns and allowances 78	-0-				
	b	Less: cost		· · · · · · · · · · · · · · · · · · ·	- 0-	1 :			
	c						- 0-		
	. 5					<u>76 '</u> ! 8			
	9			Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	29,823.57		
	ł					10	-0-		
	10			r amounts paid (attach schedule)		11	-0-		
70	11								
Ses	12						21978		
Expense	13	13 Professional fees and other payments to independent contractors					2025		
×	14	Occupanc	y, rent.	utilities, and maintenance		14	2758		
Ш	15	Printing, p	ublicati	ons, postage, and shipping.		15	1010		
	16	Other expe	enses (i	tescribe bank, insurance, transportation, licenses, web, misc., food		16	13853		
	17	Total expe	enses (add lines 10°through 16)	. , . ≻	17	41624		
S	18	Excess or	Ideficit	for the year (line 9 less line 17)		18	(11,800)		
set	19			d balances at beginning of year (from line 27, column (A)) (must	sars= with				
Net Assets	1.5		_	19	108,048				
	20			reported on prior year's return). net assets or fund balances (attach explanation)	• •	20	see explanation		
ž	21			b balances at end of year (combine lines 18 through 20)	>	2:	96248		
£ . [121								
7.55) Seginning of		(B) End of year		
				or page of or mid montperior.		048 22			
22					-0- 23				
23		and and buildings							
24		Other assets (describe >				-0- 24 048 25			
25		10181 233613							
26	Tota	Total liabilities (describe ►				0- 26			
27				fances (line 27 of column (B) must agree with line 21)		048 27			
Fo	r Privac	y Act and Pa	aperwo	k Reduction Act Notice, see the separate instructions. Cat. N	No. 106421		Form 990-EZ 120081		

	TENE OLIVERY AND CONTRACTOR	-1:-h	af tha inginiaiia	\			<u>.</u>	
	Statement of Program Service Accom				ب ا	neqx 3 of perv		
Wha	it is the organization's primary exempt purpose? L	uke 14:12 is a soup kitchen to	r the nomeless and	nun gry	- and	(4) org	anizat	u)(a) IONS
desc	cribe what was achieved in carrying out the organiza- cribe the services provided, the number of persons ber	nefited, or other relevant info	ermation for each p		, and	4947(a) nal for)(1) tru	usts;
28	Over 12,000 people were served a dinner-style meal at t	he noon hour two days per we	ek per year					
								
-								
9	Grants \$) If this amount inclu	udes foreign grants, check	ners	▶ [_	28a		4	1,624
29 .			•••••					
-			•••••••••••	• · - • •	.			
-	Committee Commit	uisa faraina granta, abasir			29a			
•	Grants S) If this amount inclu				1 290			
30 .				•				
-		• • • • • • • • • • • • • • • • • • • •		-				
7	Grants \$) If this amount inclu	udes foreign grants, check	here	▶ [30a			
	Other program services (attach schedule)	adea lordigit grants, drison	110.0		, 332			
	•	udes foreign grants, check	here		1 31a			
	Total program service expenses (add lines 28a th			<u> </u>				
	List of Officers, Directors, Trustees, and Key			d. See page		e instru	ctions.	.:
		(B) Title and average	(C) Compensation	(D) Contribu	tions to	(E)	Expens	ŧ
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee bene deterred com			ount an atiowan	
Stev	ve Brickner, John Butler, Ann Davis, George Hays,	Board of Directors, 2hrs			-			
Joy	Gooch, Ted Mchern, Ed Wilkinson, Bob Sidel, Derek	per week	-0-	<u>;</u>	-0-			-0-
Jon	es, Dave Palmer, Jean White, Stephanie Freudenthal							
				<u> </u>	ļ			
Amy	Gallagher	Ex. Director, 20 hrs per wk		}				
			15,000 per year		-0-			-0-
Nan	cy Crutcher	Asst. Director 10hrs per wk		; ;	!			
_			7,500 per year		-0-			-0-
Pa	Other Information (Note the statemen	nt requirement in Genera	al Instruction V.)				Yes	No
33	Did the organization engage in any activity not pro-	eviously reported to the IR	S? If "Yes," attac	h a detaile	i			
	description of each activity					33		~
34	Were any changes made to the organizing or gov	erning documents but not	reported to the iF	S? If "Yes	**		!	
	attach a conformed copy of the changes					34	 	~
35	If the organization had income from business activities, s				utnot		!	
	reported on Form 990-T, attach a statement explaining y	·						
â	Did the organization have unrelated business gros							
	proxy tax requirements?					35a		~
	If "Yes," has it filed a tax return on Form 990-T for	•				35b	 	
36	Was there a liquidation, dissolution, termination, o	or substantial contraction of	luring the year? (I	"Yes," att	ach a	1 ~~		~
D 7 -	statement.)					36	$\vdash \vdash \vdash$	
	Enter amount of political expenditures, direct or ind				-0-	}	! !	
	Did the organization file Form 1120-POL for this					37b		-
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still unpaid at the start of the period covered by this return?							~
			- (return? .		38a		
b	If "Yes," attach the schedule specified in the line involved		r the amount 38	ь				
30	involved 501(c)(7) organizations. Enter:	• • • • • • •		<u>-</u>		-		
39 a	Initiation fees and capital contributions included o	on line 9	39	a				
	Gross receipts, included on line 9, for public use		39			4		

Part	V	Other Information (Note the statement requirement in General Instruction V.) (Continued)					
		(3) organizations. Enter amount of tax imposed on the organization during the year under: on 4911 ▶	_				
		(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		Yes	No		
	year c	40b		V			
1	the ye	amount of tax imposed on organization managers or disqualified persons during ear under sections 4912, 4955, and 4958			i		
d	Enter	amount of tax on line 40c reimbursed by the organization ▶					
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?						
		ne states with which a copy of this return is filed. ► Tennessee					
42a	The t	ooks are in care of ► Amy Gallagher Telephone no. ► (615)	3706	6-496	<u> </u>		
	Located at ► 423 Wandering Trail, Franklin, TN ZIP + 4 ►						
с. 43	over account over a count over account over	is," enter the name of the foreign country: the instructions for exceptions and filing requirements for Form TD F 90-22.1.	42b	Yes	No V		
Pleas Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the be and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer to Signature of officer Amy D. Gallagher, ExDirector Type or print name and title					
Paid		Preparer's SSN ← Check if Praparer's SSN ← cells cell	PTIN (Se	se Gen.	inst. ()		
Prepa Use O		Firm's name (or yours Line in seif-employed),					
	/117y	address, and ZiP + 4 Phone no Prince					
		For	- 990	-EZ	(2006)		



Feeding Body, Mind, & Spirit

May 7, 2007

IRS Center Ogden UT 84201-0027

EIN – 1813012 Luke 14:12 Form 990 ez and Schedule B

To Whom It May Concern:

The explanation for Line 20 of Schedule A is as follows:

At the January 2007 Board of Directors meeting, the Board unanimously voted to change the fiscal year of the corporation from 5/1 - 4/30 to 1/1 - 12/31. Therefor are, you are comparing a prior full calendar year to a partial calendar year. Our income would not change significantly as traditionally most funds have been raised in the latter part of the calendar year. What is missing is 4 months of expenses or an additional 1/3 of the annual expenses.

Attached is a copy of the minutes of the January 2007 Board of Directors meeting.

Amy D. Gallagher

and Bullage

Ex-Director *