990EF		2021			
Name(s) as shown on return		(K	eep for your records)		EIN number
Feeding the Gulf Co	oast				63-0821997
Feeding the Guir Co	Dast				63-0821997
The following will be trans	mitted to the IRS.	x 990	990-T	Amended 990	Amended 990-T
		8868	4720	FinCEN 114	
The following state returns	will be transmitted:				
			·		
The following returns have	been suppressed or a	re not eligib	le and will NOT be tr	ansmitted.	
EF Notes					

Acknowledgement and General Information for Entities That File Returns Electronically	2021
Name(s) as shown on return	Employer Identification Number
Feeding the Gulf Coast Entity address	**-***1997
5248 Mobile South Street	
Theodore, AL 36582 Thank you for participating in IRS e-file.	
1. X 2021 8868-01 income tax retum for Federal was filed elements The electronic filing services were provided by Kim K. Enikeieff, CPA	ectronically.
2. x 8868-01 income tax return was accepted on 04-25-2022 using a Personal an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to entity The submission ID assigned to this return is 5985432022115fscyqck	al Identification Number (PIN) as ter or generate a PIN signature.

	~			Detu			ingtion					-		OMB No. 1545-0047	
Form 990 Return of Organization						Exempt	From II	ICOI	me ra	K		2024			
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									2021					
Departm	nent of	the Treasury		► Dor	not e	nter social sec	urity number	s on this form	n as it may l	be ma	de public.			Open to Public	
		ue Service		► G	io to	www.irs.gov/l	Form990 for i	nstructions a	and the lates	st info	rmation.			Inspection	
A Fo	or the	2021 calend	ar y <u>ear, c</u>	or tax year	beg	inning			, 2021, a	nd en	ding	_		, 20	
B Ch	neck if a	applicable:	C Na	ame of organiza	ation F	eeding the	Gulf Coa	ast				DE	mplo	yer identification number	
Ad	ldress c	change	Do	oing business a	as									63-0821997	
Na	ime cha	ange	Nu	umber and stre	et (or	P.O. box if mail is no	t delivered to stree	et address)		Room/s	suite	E 1	eleph	one number	
Ini	tial retu	Irn	524	8 Mobil	.e S	outh Stree	et							(251)653-1617	
Fir	nal retur	rn/terminated	Cit	ty or town, stat	te or p	rovince, country, and	ZIP or foreign pos	stal code				G	Gross	receipts	
An	nended	return	The	odore,	AL	36582						ę	;	51,941,393	
Ap	plicatio	n pending	F Na	ame and addre	ess of p	principal officer: Mi	chael Led	ger			H(a) Is this	a group r	eturn fo	or subordinates? Yes X No	
			Sam	ne as C	abc	ove					H(b) Are a	II subor	dinate	s included? Yes No	
I Ta	x-exem	npt status: X	501(c)(3)	501(c)	() 🗲 (insert no.)	4947(a)	(1) or 5	27		lf "No	," attacł	n a list	t. See instructions	
J W	ebsite:	► www	.feedi	ngthegu	lfc	coast					H(c) Grou	p exemp	otion n	number 🕨	
K Fo	rm of o	rganization: X	Corporation	n 🗌 Trust	A	ssociation Oth	ner 🕨	L	. Year of formati	on: 19	980 м	State	of lega	al domicile: AL	
Part	t I	Summar	у												
	1	Briefly descri	be the or	ganization's	s mis	sion or most sig	nificant activit	ies: The	Organiza	tion	is a t	ax-e	xei	npt food	
-		distribu	tion c	enter c	omm	itted to <u>r</u>	providing	nutritio	nally ba	lanc	ed food	for	hu	ngry people in 24	
nce		counties	in Al	abama,	Flo	rida and M	lississipp	pi.							
Governance															
ove	2	Check this bo	ox ► 🗌 i	if the organ	nizatio	on discontinued	its operations	or disposed o	of more than 2	25% of	f its net ass	ets.			
õ	3	Number of ve	oting men	mbers of the	e gov	verning body (P	art VI, line 1a)						3	21	
s S	4	Number of in	depende	nt voting m	embe	ers of the gover	ning body (Pa	rt VI, line 1b)					4	21	
ritie	5	Total number	of individ	duals emplo	oyed	in calendar yea	r 2021 (Part V	', line 2a)					5	119	
Activities &	6	Total number	al number of volunteers (estimate if necessary)								1,250				
∢	7a	Total unrelate	ed busine	ess revenue	e fron	n Part VIII, colur	mn (C), line 12	2				. 7	′a	0	
	b	Net unrelate	d busines	ss taxable ir	ncom	ne from Form 99	0-T, Part I, line	e11				. 7	′b	0	
											Prior Yea	ar		Current Year	
	8	Contributions and grants (Part VIII, line 1h) 68,542,385							48,703,147						
ne	9	Program ser	vice revei	nue (Part V	/111, li	ne 2g)				•	2,72	27,40	55	3,083,757	
Revenue	10	Investment in	at income (Part VIII, column (A), lines 3, 4, and 7d) 3,736 enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,658						77,058						
Re	11	Other revenue							78,6	58	71,679				
	12	Total revenue	e - add lin	nes 8 throug	gh 11	(must equal Pa	rt VIII, column	(A), line 12)			71,35	52,24	14	51,935,641	
	13	Grants and s	imilar am	ounts paid	(Par	t IX, column (A)	, lines 1-3) .			•	43,52	6,03	37	35,569,789	
	14	Benefits paid	to or for	members (Part	IX, column (A),	line 4)			•				0	
	15	Salaries, oth	er compe	nsation, em	nploy	ee benefits (Par	t IX, column (A	A), lines 5-10)		•	3,74	9,92	21	3,536,715	
See				•		, column (A), lin	,			•	21	.7,9	55	259,082	
Expenses	b	Total fundrai	sing expe	enses (Part	IX, c	olumn (D), line	25) ►		832,677						
ŭ	17	Other expense	ses (Part	IX, column	(A),	lines 11a-11d, 1	1f-24e)			•	7,51	.0,74	19	8,224,834	
	18					stequal Part IX,					55,00			47,590,420	
	19	Revenue less	s expense	es. Subtrac	ct line	e 18 from line 12	2			•	16,34	7,58	32	4,345,221	
ces											ginning of Cu	rrent Ye	ear	End of Year	
Net Assets or Fund Balances	20		•								26,69	1,40	52	30,651,678	
t As: od B:	21		•								80	6,4	72	443,233	
	22				Ibtrac	t line 21 from lin	ne 20			•	25,88	34,99	90	30,208,445	
Par		Signatu													
						turn, including accor officer) is based on a				of my kn	lowledge and b	oelief, it	is		
						,			, 0						
C :			ael Le	dger											
Sign		Signatur	e of officer										Date	e	
Here	•				res	ident and	CEO								
		,	print name a						_						
		Print/Type pre	parer's nam	ie		Preparer's signation	ture		Date		Chec	k X	if	PTIN	
Paid		Kim K.	Enikei			Kim K. En			05-13-20	22	self-e	self-employed P00989337			
Prep			►			Enikeieff,	CPA				Firm's EIN 🕨				
Use	Only	Firm's address	5 Þ	PO B	lox	8754					Phone no.				
				Mobi	le	AL 36689						25	1 - 5	591-1357	

		-			20002	
May the IRS	discuss this re	turn with the	preparer	shown	n above?	See instructions
	al. De des etters	Archieder			- 1 - 1 1	

No

Form	m 990 (2021) Feeding the Gulf Coast 63-	0821997	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The Organization is a tax-exempt food distribution center committed to providing		onally
	balanced food for hungry people in 24 counties in Alabama, Florida and Mississip	pi.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	. 🗌 Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a			
	Feeding the Gulf Coast provides emergency food assistance to 24 counties in Alab		
	Mississippi by distributing food through a network of more than 600 food pantrie		
	shelters and programs. The food distributed is donated, purchased or received fr	om federa	1
	programs.		
4b	• (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(/
4d			
4.0	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>		Eorm	990 (2021)
EEA		rum	330 (2021)

Form	1990 (2021) Feeding the Gulf Coast 63-08219	97	P	Page 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Part IV Checklist of Required Schedules (continued) Number of the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (N), line 27 4 "Non-complete Schedule (J, Part I and W). Z2 X2		990 (2021) Feeding the Gulf Coast 63-082	1997		Page 4
22 Del the organization report more than 55.000 of grants or other assistance to or for domestic individuals on part X, control K, line 22 * Y********************************	Pa	rt IV Checklist of Required Schedules (continued)			-1
Part IX. column (A), ine 2? If "Yes," complexe Schedule / Parts 1 and U. 22 X DD bit the organization source" register benefit of schedule / and principal amount of more than structure and former officers. Greators, trustees, key emptyses, and lighest comparisated emptyses? If "Yes," complexe Schedule / and the schedule K. If "No," go to like 256. 248 X 240 Did the organization invest any proceeds of tax-exempt bords beyord a temporary point deception?. 248 X 241 Did the organization invest any proceeds of tax-exempt bords beyord a temporary point deception?. 248 X 242 Did the organization invest any proceeds of tax-exempt bords beyord a temporary point deception?. 248 X 243 Did the organization invest any proceeds of tax-exempt bords outscheding at any time during the year? 246 244 Did the organization act as in "on behalt of issuer for bonds outscheding at any time during the year? 246 256 section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and the the transaction any of the organization in profession any of the organization in profession approach and year year? 256 27 Did the organization in profession approach and year year and year in a schedule in the year? 256 28 Did the organization act as an oble in Pr				Yes	No
23 Did the organization aware "Yes" 'o Part VII. Section A. Line 3.4, or 6 about compensation of the organization conflores, directors, trades, the subtex, key employees, and highest componented employees? If 'Yes,' complete Schedule J. 23 x 240 Did the organization have a tax-exampt bord issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Desamber 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule X. If 'No.' go taine 25a. 24a 24a 24 Did the organization marks any proceeds of tax-exempt bond beyond a temporary period exception'. 24a 24a 25 Did the organization as an 'on bohaf of 'ssuer for bon's outstanding at any time during the year? 24d 24d 26 Section 50((3), 50((4), 40, 40, 40, 40) 24d 25s x 26 Section 50((3), 50((4), 40, 40, 40, 40) 24d 25s x 27 Section 50((3), 50((4), 40, 40, 40, 40) 24d 25s x 28 Section 50((4), 50((4), 40, 40, 40, 40) 26d 27 7 28 Section 50((4), 50((4), 40, 40, 40, 40) 27d 25b x 29 Section 50((4), 50((4), 40, 40, 40, 40) 27d 7 Y***, complete Schedule 1, Part 1. 25s x 20	22				
approximation current and former offices, directors, trustees, law employees, and highest componented 23 24 Did the organization have a tax excerned to dissue with an outsanding principal amount of more than 24 25 Did the organization marked any Excerned to dissue with an outsanding principal amount of more than 24a 26 Did the organization marked any Excerned to dissue with an outsanding principal amount of more than 24a 27 Did the organization marked any Excerned to dissue with an outsanding participal account any time during the year? 24d 28 Exclore 50f1c(3), 50f1c(3), and 50f1c(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and the the transaction any of the organization size in any of the organization prior any and the organization prior any and the organization size in any of the organization prior any any of the organization in any of the organizatin priore in any of the organization in any of the organiza			. 22	-	x
employees <i>H</i> // Yes, 'complete Schedule <i>J</i> . 23 x 4 Dot the organization have at the sevenet bord issue with an outstanding principal amount of more than x x 4 Dot the organization invest stary proceeds of its execting bronds beyond a temporary period exception? Zeb x b Dot the organization invest stary proceeds of its execting bronds beyond a temporary period exception? Zeb x c Dot the organization and an escow account ofter than a refunding escow at any time duning the year Zeb x c Dot the organization acts as an "on behalf of issue for bords outstanding at any time duning the year? Zeb x 25 Section 50((c)(5), 50((c)(4), 40((c)(4), and 50((c)(2)) organizations. Dot the organization scopes is not period exception? Zeb x b Is the organization aware that it magade in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 900-E27 yr ************************************	23	-			
24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last, day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24 and complete Schedule II'' and year to be acception? 24a b Did the organization markina mescrow account other than a refunding sector at any time duing the year? 24d c Did the organization markina mescrow account other than a refunding sector at any time duing the year? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and the transaction sen to been reported on any of the organization reported Schedule L, Part I. 25a x c Ib the organization markin any mount on Part X, line 5 or 22, for receivables from or payvales to any current or former officer, director, trustee, key employee, creator or framed officer, director, trustee, key employee, creator or frame officer, director, trustee, key employee, creator or frame					
\$100.000 a of the last day of the year, that was issued after December 31. 2002? If 'Yes, "answer lines 240 X b Did the organization invest any proceeds of tax exampt bonds beyond a temporary parted exception? Z4b c Did the organization invest any proceeds of tax exampt bonds beyond a temporary parted exception? Z4c d Did the organization maintain an escrow account other than a relunding escrow at any time dung the year? Z4c d Did the organization and as an on behalf of issue for bonds outsigning at any time dung the year? Z4d d Did the organization and and 501(c)(20) organizations. Did the organization apage in an excess benefit transaction with a disqualified person in a pror Yes, "complete Schedule L, Part I Z5b d Did the organization account of the regarded in an excess benefit transaction with a disquard may amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% Z6 X d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Z6 X d Did the organization account there assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or appleade lenge of the any current or founder, or substantial contributor, P1 Z8 <td></td> <td></td> <td>. 23</td> <td></td> <td>x</td>			. 23		x
through 244 and complete Schedule K 11 No.* go to line 25a. 24a x b Did the organization meantain an escrow account other than a refunding escrow at any time during the year 24b 24b c Did the organization meantain an escrow account other than a refunding escrow at any time during the year 24c 24c 25 Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disquifile person during the year? 1 * Ns.* complete Schedule L, Part 1. 25a x b Is the organization act as an iso hole ne problem of on any 0 the organization prior Forms 900 or 90-22? 25b x b Did the organization provide a grant or other assistance to any other organizations prior Forms 900 or 90-22? 25b x 27 Did the organization provide a grant or other assistance to any other organizations prior Forms 900 or 90-22? 26 x 27 Did the organization provide a grant or other assistance to any other organization provide L. Part II. 26 x 27 Did the organization provide a grant or other assistance to any other organization provide a grant or other assistance to any other organization committee 27 x 28 Mas the organization provide a grant or other assistance to any other organization commute 27 x 27 Was the organization provide a grant or other assistance to any other organi selection committee 27 x <	24a				
b Definition of the organization minimation models of tax-exempt bonds beyond a temporary period exception? 24b c Definition organization maintain an escow account other than a rotunding escrew at any time during the year? 24c d Definition organization maintain an escow account other than a rotunding escrew at any time during the year? 24c d Definition organization maintain an escow account other than a rotunding escrew at any time during the year? 24d d Definition (1cg3), 801(cg4), 401(cg4), 401(cg4), and 801(cg2) organizations. Definition organization accounts that degualified person during the year? 24d d Definition organization maintain the organizations price form sego in a prior year, and that the transaction has not been reported on any of the organizations price form sego or 990-E27 25b x d Definition organization and the secole of the secole or 12. For receivables fram or payseb to any current or ormer officier, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity (including an employee breaci) or framity member of any of these persons? 27 X 28 Definition organization secole controlled on the secole or controlled on the organization receive the organization account of the secole or controlled on the organization technic organization receive the any and the secole organization receive the any and the secole organization receive the any anount or there assistance to any current or former officer, dire					
c Did the organization maintein an escrow account other then a refunding acrow at any time during the year 24c d Did the organization act as an 'on behall of' issuer for bonds outstanding at any time during the year? 24d 28 Section 501(c)(3) 501(c)(4) and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 28 bit the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a sing organization sprior Forms 990 or 990-E2? 25b x 26 Did the organization neord any of hesp persons? 17 'vss, 'complete Schedule L, Part I. 26 x 27 Did the organization neord arry of these persons? 17 'vss, 'complete Schedule L, Part II. 26 x 28 Was the organization neords arry of these persons? 17 'vss, 'complete Schedule L, Part II. 26 x 28 Was the organization particle antly of nucleus, substantial contributor or a grant solection committe member, or to a 35%: controlled entity of nucleus, exp employee, creator or founder, substantial contributor? II 7x 28 Was the organization paret is a sole and cases operations, and exceptions.) 28 x 30 A anity member of any individual described in line 28a' II' 'vss, 'complete Schedule L, Part IV.					x
to defense any tax-exempt bords? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 990-E27 25b 25b Ut the organization expert that is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization's prior forms 900 or 990-E27 25b 25c Ut the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. 26 27 Did the organization aparty to a business transaction with a diversity and exceptions? 27 x 28 Was the organization aparty to a busines, transaction with ne of the following parties (see Schedule L, Part II. 27 x 29 Did the organization receive more than 325,000 in non-ceast contributors? If "Yes," complete Schedule L, Part IV. 28 x 20 Did the organization receive more than 325,000 in non-ceast contributors? If "Yes," complete Schedule M. 29 x 20			. 240		
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 x 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I. 33 x 34 Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1. 34 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b x 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 x 38 Section 501(c)(3) organization. <td>20</td> <td></td> <td></td> <td></td> <td></td>	20				
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b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					<u> </u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 x 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 x 38 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 37 x 38 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 38 x 38 Did the organization Complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 38 x 39 Note: All Form 990 filers are required to complete Schedule Q. 38 x Part V Statements Regarding Other IRS Filings and Tax Compliance V V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			. 35k	,	x
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 x 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 37 x 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 x 92 Note: All Form 990 filers are required to complete Schedule O. 38 x Part V Statements Regarding Other IRS Filings and Tax Compliance 38 x Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 Yes No b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . 1b 0 0 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and 1b 0 0 0			. 36		x
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19? Note: All Form 990 filers are required to complete Schedule O. 38 x Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 b Enter the number of Form 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 Image: Check if Check	38				
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b Enter the number of Form 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 1b 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and	b		0		
	с				
		reportable gaming (gambling) winnings to prize winners?	. 1c	x	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 11	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	. 4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru			_
	Check if Schedule O contains a response or note to any line in this Part VI	• • • • •		. X
See	ction A. Governing Body and Management		1	1
			Yes	No
1a		21		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		21		
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?	2		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 governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6 7-	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
h	one or more members of the governing body?	<u>7a</u>		x
b	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			x
U	the year by the following:			
а		8a	x	
b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, 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 on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done		x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a L	The organization's CEO, Executive Director, or top management official		x	
b	Other officers or key employees of the organization	<u>15b</u>		x
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	160		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	<u>16a</u>		x
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100	1	1
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website V Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Michael Ledger (251)653-1617, 5248 Mobile South Steet, Theodore, AL 36582			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and				
	Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							
List all	of the organization's current officers, directors, trustees (whether individuals or organizations), regardly	ess of amount of					

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Кеу	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC	related organizations
	organizations	or or	nal t		oloye	e				
	below	stee	ruste		e	oens				
	dotted line)		õ			ated				
(1) Michael Ledger	40.00									
President CEO				х				115,000	0	4,600
(2) Ben Russell	2.00									
Director		х						0	0	0
(3) Lee Teumer	2.00									
Director		x						0	0	0
(4) Alec_Naman	2.00									
Director		x						0	0	0
(5) Tom Ninestine	2.00									
Director		х						0	0	0
(6) Katie Widdows	2.00									
Director		х						0	0	0
(7) Ricardo Woods	2.00									
Director		х						0	0	0
(8) Dorothy Shaw	2.00									
Director		х						0	0	0
(9) Barbara Peters	2.00									
Director		х						0	0	0
(10)John Merting	2.00									
Director		х						0	0	0
(11)Willson McClelland	2.00									
Director		х						0	0	0
(12)Rachel Holland	2.00									
Director		х						0	0	0
(13)Debbie Floyd	2.00									
Director		х						0	0	0
(14)Jorge Cancel	2.00									
Director		х						0	0	0
FEA										Form 990 (2021)

Form 990 (2021) Part VII S

Feeding the Gulf Coast

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

(A)	(B)			(C Posi	tion			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box, offic	unless er and	s pers a dire	ion is	han one s both an /trustee)		Reportable compensation from the organization (W-2/	Reportabl compensation from relate organizations	tion ted s (W-2/	co f	nated am of other mpensati from the	on
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS(1099-NEC		•	inization d organiz	
15)Valerie James Director	2.00	x						0		0			0
(16) Dufug III daga	2.00							v					
Director		x						0		o			0
	2.00	л		-				0					0
Director		x						0		o			0
(19) Dread II i al-a	5.00	л								-			0
Past Chair	<u></u>	x		x				0		o			0
19)Doug Whitmore	5.00	x		x				0		0			0
(20)Michael Holland	5.00	л	\vdash	-				U					U
Vice Chair and Treasurer		x		x				0		o			0
(21)Chad Brown	2.00												•
At Large	'- '	x		x				0		0			0
22)Derrick Williams	5.00												
Secretary		х		x				0		0			0
[23]													
(24)													
(25)													
1b Subtotal			•••	•••			•						
c Total from continuation sheets to Part VII, Section	on A .												
d Total (add lines 1b and 1c)							►	115,000		0		4,6	500
2 Total number of individuals (including but not limit		sted a	bove) wh	o re	eceived	mc	ore than \$100,000 o	of				
reportable compensation from the organization	•											Yes	No
3 Did the organization list any former officer, direct						-							
employee on line 1a? <i>If "Yes," complete Schedul</i>For any individual listed on line 1a, is the sum of re										•••	3		x
organization and related organizations greater the				com	plet	e Sche	dul	e J for such			4		x
5 Did any person listed on line 1a receive or accrue	compensatio	n from	any			-				• • •			
for services rendered to the organization? If "Yes	," complete .	Schea	lule J	for s	suc	h perso	on	• • • • • • • •		• • •	5		х
Section B. Independent Contractors					ب ماد				0 -1				
1 Complete this table for your five highest compensation													
compensation from the organization. Report comp	ensation for t	ne cai	enua	ryea	ar e	naing v	vitri		Ization's tax	year.	(0)		
(A) Name and business addres								(B)	20		(C)	ation	
	3							Description of service			Compens	auun	
2 Total number of independent contractors (including	a but not limi	tod to	those	alict	od r		who						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

rt V	0 (202	21) Feedi Statement of Rev		he Gulf	Coa	ISC			63-0821	997 Pa
		Check if Schedule O co			or n	ote to any line in thi	s Part VIII			
					0.11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a	Federated campaigns .			1a	20,169				
	1	Membership dues		-	1b					
and Other Similar Amounts	с	Fundraising events			1c	70,099				
õ	d	Related organizations .			1d					
ar A	е	Government grants (contributions) 1e			16,254,861					
Ē	f	All other contributions, gif	ts, gra	ants,						
2		and similar amounts not in	nclude	ed above	1f	32,358,018				
đ	g	Noncash contributions inc	luded							
pug		lines 1a-1f				\$37,228,155				
	h	Total. Add lines 1a-1f			••		48,703,147			
						Business Code				
		Shared maintenanc	e			624210	3,039,887	3,039,887		
a		Membership fees				624210	43,870	43,870		
enu	C									
Revenue	d									
-	e f	All other program service i	n	10						
		Total. Add lines 2a-2f .					3,083,757			
							5,005,757			
		Investment income (includi other similar amounts) .					65,058	65,058		
		Income from investment of						,		
		Royalties								
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securities	5	(ii) Other				
		sales of assets								
		other than inventory	7a			12,000				
		Less: cost or other basis								
		and sales expenses				10.000				
		Gain or (loss) Net gain or (loss)				12,000	12.000	12.000		
		Gross income from fundrai		• • • • • •	· ·	· · · · · · •	12,000	12,000		
		events (not including \$	0	70,099						
		of contributions reported o								
		1c). See Part IV, line 18			8a	6,785				
		Less: direct expenses .			8b					
	с	Net income or (loss) from f	fundra	aising events	•	••••••	1,033			1,0
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19 .		9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from g	gamin	g activities	•••	•••••				
		Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10b	1				
-+	C	Net income or (loss) from s	sales	or inventory	••					
	112	Other income				Business Code 624210	70 646	70,646		
	b					024210	70,646	/0,646		
	D D									
										+
		All other revenue								
	d	All other revenue Total. Add lines 11a-11d					70,646			

Check if Schedule O contains a response or note to any line in this Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	35,569,789	35,569,789		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,492		115,492	
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	2,800,105	2,214,853	237,634	347,618
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	57,971	38,228	9,838	9,905
9	Other employee benefits	343,158	270,840	30,357	41,961
10	Payroll taxes	219,989	167,226	26,218	26,545
11	Fees for services (nonemployees):				
а	Management				
b	Legal	400		400	
с		49,421		49,421	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	259,082			259,082
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	95,466	94,905	561	
12	Advertising and promotion	186,849	135,970	235	50,644
13	Office expenses	222,933	179,665	28,172	15,096
14	Information technology	121,997	103,285	649	18,063
15	Royalties				
16		374,179	374,179		
17	Travel	66	66		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,299	8,526	14,606	3,167
20	Interest	4,534	4,534		
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	420,055	399,319	20,736	
23		282,860	270,070	12,790	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Equipment rental	83,383	82,976	407	
b	Food procurement and freight	5,875,287	5,875,287		
с	Truck repairs, gas and oil	298,604	297,978	102	524
d	Miscellaneous	182,176	83,929	38,175	60,072
е	All other expenses	325		325	· · · -
25	Total functional expenses. Add lines 1 through 24e	47,590,420	46,171,625	586,118	832,677
26	Joint costs. Complete this line only if the				• • •
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	D21) Feeding the Gulf Coast	63	3-082199	97 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,311,143	1	8,223,505
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	764,297	3	627,994
	4	Accounts receivable, net	61,685	4	43,585
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,110,409	8	3,866,134
As:	9	Prepaid expenses and deferred charges	102,787	9	106,813
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,708,810			
	b	Less: accumulated depreciation	5,089,765	10c	5,782,815
	11	Investments - publicly traded securities	9,251,376	11	12,000,832
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,691,462	16	30,651,678
	17	Accounts payable and accrued expenses	602,227	17	336,161
	18	Grants payable		18	107,072
	19	Deferred revenue	12,655	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	191,590	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	806,472	26	443,233
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
l nce	27	Net assets without donor restrictions	22,680,256	27	27,810,977
3ala	28	Net assets with donor restrictions	3,204,734	28	2,397,468
Ъ		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	25,884,990	32	30,208,445
	33	Total liabilities and net assets/fund balances	26,691,462	33	30,651,678

EEA

Form 990 (2021)

Form	990 (2021) Feeding the Gulf Coast 6	3-0821993	7	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,	935,	641
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,	590,	420
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	345,	221
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,	884,	990
5	Net unrealized gains (losses) on investments	5		(21,	,766)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	30,	208,	445
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 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? \ldots .		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
EEA			Form	990 (2	2021)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

OMB No. 1545-004	7
2021	

•		,	Complete if the o	rganization is a section	501(c)(3) organization or a se	ction 4947(a)	(1) nonexemp	ot charitable trust.	
Depai	Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public								
Intern	al Re	evenue Service	► Got	to www.irs.gov/Fo	orm990 for instructions	and the l	atest infor	rmation.	Inspection
Name	oft	he organization						Employer identificati	on number
Feed	lin	g the Gulf	Coast					63-08219	97
Par	't I	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	art.) See instruct	tions.
Theo	orgai	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check of	only one bo	x.)		
1		A church, conv	vention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)	•	
2		A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 99	D).)			
3				-	ion described in sectior				
4				perated in conjunct	tion with a hospital desc	ribed in se	ction 170(b)(1)(A)(iii). Enter th	e
		•	e, city, and state:						
5		•	•	•	r university owned or op	erated by a	a governme	ental unit described in	1
-		•)(1)(A)(iv). (Comple	,					
6			-	-	I unit described in section				
7	X				art of its support from a g	jovernment	tal unit or fi	rom the general public	0
•			ection 170(b)(1)(A)						
8		-			(vi). (Complete Part II.)				
9		-	-		ction 170(b)(1)(A)(ix) o (see instructions). Enter		-	-	bliege
			r a non-ianu-granic cu	niege of agriculture	(see instructions). Enter	the name,	city, and Si	ate of the conege of	
10		receipts from a	activities related to its	s exempt functions,	33 1/3% of its support fr subject to certain excep pusiness taxable income	tions; and	(2) no mor	e than 33 1/3% of its	DSS
	_				e section 509(a)(2). (Co			,	
11	Ц	0	0 1		to test for public safety.		• • •		
12		-		-	or the benefit of, to perfor				
				-	ed in section 509(a)(1)				(3). Check
		_	-		e of supporting organiza			-	
а					rvised, or controlled by		-		giving
			• • • •		rly appoint or elect a ma		edirectors	or trustees of the	
		•	-	-	rt IV, Sections A and E		nnorted or	appiration(a) by boy	ina
b)			•	controlled in connection		• •		•
			on(s). You must co		ation vested in the same			i manage the support	leu
c			()	•	rganization operated in o	connection	with and	functionally integrate	d with
Ŭ					ou must complete Par				a wiai,
d	1		• • • •		ing organization operate				ation(s)
			•	•	n generally must satisfy a				
				•	ete Part IV, Sections A		•		
e	•	_ ·	, ,	•	en determination from the			I, Type II, Type III	
		functionall	y integrated, or Type	e III non-functionally	integrated supporting o	rganizatior). I.		
f	E		r of supported organ	-		-			
g	I F	Provide the follow	wing information abo	ut the supported or	ganization(s).				
	(i) N	ame of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Schedu	ule A (Form 990) 2021 Feeding the	e Gulf Coas	st			63-082199	7 Page 2
Part		ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	-
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") 3	4,485,050 4	42,524,2024	10,704,125	8,542,385	18,703,147	234,958,909
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3 3	4,485,050 4	42,524,2024	10,704,125	8,542,385	18,703,147	234,958,909
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)						4,298,952
$\frac{6}{800000000000000000000000000000000000$	Public support. Subtract line 5 from line 4. ion B. Total Support						230,659,957
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7			42,524,202 4				
8	Gross income from interest, dividends,	4,485,050 -	12,524,202 4	10,704,123	56,542,365	10,703,147	234,958,903
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,476	1,886	9,728	3,336	77,058	93,484
9	Net income from unrelated business		1,000	57720	57550	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	557101
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						235,052,393
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or					a section 501(c)(3)
	organization, check this box and stop her	e					· · · . ► [
Sect	ion C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2021 (line 6					14	98.13 %
15	Public support percentage from 2020 Sch					15	96.27 %
16a	33 1/3% support test - 2021. If the organ						
	box and stop here. The organization qua	-		-			
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-		_
_	organization						
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circums			-	•
	in Part VI how the organization meets the	facts-and-circ		-	-		
4-	organization	facts-and-circ					···· ► [
18	-	facts-and-circ	box on line 13,		, or 17b, check	this box and	····► [see

	(Complete only if you checked th			-			nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
-	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support	() == (=		()	(1) 0000		(0 -))
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	-			-		
0	organization, check this box and stop her			• • • • • • • • •			▶ []
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2021 (line 8		-			15	%
<u>16</u>	Public support percentage from 2020 Scho					16	%
	on D. Computation of Investment Inc			uline 10	····· (f))	4-7	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
17	Investment income percentage for 2021 (I			-		17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the organ						
L	17 is not more than 33 1/3%, check this be		-				
b	33 1/3% support tests - 2020. If the organizati						
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	и пот спеск а	box on line 14,	198, OF 19D, C	THECK THIS DOX 8	and see instru	ucuons 🕨 📋

Page 4

No

Yes

Feeding the Gulf Coast 63-0821997 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Tes	NO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
Ŀ		-		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
octi	provide detail in Part VI.	11c		
ectio	on B. Type I Supporting Organizations		Vee	Na
	D'altha ann aite ba de ann abhan a fithe ann an iar ba de a ffreinn a stir ta thair a ffreint ann aite ann an bandar a freinn an		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	ons)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
3	r arone or capportou organizationo. Anone inited da ana do beloni.			
3	Did the organization have the nower to regularly appoint or elect a majority of the officers, directors, or			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Vos" or "No " provide details in Part VI	20		
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
		3a 3b		

63-0821997

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 Schedule A (Form 990) 2021
 Feeding the Gulf Coast

 Part IV
 Supporting Organizations (continued)

	e A (Form 990) 2021 Feeding the Gulf Coast		63-082	21997 Page
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		
	instructions. All other Type III non-functionally integrated supporting organ	izatior	is must complete Sect	
Secti	on A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally inte	arated Type III suppo	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedul	e A (Form 990) 2021 Feeding the Gulf Coast V Type III Non-Functionally Integrated 509(a)(3)	B) Supporting Organi		21997 Page 7
Secti	on D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	<u> </u>
4	Amounts paid to acquire exempt-use assets		4	•
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	5
6	Other distributions (describe in Part VI). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	}
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2021

	Frage Page Page Page Page Page Page Page P
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	ines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)
-	
-	

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

	Attach to Form 990 or Form 990-PF.
►	Go to www.irs.gov/Form990 for the latest information.

Name of the	e orgai	nization	
Feeding	the	Gulf	Coast

Employer	identification	number

63-0821997

Organization type (check one):

Filers of:	ection:	
Form 990 or 990-EZ	X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Page 2 Employer identification number

Feeding the Gulf Coast

63-0821997

Part I	Contributors (see instructions). Use duplicate cop	· · · ·	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of AL Dept of Education PO Box 302101 Montgomery AL 36130	\$4,482,843	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FL Dept of Agriculture 407 South Calhoun Street Tallahassee FL 32399	\$5,247,699	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	State of AL Dept of Education PO Box 302101 Montgomery AL 36130	\$	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FL Dept of Agriculture 407 South Calhoun Street Tallahassee FL 32399	\$2,469,465	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollDoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

	organization g the Gulf Coast		identification number 3-0821997
Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food commodities received		
1	throughout the year for		
	food bank distribution.		
		\$ 4,482,843	12-13-2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food commodities received		
2	throughout the year for		
	food bank distribution.	\$5,247,699	12-31-2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.		\$	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization	Employer identification number
Feed	ng the Gulf Coast	63-0821997
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
Ū	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ū	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv	
•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
-	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
Ū	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	
Par		Other Similar Assets
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	1 balance sheet works
.u	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	₽ 4
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	Jain, provide the
-	following amounts required to be reported under FASB ASC 958 relating to these items:	۰ ۴
a ⊾	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

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

	D (Form 990) 2021 Feeding the Gul					63-082			ge 2
Part	III Organizations Maintaining	Collections of	Art, Histor	ical Treasures	s, or Ot	ther Similar	Assets (c	ontinu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any o	of the following that	make si	gnificant use of its	S		
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan or exchange	programs	S			
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how they fu	ther the organization	on's exen	npt purpose in Pa	art		
	XIII.								
5	During the year, did the organization solicit o	r receive donations	of art, historica	al treasures, or othe	er similar				
	assets to be sold to raise funds rather than t	o be maintained as	part of the org	anization's collection	on?		🗌 Ye	s 🗌	No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes'	" on Form 9	90, Part IV, line	e 9, or i	reported an a	mount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contrib	utions or other ass	ets not				
	included on Form 990, Part X?						🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
						A	mount		
С	Beginning balance				. 10				
d	Additions during the year				. 10	b			
е	Distributions during the year				. 10	e			
f	Ending balance				. 1f	F			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for escro	w or custodial acco	unt liabili	ty?	🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	explanation ha	s been provided on	Part XIII				
Part	V Endowment Funds.								
	Complete if the organization	answered "Yes'	" on Form 9	90, Part IV, line	e 10.				
		(a) Current year	(b) Prior ye	ear (c) Two yea	irs back	(d) Three years bad	ck (e) Fou	years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, col	umn (a)) held as:					
а	Board designated or quasi-endowment	►	%						
b	Permanent endowment	%							
С	Term endowment > %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	zation that are	held and administe	red for th	e			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	uired on Scheo	lule R?			3b		
4	Describe in Part XIII the intended uses of the	e organization's enc	dowment funds	5.					
Part									
	Complete if the organization	answered "Yes'	on Form 9	90, Part IV, line	e 11a. S	See Form 990), Part X,	ine 10).
	Description of property	(a) Cost or oth	ner basis (I	 Cost or other basis 	(c)	Accumulated	(d) Boo	k value	
		(investm	ent)	(other)	d	lepreciation			
1a	Land			253,345				253 , 3	45
b	Buildings			5,671,957		1,903,586	3,	768,3	71
С	Leasehold improvements								
d	Equipment			3,783,508		2,022,409	1,	761,0	99
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, column (I	B), line 10c.,)			5,	782,8	15

Schedule D (Form 990) 2021

Part VII

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

63-0821997

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990. Part X. col. (B) line 2	25.). ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule		3-0821997	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	51,913,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(21,766)
3	Subtract line 2e from line 1	3	51,935,641
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	51,935,641
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	47,590,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	47,590,420
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,590,420
Part	XIII Supplemental Information.		

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCH	EDULE G	Supplemen	tal Information	Regardi	ng Fundra	aising or Gamir	ng Activities	OMB No. 1545-0047
(Forn	n 990)		if the organization ar	swered "Yes	s" on Form 99	0, Part IV, line 17, 18, orm 990-EZ, line 6a.	-	2021
•	nent of the Treasury Revenue Service	►	► Att	tach to Form	990 or Form		on.	Open to Public Inspection
Name of	f the organization						Employer identific	ation number
Feed	ing the Gulf	Coast					63-082	1997
Part	I Fundrais	sing Activities.	Complete if the	e organiza	ation answ	ered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990	EZ filers are not	required to comp	lete this pa	art.			
1		-	ised funds through a	· _		ties. Check all that a		
а	X Mail solicitation	ons		e x		of non-government	-	
b	=	mail solicitations		f <u>x</u>		of government gran	ts	
C	X Phone solicita			g X	Special fur	ndraising events		
d	x In-person soli							
2a	-		-	-		ng officers, directors,		
						sional fundraising se		<u>x</u> Yes No
b				naraisers) p	oursuant to ag	reements under which	ch the fundraiser is to b	De
	compensated at	least \$5,000 by the	organization.					
	(i) Name and addres or entity (fun		(ii) Activity	custody c	ndraiser have or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
					butions?		col. (i)	organization
4				Yes	No	-		
	KD Alpha Dog	-				641 001	050 000	201 020
2	S 13th Stre	et NE	Direct Mail		X	641,021	259,082	381,939
2								
3								
•								
4								
5								
6								
7								
8								
0								
9								
10								
10								
				1				
Total						641,021	259,082	381,939
3							tified it is exempt from	
-	registration or lic							

Alabama, Florida, Mississippi

			ding the Gulf Coa			0821997	Page 2
Pa	art II	Fundraising Events. Com				-	
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events wit	th
	1	gross receipts greater than					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total eve	
			Chef	(avanttuna)	None	(add col. (a) th col. (c))	irough
			(event type)	(event type)	(total number)		
Revenue						_	
eve	1	Gross receipts	76,884			70	6,884
Ŕ	2	Lagar Cartributions	80.000				
	2	Less: Contributions Gross income (line 1 minus	70,099			70	0,099
	3	line 2)	6,785				6,785
		1110 <i>2</i>)	0,785				0,705
	4	Cash prizes					
	-						
	5	Noncash prizes					
Se	6	Rent/facility costs	3,600			:	3,600
ens							
Ехр	7	Food and beverages					
Direct Expenses							
Dir	8	Entertainment	1,500				1,500
	•						
	9	Other direct expenses	652				652
	10	Direct expense summary. Add lin	es 4 through 9 in column (c	4)	•	,	5,752
	11	Net income summary. Subtract li	•	·			1,033
Pa	rt III	Gaming. Complete if the or					
		\$15,000 on Form 990-EZ, I	ine 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gamir	
Revenue				bingo/progressive bingo		col. (a) through	. col. (c))
Sev							
_	1	Gross revenue					
	2	Cash prizos					
es	2	Cash prizes					
sua	3	Noncash prizes					
ЩХЦ	Ū						
Direct Expenses	4	Rent/facility costs					
Dir		-					
	5	Other direct expenses					
			Yes %	☐ Yes %	☐ Yes %		
	6	Volunteer labor	No	No	No		
	_						
	7	Direct expense summary. Add lin	es 2 through 5 in column (c	d)	•••••		
	8	Net gaming income summary. Su	ubtract line 7 from line 1 co	lump (d)	•		
	U	net gaming meetine summary. St			•••••		
g) En	nter the state(s) in which the organiz	zation conducts gaming act	ivities:			
		the organization licensed to conduc				Yes	s 🗌 No
10		ere any of the organization's gamin	g licenses revoked, susper	ided, or terminated during t	he tax year?	🗌 Yes	s 🗌 No
	b If"	'Yes," explain:					

SCHEDULE I		Gra	ants and Other	Assistance to	o Organizatior	IS,	I	OMB No. 1545-0047
(Form 990)		Gove	rnments, and I	ndividuals in	the United Sta	ites		2021
Department of the Treasury		Complete	e if the organization ar	Swered "Yes" on Fo Attach to Form 990		1 or 22.	C	pen to Public
Internal Revenue Service				gov/Form990 for the				Inspection
Name of the organization							Employer identificat	tion number
Feeding the Gulf	Coast						63-0821997	
		Grants and Assis						
1 Does the organizat			-	-				
	-					•••••		. 🗴 Yes 🗌 No
2 Describe in Part IV								
						organization answered	I "Yes" on Form 99	0,
			ore than \$5,000. Par	t II can be duplicate	ed if additional space			1
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or govern			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)Food Bank Memb	per Agencies							
			501 (c)(3)		35,569,789	FMV	Food Supplies	Fight Hunger
(2)								
(3)								
.,								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(10)								
0 F atan <i>t</i> : 1			l					
2 Enter total number						•••••		
J ⊨nter total number	or other organizations	s iisied in the line 1 table	* • • • • • • • • •				🕨	

Schedule I (Form 990) (2021)	Feeding the Gulf Coast	6	3-0821997
Part III Grants an	d Other Assistance to Domestic Individuals	Complete if the organization answered "Yes" on Form 990. Page 10.	art IV. line 22.

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
t IV Supplemental Information. Pr					
.s.					
s					
s					
s					
S.					
s.					
S.					

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

► Co	omplete if the organizations answered	"Yes"	on Form 9	990, Part IV	, lines 29 or 3	<i>i</i> 0.
------	---------------------------------------	-------	-----------	--------------	-----------------	-------------

Attach to Form 990.

►	Go to	www.irs.gov/l	Form990 for	instructions	and the	latest in	formation.
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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I	Types of Prope	rtv
Feeding	the Gulf Coast	
Name of the c	organization	

63	-0	82	219	97

Fai	IT Types of Property	1		(a)				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
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							
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	x	20,797,852	37,228,155	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the	•		tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	-		-				
	28, that it must hold for at least three yea							
	to be used for exempt purposes for the e	-	period?			30a		х
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept							
						31	х	
32a	Does the organization hire or use third p		•					
-						32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Feeding the Gulf Coast

Employer identification number 63-0821997

01. Form 990 governing body review (Part VI, line 11)

The Form 990 and the required schedules were provided to the Board of Directors

electronically for their review prior to the return being filed. All questions arising

during this review process are resolved prior to the filing of the form.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Organization, on an annual basis, asks each member of the Board of Directors to review

the Conflict of Interest Policy to verify that they do not have any conflicts of interest

with the Organization.

03. CEO, executive director, top management comp (Part VI, line 15a)

The compensation of the President and CEO was reviewed by the Budget and Finance Committee

and approved by the Board of Directors as part of the annual budget.

04. Form 990 availability to public (Part VI, line 18)

The Organization's Form 990 will be mailed to anyone who requests a copy of the form.

05. Governing documents, etc, available to public (Part VI, line 19)

The Organization's governing documents, Conflict of Interest Policy, Audited Financial

Statements and the Form 990 are made available to anyone who requests the documents.

Form 8879-TE		IR	S <i>e-file</i> Signature for a Tax Exer			OMB No. 1545-0047
	For calendar ye	ear 2021,	or fiscal year beginning	, 2021, and ending	,20	0004
Department of the Treasury	-	,	Do not send to the IRS. K		, -	2021
Internal Revenue Service		► Go	to www.irs.gov/Form8879TE	• •	n.	
Name of filer					EIN or SSN	
Feeding the Gulf	Coast				63-0821997	
Name and title of officer or p		ax			4	
Michael Ledger,	President	and CE	0			
			Information			
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10a	a may enter dolla a below, and the b, whichever is	and ce amount applicable	g this Form 8879-TE and enter nts. For all other forms, enter v on that line for the return being e, blank (do not enter -0-). But, one line in Part I.	vhole dollars only. If you ch filed with this form was bla	eck the box on line 1a nk, then leave line 1b	a, 2a, 3a, 4a, , 2b, 3b, 4b,
1a Form 990 check	<pre> here ▶</pre>	хb	Total revenue, if any (Form 9	990, Part VIII, column (A), li	ne 12) 1	b 51,935,641
2a Form 990-EZ ch	neck here ►	b	Total revenue, if any (Form 9	990-EZ, line 9)	2	b
3a Form 1120-POL	_ check here. ►	b	Total tax (Form 1120-POL, li	ne 22)	3	b
4a Form 990-PF ch	heck here ►	b	Tax based on investment in	come (Form 990-PF, Part	V, line 5) 4	b
5a Form 8868 chee	ck here►	b	Balance due (Form 8868, line	e 3c)	5	b
6a Form 990-T che	eck here►	b	Total tax (Form 990-T, Part I	II, line 4)	6	b
7a Form 4720 cheo	ck here 🕨	b	Total tax (Form 4720, Part III	, line 1)	7	b
8a Form 5227 cheo	ck here 🕨	b	FMV of assets at end of tax	year (Form 5227, Item D)	8	b
9a Form 5330 chec	ck here►	b	Tax due (Form 5330, Part II,	line 19)	9	b
10a Form 8038-CP	check here •	b	Amount of credit payment r	equested (Form 8038-CP,	Part III, line 22) . 10	b
Part II Declara	tion and Sig	nature	Authorization of Office	r or Person Subject	to Tax	
Under penalties of perjur			am an officer of the above entity , (es and statements, and, to the b	EIN) a	and that I have examin	ned a copy of the
the date of any refund. If (direct debit) entry to the retum, and the financial in 1-888-353-4537 no later processing of the electro	applicable, I aut financial instituti nstitution to debit than 2 business onic payment of ta cted a personal in	horize the on accour the entry days pric axes to re	n of the transmission, (b) the re- e U.S. Treasury and its designation it indicated in the tax preparation to this account. To revoke a pay or to the payment (settlement) dis- ceive confidential information no- con number (PIN) as my signatu	ed Financial Agent to initial on software for payment of the yment, I must contact the U ate. I also authorize the final eccessary to answer inquiries	te an electronic funds ne federal taxes owed .S. Treasury Financial Incial institutions involv s and resolve issues re	withdrawal on this Agent at ved in the elated to
PIN: check one box only	v					
<u>x</u> lauthorize κiπ	n K. Enikei	eff, C	PA	to enter my PIN	32561	as my signature
— —			firm name		Enter five numbers, bu	ut
	lating charities a	s part of t	m. If I have indicated within this he IRS Fed/State program, I als			
filed return. If I ha	we indicated with	nin this ret	espect to the entity, I will enter n um that a copy of the retum is t y PIN on the retum's disclosure	being filed with a state agen		
Signature of officer or person	n subject to tax ►				Date▶ 04-19-20	121
	ation and Au	uthentic	ation			
ERO's EFIN/PIN. Enter						
number (EFIN) followed			•	598543 32561		
	ay year me argit	0011 00101		Don't enter a	all zeros	
	n in accordance		ich is my signature on the 2021 equirements of Pub. 4163, Mor			
ERO's signature ► Kim	K. Enikeie:	ff		Date►	05-13-2022	
	Don't S		Must Retain This Forn This Form to the IRS U		Do So	

Form 990 Vorksheet	Schedule /	A, Line 5 - Exo	cess 2% Limi [.]	ation Contri	butors				
	(This p	age is not filed with th	ne return. It is for your	ecords only.)		2021	2021		
ame(s) as shown on return							Tax ID Number		
Feeding the Gulf Coa	st					63-082199	97		
% of the amount on Schedule A, I	art II, line 11, column (f)						4,701,04		
% of the amount on Schedule A, I	art II, line 11, column (f)	(b)	(c)	(d)		(f)	4,701,04		
% of the amount on Schedule A, I	.,		1		1	1			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)		
	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions		

Total_____

4,298,952

FOR TAX YEAR 2021

FEEDING THE GULF COAST

2021 Filing Instructions Feeding the Gulf Coast Tax year ending 12-31-2021

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

05-16-2022

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

PO Box 8754 Mobile, AL 36689 kenikeieff@gmail.com Phone: (251)591-1357 | Fax:

May 13, 2022

Feeding the Gulf Coast 5248 Mobile South Street Theodore, AL 36582

Subject: Preparation of 2021 Tax Returns

Feeding the Gulf Coast:

Thank you for choosing Kim K. Enikeieff, CPA to assist with the 2021 taxes for Feeding the Gulf Coast. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2021 federal and state income tax returns for Feeding the Gulf Coast. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Feeding the Gulf Coast, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2021 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(0 = 1)	1501	1257
(231	.)391	l-1357

Sincerely,

Kim K. Enikeieff Kim K. Enikeieff, CPA

Accepted By:

Officer

Date

PO Box 8754 Mobile, AL 36689 kenikeieff@gmail.com Phone: (251)591-1357 | Fax:

May 13, 2022

Feeding the Gulf Coast 5248 Mobile South Street Theodore, AL 36582

Feeding the Gulf Coast:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Feeding the Gulf Coast from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff Kim K. Enikeieff, CPA

PO Box 8754 Mobile, AL 36689 kenikeieff@gmail.com Phone: (251)591-1357 | Fax:

May 13, 2022

Feeding the Gulf Coast 5248 Mobile South Street Theodore, AL 36582

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff Kim K. Enikeieff, CPA

PO Box 8754 Mobile, AL 36689 kenikeieff@gmail.com Phone: (251)591-1357 | Fax:

Customer Name		Customer Information
Feeding the Gulf Coast	Invoice #:	
5248 Mobile South Street	Date:	May 13, 2022
Theodore, AL 36582	Phone:	(251)653-1617
	E-mail:	

Your 2021 tax return was prepared by Kim K. Enikeieff.

Description		Fee
Federal And Supplementa	l Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule B pg 3	Schedule of Contributors, page 3	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule I	Grants and Other Assistance, page 1	
Schedule I pg 2	Grants and Other Assistance, page 2	
Schedule M	Non-Cash Contributions, page 1	
Schedule O	Supplemental Information, page 1	

Form 8879-TE Wks Schedule A		Authorization for Tax Exempt ksheet - Excess 2% Contributors	
EF Notice	 General Information for Electronic Filing		
Fotal Forms	 36	Forms Subtotal	0.00
		Total Balance Due	0.00

990	Tax Exempt Diagnostic Summary			2021
Name				Employer Identification #
Feeding the Gulf Coast				63-0821997
Demographics				
Mailing Address:		Phone: (251)6	53-1617	
5248 Mobile South Street				
Theodore, AL 36582				
Resident State: AL				
Diagnostics				
Preparer: Kim K. Enikeieff	Invoice:		Date: 05-1	3-2022
Return Information				

2021 2020 Federal Item on Return Federal (If available) Total Revenue 51,935,641 71,352,244 **Total Expenses** 47,590,420 55,004,662 Net Excess (Deficit) 4,345,221 16,347,582 Net Assets or Fund Balances 25,884,990 30,208,445

State/City Information

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State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)