



RECEIVED  
JAN 31 2012 *JB*  
CARSON CITY  
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding  
Fiscal Year 2012-2013

Name of Organization: Food for Thought

Amount Requested: \$ 10,000

Contact Person: Stephanie Gardner

Mailing Address: P.O. Box 656

City: Carson City State: NV Zip Code: 89702

Phone Number: (775) 885-7770 E-mail: execdirector.foodforthought@yahoo.com

501(c)3 Taxpayer I.D. Number: 51-0664783

Date Submitted: 1/31/2012

Please mail completed application and attachments to:  
Carson City Executive Offices  
201 N. Carson Street, Suite 2  
Carson City, NV 89701

1 Carson City Community Support Services  
**APPLICATION FOR GRANT FUNDS**  
Fiscal Year 2012-2013

**Organization Information**

1. What is the overall purpose or goal of your organization?  
Provide a healthful bag of food to hungry children in the Carson City area allowing these children to eat on weekends and to arrive at school on Monday nourished and ready to learn.
2. How long has your organization been in existence? 5 Years    Months  
  
How long has your organization been in Carson City? 5 Years    Months
3. Describe in general the activities or services of your organization:  
Food for Thought provides a nutritious bag of food each week to over 700 chronically hungry children in schools in our community. Funds from this grant will be used for a supplemental educational food program for L/M adults.
4. How many people do you intend to serve during this Fiscal Year 2012-2013?  
  
# of Youth    # of Adults 36 # of Seniors
5. How many people served this Fiscal Year 2012-2013 will be Carson City residents?  
  
# of Youth    # of Adults 36 # of Seniors
6. How many paid employees/volunteers does your organization employ?  
  
# of full-time employees    # of part-time employees 3
7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc):   None
8. Describe how your organization is managed and governed (i.e., Board of Directors).  
  
Board of Directors
9. Please provide information on your Executive Board members or contact person:  

<u>Name</u>	<u>Title</u>	<u>Phone</u>
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Please see attached organizational chart.

## Program/Proposal Information

10. Amount of funds requested? \$ 10,000

11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

The purpose of the program is to help SNAP/WIC eligible families buy nutritious foods at low cost. Clients of FISH, Ron Wood and other agencies will learn shopping skills in order to plan nutritious menus. Volunteer culinary and nutrition experts will teach hands-on classes on selecting and preparing low cost ingredients and using healthy cooking techniques.

The target population is families selected by agencies collaborating with Food for Thought, probably 6-8 families per class to be held weekly in FISH's kitchen for 6 weeks.

The grant will fund promotional materials, copy machine for printing menus and recipes, notebooks and paper, clip boards, calculators, cooking utensils, copy machine paper and toner, disposable eating items, plastic food containers, trash bags, etc.

Food for Thought is uniquely qualified to administer this program because it is an extension of what Food for Thought already does within the regular school year. Food for Thought has established relationships with related agencies, as well as schools, to provide the regular ongoing and supplemental programs.

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

The project objectives meet the City's Goals of a Healthy Community and a Community Where Information is Available to All.

The measureable outcomes will be (1) number of classes held, (2) number of parents attending and successfully completing the course, (3) cost of food products per family, (4) cost of paper and printing.

Specific activities involve these events:

1. Recruit a volunteer Nutritionist and Chef.
2. Organize classes in the kitchen at FISH.
3. Procure all necessary budget items i.e. copy machine, cooking utensils, etc.
4. Get family referrals from FISH, Ron Wood, and other agencies

Please see attached proposed class schedule.

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Low to Moderate income families who are WIC/SNAP eligible will benefit. The program will empower families with the skills, knowledge and confidence to prepare healthy and affordable meals.

On-going fund-raising and promotion efforts will continuously be conducted to gain funding and help the program grow.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?  
No other agencies provide this service at this time.
15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.  
See attached itemized budget.
16. Has your organization been funded by Carson City previously?  Yes  No  
If yes, please list:
- | <u>Year</u> | <u>Amount</u> | <u>Program/Event</u> |
|-------------|---------------|----------------------|
|-------------|---------------|----------------------|

**Required Attachments:**

- ☛ A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- ☛ A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- ☛ **Previous Grantees: If your organization received grant funding in Fiscal Year 2011-2012 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- ☛ Signed Guidelines for Grants (please keep a copy for your files).



*Food for Thought, Inc<sup>TM</sup>*

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*Feeding Our Youngest Victims Of Homelessness*

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 2, 2012.
- 9 Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on January 31, 2012**. An electronic pdf version may also be e-mailed to [cceo@carson.org](mailto:cceo@carson.org).

*I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.*

Food for thought/supplemental program  
Name of Program

Stephan Cee  
Project Director Signature

1/26/12  
Date

Carson City Executive Offices  
201 N. Carson Street, Suite 2  
Carson City, NV 89701  
775-887-2100  
775-887-2286 (fax)  
[cceo@carson.org](mailto:cceo@carson.org)  
[www.carson.org](http://www.carson.org)

## Food for Thought Organization Chart

### **Board of Directors**

President Nancy Yamamoto  
Vice President Donnie Moellendorf  
Treasure Carrie Ayarbe  
Secretary Raynell Heaton  
Kristen Robison  
Myrna Salas  
Gina Session  
Molly Walt

### **Executive Director**

Stephanie Gardner

### **Staff**

Stacy Lauderbaugh  
Peter Starren

### **Volunteers**

100 members of our community

## Proposed class schedule

6 week class once a week

9/10/2012- 10/15

10/29- 12/3

1/7/2013 - 2/11

2/25-4/1

4/15-5/13

5/20-6/24



## Budget attachment

### Itemized Budget

#### **Client supplies**

50 Name tags = \$300

Pens = \$216

Paper = \$240

Clip boards = \$72

Binders = \$210

Calculators = \$360

Cooking gadgets = \$216

#### **Cooking supplies**

Paper plates, napkins, cups, utensils = \$500

Cooking oil, butter, seasonings = \$300

#### **Administrative supplies**

Copy machine = \$ 2,700

Toner = \$220

#### **Promotional materials**

Creating and printing color brochures =\$ 3,500

Stamps and envelopes = \$2,000

**Total grant request = \$10,000**

## Food for Thought - Referral Form

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Food for Thought targets Children in Transition and children showing signs of chronic hunger. The program provides bags with food (3-4 simple meals) on Fridays to children who might otherwise not have enough to eat over the weekend. Every school will receive a weekly allotment of weekend food bags. Schools can select the students felt to be most in need of weekend food assistance, for this program. Any teacher or staffer may refer a student. The principal and coordinator will make the final decision about offering the backpack program to that child. (Slots are limited based on funding.)

To refer a child to Food for Thought, please check one or more of the following behaviors that the child displays on a regular basis. *At least one item on this list MUST be checked to refer the child to Food for Thought.*

- Rushing food lines
- Complaining of extreme hunger on Monday morning.
- Being sent to nurse or office for food to hold child over until next school meal
- Quickly eating all of the food served and asking for more
- Asking when the next meal/snack will be served
- Regularly asking their teacher or other school staff for food
- Saving/hoarding/stealing food to take home for themselves and/or a sibling
- Lingered around for or asking for seconds
- Comments about not having enough food at home
- Asking classmates for food they don't want
- Other information regarding the child's home situation that requires the need for food. Please explain:

**Other factors that may be present and may help you identify a chronically hungry child:**

**Physical Appearance:** Extreme thinness Puffy/ swollen skin Chronically dry/cracked lips  
Chronically dry and itchy eyes

**School Performance:** Excessive absences and/or tardiness Repetition of a grade  
Chronic sickness Short attention span/inability to concentrate  
Chronic behavior problems (hyperactive, irritable, anxious, withdrawn, etc)

**Home Environment:** Often cooks own meal, or has another sibling who does  
Moves frequently Loss of household income Family crisis

Does this child have pre-school or older siblings?  YES (age/s \_\_\_\_\_) or  NO

\_\_\_\_\_  
*Name/Title of person referring the student*

\_\_\_\_\_  
*Date*

Complete this form and give it to your school's Food for Thought Coordinator.

Child approved by principal/FFT Coordinator for FFT: \_\_\_\_\_

Additional notes:

Questions? Contact Food for Thought at 775-885-7770

*Want to support this program? Donations of backpack-appropriate foods, volunteer time, and cash donations for backpack food purchase are always accented at/by Food for Thought.*



JIM GIBBONS  
Governor

ROBERT R. BARENGO  
Chair, Nevada Tax Commission

DINO DICIANNO  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>

1550 College Parkway, Suite 115  
Carson City, Nevada 89708-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE

Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada, 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kletzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 688-1295  
Fax: (775) 688-1303

HENDERSON OFFICE  
2550 Paseo Verde Parkway Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

April 13, 2010

Account Number: **RCE-014-520**

Exp date: **April 13, 2015**

**FOOD FOR THOUGHT INC**  
**3579 HIGHWAY 50 EAST STE 221**  
**CARSON CITY NV 89702**

Pursuant to NRS 372.3261 and related statutes, FOOD FOR THOUGHT INC has been granted sales/use tax exempt status as a charitable organization. Direct purchases of tangible personal property made by FOOD FOR THOUGHT INC are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to FOOD FOR THOUGHT INC are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

Dino DiCianno  
Executive Director

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

Date: **MAY 15 2009**

FOOD FOR THOUGHT INC  
PO BOX 656  
CARSON CITY, NV 89702-0656

Employer Identification Number:  
51-0664783  
DIN:  
17053029364019  
Contact Person: ID# 31647  
JOSEPH R KENNEDY  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170 (b) (1) (A) (vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
January 28, 2008  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

**Food For Thought, Inc.**  
**Profit & Loss Budget Overview**  
 January through December 2012

	Jan - Dec 12
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Dollar Drive	300.00
Pampered Chef Fundraiser	400.00
Food Bags	4,645.00
Direct Public Grants	
Corporate and Business Grants	15,000.00
<b>Total Direct Public Grants</b>	<b>15,000.00</b>
Direct Public Support	
Holiday Letter 2012	25,000.00
Serpa Match	10,000.00
Holiday Letter 2011	1,000.00
In Kind Contributions	
Rent	14,400.00
Food Items Donated to FFT	16,571.33
<b>Total In Kind Contributions</b>	<b>30,971.33</b>
Business Donations	24,150.00
Cash or Gift cards	200.00
Foundation Donations	10,025.00
Organization Donations	35,075.00
Private Donations	55,150.00
<b>Total Direct Public Support</b>	<b>191,571.33</b>
Fund Raising Income	
Buffer Broadway Fundraiser	6,150.00
Ladies Night Out	7,200.00
Ladies Night Out 12/6/11	8,290.00
Fund Raising-May Event	43,500.00
<b>Total Fund Raising Income</b>	<b>65,140.00</b>
Government Grants	18,000.00
Investments	
Interest-Savings, Short-term CD	23.75
<b>Total Investments</b>	<b>23.75</b>
<b>Total Income</b>	<b>295,080.08</b>
<b>Expense</b>	
<b>PROGRAM EXPENSE</b>	
Cooking Classes	4,000.00
Summer Program	12,500.00
<b>Total PROGRAM EXPENSE</b>	<b>16,500.00</b>
<b>PAYPAL FEES</b>	200.00
In Kind	
Rent	14,400.00
Food Items Donated	16,571.33
<b>Total In Kind</b>	<b>30,971.33</b>
Insurance-Worker's Comp	576.00
Volunteer Retention	480.00
Business Expenses	
Business Registration Fees	25.00
<b>Total Business Expenses</b>	<b>25.00</b>
Contract Services	
Accounting Fees	375.00
Fundraising Fees	40.00
Website design and maintenance	2,400.00
<b>Total Contract Services</b>	<b>2,815.00</b>
Distributed Items	
Food	94,537.52
<b>Total Distributed Items</b>	<b>94,537.52</b>

**Food For Thought, Inc.**  
**Profit & Loss Budget Overview**  
January through December 2012

	Jan - Dec 12
<b>Facilities and Equipment</b>	
warehouse maintenance	275.00
Equip Rental and Maintenance	300.00
Property Insurance	605.00
Rent, Parking, Utilities	2,670.00
Warehouse Supplies	300.00
<b>Total Facilities and Equipment</b>	4,150.00
<b>Fundraising</b>	
Event Expenses	3,630.00
Food and Drink	2,890.00
Fundraising Supplies	90.00
<b>Total Fundraising</b>	6,610.00
<b>Operations</b>	
Software	697.18
Office Equipment	1,000.00
Office Supplies	540.00
Postage, Mailing Service	1,570.00
Printing and Copying	240.00
Supplies	480.00
Telephone, Internet	1,200.00
<b>Total Operations</b>	5,727.18
<b>Other Types of Expenses</b>	
Insurance - Liability, D and O	2,065.00
Membership Dues	325.00
<b>Total Other Types of Expenses</b>	2,390.00
<b>Payroll Expenses</b>	
Salary	34,781.24
Social Security	2,046.18
Medicare	528.68
SUTA	0.00
Payroll Expenses - Other	284.93
<b>Total Payroll Expenses</b>	37,641.03
<b>Total Expense</b>	202,623.06
<b>Net Ordinary Income</b>	92,457.02
<b>Net Income</b>	92,457.02

Filed to Mary  
11-14-11

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions on back.

Name of exempt organization: Food for Thought, Inc. Employer identification number: 51-0664783

Name and title of officer: Carrie Ayarbe Treasurer

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<u>185,006</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22). . . . .	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	_____

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize Mary Sanada to enter my PIN 22774 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 88299089706  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 11-14-11

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2010 calendar year, or tax year beginning _____, and ending _____	
<b>B</b> Check if applicable:	<b>C</b> Name of organization
<input type="checkbox"/> Address change	Food for Thought, Inc.
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	PO Box 656
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4
<input type="checkbox"/> Amended return	Carson City NV 89702
<input type="checkbox"/> Application pending	
<b>D</b> Employer identification number	
51-0664783	
<b>E</b> Telephone number	
(775) 883-1011	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	
<b>I</b> Website: ▶ www.nvfoodforthought.org	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 191,025	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	161,201
	2 Program service revenue including government fees and contracts	2	342
	3 Membership dues and assessments	3	
	4 Investment income	4	108
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 12,167 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	29,261	
c Less: direct expenses from gaming and fundraising events	6c	6,019	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,242	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	113	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	185,006	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	200
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	59,182
	13 Professional fees and other payments to independent contractors	13	5,997
	14 Occupancy, rent, utilities, and maintenance	14	6,803
	15 Printing, publications, postage, and shipping	15	3,528
	16 Other expenses (describe in Schedule O)	16	152,620
	17 <b>Total expenses.</b> Add lines 10 through 16. ▶	17	228,330
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-43,324
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	76,595
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶	21	33,271



**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.  X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	76,637	32,275
23 Land and buildings . . . . .		
24 Other assets (describe in Schedule O) . . . . .	687	1,051
25 Total assets . . . . .	77,324	33,326
26 Total liabilities (describe in Schedule O) . . . . .	729	55
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	76,595	33,271

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

Check if the organization used Schedule O to respond to any question in this Part III  X

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Distributed food and clothing items to 750 needy children in 12 Carson City elementary schools		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	211,787
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	211,787

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Rebecca Rund 3579 HWY 50 East #221 Carson City NV 89701	Title Exec Dir Hr/WK 40.00	32,913		
Carrie Ayarbe 3579 HWY 50 East #221 Carson City NV 89701	Title Treasurer Hr/WK 1.00	0		
Raynell Heaton 3579 HWY 50 East #221 Carson City NV 89701	Title Director Hr/WK 1.00	0		
Donnie Mollendorf 3579 HWY 50 East #221 Carson City NV 89701	Title Director Hr/WK 1.00	0		
Tim Angello 3579 HWY 50 East #221 Carson City NV 89701	Title Director Hr/WK 1.00	0		
	Title Hr/WK .00	0		
Gina Sessions 3579 HWY 50 East #221 Carson City NV 89701	Title President Hr/WK 1.00	0		
Molly Wait 3579 HWY 50 East #221 Carson City NV 89701	Title Director Hr/WK 1.00	0		
Nancy Yamamoto 3579 HWY 50 East #221 Carson City NV 89701	Title Vice Pres Hr/WK 1.00	0		
Stacy Wilke 3579 HWY 50 East #221 Carson City NV 89701	Title Secretary Hr/WK 1.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b		
39a	a Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9. ▶ 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41	List the states with which a copy of this return is filed. ▶		
42a	a The organization's books are in care of ▶ The Organization Telephone no. ▶ (775) 883-1011 Located at ▶ 3579 Hwy 50 East #221 City, Carson City ST, NV ZIP + 4 ▶ 89701		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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

<b>Sign Here</b>	Signature of officer Carrie Ayarbe, Treasurer		Date 11/14/11		
	Type or print name and title.				
<b>Paid Preparer's Use Only</b>	Print/Type preparer's name Mary Sanada	Preparer's signature	Date 11/14/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name Mary C. Sanada, CPA	Firm's EIN			
	Firm's address 2832 Table Rock Dr., Carson City, NV 89706	Phone no. (775) 885-7962			

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Food for Thought, Inc.

Employer identification number

51-0664783

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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).
- 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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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?
  - (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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			137,054	197,832	161,201	496,087
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	137,054	197,832	161,201	496,087
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						39,984
6 <b>Public support.</b> Subtract line 5 from line 4.						456,103

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	0	0	137,054	197,832	161,201	496,087
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				39	108	147
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .					113	113
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						496,347
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	67,847
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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 . . . . .						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a 33 1/3% support tests—2010. 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—2009. 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 . . . . . ▶

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Line 10 Recycling

Area with horizontal dashed lines for supplemental information.

**Schedule of Contributors**

**2010**

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

Name of the organization <b>Food for Thought, Inc.</b>	Employer identification number <b>51-0664783</b>
---	---

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  
Food for Thought, Inc.

Employer identification number  
51-0664783

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Harley Davidson Foundation 3850 Arrowhead Drive Carson City NV 89706 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Dixie May Foundation 4303 Cutting Horse Circle Reno NV 89519 Foreign State or Province: Foreign Country:	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Wilbur May Foundation 2716 Ocean Park Boulevard Santa Monica CA 90405 Foreign State or Province: Foreign Country:	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	   Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
Food for Thought, Inc.

Employer identification number  
51-0664783

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----
-----	----- ----- ----- -----	\$ ----- 0	-----

Name of organization Food for Thought, Inc.	Employer identification number 51-0664783
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 25,000

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- -----	----- ----- ----- -----
For. Prov. <span style="margin-left: 100px;">Country</span>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- -----	----- ----- ----- -----
For. Prov. <span style="margin-left: 100px;">Country</span>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- -----	----- ----- ----- -----
For. Prov. <span style="margin-left: 100px;">Country</span>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- -----	----- ----- ----- -----
For. Prov. <span style="margin-left: 100px;">Country</span>	



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Dinner/auction (event type)	Ladies night out (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	30,869	6,446	4,113	41,428
	2	Less: Charitable contributions . . . . .	5,600	2,454	4,113	12,167
	3	Gross income (line 1 minus line 2) . . . . .	25,269	3,992	0	29,261
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	500	0	500
	6	Rent/facility costs . . . . .	794	0	0	794
	7	Food and beverages . . . . .	3,457	1,209	0	4,666
	8	Entertainment . . . . .	0	0	0	0
	9	Other direct expenses . . . . .	0	59	0	59
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 6,019)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				23,242	

**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))
Revenue	1	Gross revenue . . . . .			0
Direct Expenses	2	Cash prizes . . . . .			0
	3	Noncash prizes . . . . .			0
	4	Rent/facility costs . . . . .			0
	5	Other direct expenses . . . . .			0
	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) . . . . . ▶				( 0)
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				0

- 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? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Food for Thought, Inc.

51-0664783

Form 990-EZ, Part I, Line 8, Other Revenue: Recycling: 113

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Donation, Grantee: Boys & Girls Clubs of

Western NV 1870 Russell Way Carson City NV 89706, Cash Grant: 200, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 57

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 842

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 85

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 3,141

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,170

Form 990-EZ, Part I, Line 16, Other Expenses: Bank fees: 463

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 2,703

Form 990-EZ, Part I, Line 16, Other Expenses: Distributed items: 139,042

Form 990-EZ, Part I, Line 16, Other Expenses: Volunteer expenses: 3,085

Form 990-EZ, Part I, Line 16, Other Expenses: Website: 82

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & subscriptions: 175

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 1,775

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid expenses: Beginning of year: 687, End of  
year: 1,051

Form 990-EZ, Part II, Line 26, Liabilities: Accrued payroll liabilities: Beginning of year:  
729, End of year: 0

Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable: Beginning of year: 0, End of  
year: 55

Form 990 Part III Provide food for needy children in carson city elementary schools on the  
weekends in order to provide these children with adequate nutrition thus enhancing the ability  
of the children to learn.

Name of the organization

Employer identification number

Food for Thought, Inc.

51-0664783

Area with horizontal dashed lines for supplemental information.