990EF		2022			
Name(s) as shown on return		(К	eep for your records)		EIN number
Feeding the Gulf 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	are not eligib	le and will NOT be tr	ansmitted.	
EF Notes					

Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury			Do not enter social security numbers on this form as it may be made public.							
	Go to www.irs.gov/Form990 for instructions and the latest information.									
A F	or the	2022 calend	2022 calendar year, or tax year beginning , 2022, and ending							
B c	heck if a	applicable:	C Name of organization Feeding the Gulf Coast		D Employer identification number					
A	ddress o	change	Doing business as		63-0821997					
<u> </u>	ame cha	E Telepl	hone number							
lr	nitial retu	ım	5248 Mobile South Street			(251)653-1617				
F	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross in									
A	Amended return Theodore, AL 36582 \$									
A	for subordinates? Yes X No									
			Same as C above	H(b) Are all s	ubordinate	es included? Yes No				
I T	ax-exem	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "No,"	attach a lis	st. See instructions				
JV	/ebsite:	www	feedingthegulfcoast	H(c) Group e	exemption	number				
ΚF	orm of o	organization: X	Corporation Trust Association Other L Year of formation:	1980 M S	State of leg	al domicile: AL				
Pa	't I	Summar	у							
	1	Briefly descr	ibe the organization's mission or most significant activities: The Organizati	on is a ta	x-exe	mpt food				
		distribu	tion center committed to providing nutritionally bala	nced food	for h	ungry people in 24				
Activities & Governance			in Alabama, Florida and Mississippi.							
nar										
ver	2	Check this be	ox if the organization discontinued its operations or disposed of more than 25%	of its net assets.						
ß	3		oting members of the governing body (Part VI, line 1a)		3	21				
<u>م</u>	4		Independent voting members of the governing body (Part VI, line 1b)		4	21				
tie	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	117				
îtivi	6		r of volunteers (estimate if necessary)	1,250						
Ac			6 7a	0						
			ed business revenue from Part VIII, column (C), line 12		7b	0				
				Prior Year	1.2	Current Year				
	8	Contributions	,147	49,410,310						
Ð	9		s and grants (Part VIII, line 1h)	3,294,440						
Revenue	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)	244,049						
Se Ke	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
œ	12		<u>49,780</u> 52,998,579							
	13		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,935		42,973,231				
			s and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	•	I to or for members (Part IX, column (A), line 4)							
ş	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	3,536		3,806,974				
penses			fundraising fees (Part IX, column (A), line 11e)	259	,082	361,094				
			sing expenses (Part IX, column (D), line 25) <u>1,099,506</u>		024	P 000 015				
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,224		7,880,016				
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,590		55,021,315				
	19	Revenue les	s expenses. Subtract line 18 from line 12	4,345		(2,022,736)				
Ces				Beginning of Curre		End of Year				
sets	20		(Part X, line 16)	30,651		28,054,876				
Net Assets or Fund Balances	21		es (Part X, line 26)		,233	673,721				
			r fund balances. Subtract line 21 from line 20	30,208	,445	27,381,155				
Pa			re Block							
			slare that I have examined this return, including accompanying schedules and statements, and to the best of n slaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ny knowledge and bel	ief, it is					
		Mich	aal Jadgar							
0:	-	Mich	ael Ledger		L					

Sign	Signature of officer					Da	ite			
Here	Michael Led	ger, Pres	ident and CEO							
	Type or print name and title									
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN			
Paid	Kim K. Enikeie	ff	Kim K. Enikeieff	04-29-2023		self-employed	P00989337			
Preparer	Firm's name	Kim K.	Enikeieff, CPA		Firm's	EIN				
Use Only	Firm's address	PO Box	8754		Phone	no.				
		Mobile	AL 36689			251-	591-1357			
May the IRS	lay the IRS discuss this return with the preparer shown above? See instructions									

Form	990 (2022) Feeding the Gulf Coast 63-0821997 Page 2
Pa	rt 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 nutritionally
	balanced food for hungry people in 24 counties in Alabama, Florida and Mississippi.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 53,282,518 including grants of \$) (Revenue \$ 3,294,440)
ia	Feeding the Gulf Coast provides emergency food assistance to 24 counties in Alabama, Florida and
	Mississippi by distributing food through a network of more than 600 food pantries, soup kitchens,
	shelters and programs. The food distributed is donated, purchased or received from federal
	programs.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 53,282,518
EEA	Form 990 (2022)

Forn	n 990 (2022) Feeding the Gulf Coast 63-082	1997	F	Page 3
Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	x	
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		х
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		х
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		х
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			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	x	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			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	x	
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	x	
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		-	х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-	х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	x	1

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Pa	rt IV Checklist of Required Schedules (continued)		1	1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00		
04-	employees? If "Yes," complete Schedule J.	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		
h	through 24d and complete Schedule K. If "No," go to line 25a.	24a 24b		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	to defease any tax-exempt bonds?	240 24d		
d 25a		24u		
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? If "Yes," complete Schedule L, Part I	25a		v
h		254		x
b	Is the organization aware that it engaged 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 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26		250		x
26	Did 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		v
27		20		x
27	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 employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		~
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		~
U	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	x	~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
50	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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			л
01	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		л
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			А
• •	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
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	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				ı
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	x	
		Earr	~ 000	(2022)

Form	990 (2022) Feeding the Gulf Coast 63-08219	97	P	Page 5
Par	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 returm			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		x
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		x
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		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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.			
a	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 13b			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
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 the 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, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		l
	If "Yes," complete Form 6069.			

Forr	n 990 (2022) Feeding the Gulf Coast 63-082	1997	F	Page 6
Pa	ITT 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 instruc	ctions.		
	Check if Schedule O contains a response or note to any line in this Part VI	• • • • •		х
Sec	ction A. Governing Body and Management		-	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			
2	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, trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
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?			
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 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	_ <u>^</u>	
Ŭ	describe on Schedule O how this was done	. 12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?		x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	x	
b	Other officers or key employees of the organization	. 15b		х
	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?	. <u>16a</u>		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
800	organization's exempt status with respect to such arrangements?	. 16b	1	
<u>5ec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
17	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 (<i>explain on Schedule O</i>)			
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			

Form 990 (2022	2) Feeding the Gulf Coast	63-0821997	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated 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 E	Employees	
1a Complete th	nis table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's ta	ax year.		
 List all of t 	he organization's current officers, directors, trustees (whether individuals or organizations), regard	ess of amount of	
compensation. I	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 the 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, box 6 of 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.

	ialeu organizai		npei	1541	eu a	ny cun	ent	Unicel, director, or	liusiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	· ·				han one	,		Reportable	Estimated amount
	hours				irrson is both an Reportable irrector/trustee) compensation from the		compensation	of other		
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or o	Ins	Officer	Key	em	Former	1099-MISC/	1099-MISC/	organization and
	related	direc	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee on				
	below	Jstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Michael Ledger	40.00									
President CEO				x				153,784	0	7,006
(2) Lee Teumer	2.00									
Director		х						0	0	0
(3) Ben Russell	2.00									
Director		х						0	0	0
(4) Alec Naman	2.00									
Director		х						0	0	0
(5) Tom Ninestine	2.00									
Director		х						0	0	0
(6) Barbara Peters	2.00									
Director		х						0	0	0
(7) John Merting	2.00									
Director		х						0	0	0
(8) Dorothy Shaw	2.00									
Director		х						0	0	0
(9) John Merting	2.00									
Director		х						0	0	0
(10)Ricardo Woods	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
EEA										Form 990 (2022)

	90 (2022) Feeding the Gulf										3-0821			Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	ploy	yee	s, an	nd Hi	ghest Comp	ensated	l Empl	oyees	(cont	tinued,
	(A) Name and title	(B) Average hours per week (list any hours for related	box offic	, unles cer and	Pos eck m ss per d a dir	rson in rector	han one s both an r/trustee) employ	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensa from rela organizatior 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	co f orga	(F) nated am of other mpensat from the nization d organiz	r tion and
		organizations below dotted line)	or director	nstitutional trustee		bloyee	Highest compensated employee							
(15)Va Direc	lerie James	2.00	x						0		0			0
(16)Ru Direc	fus_Hudson tor	2.00	x						0		0			0
(17)Мі Direa	chael Hollis	2.00	x						0		0			0
(18)Do Chair	ug Whitmore	<u> </u>	x		x				0		0			0
	ad Hicks Chair	5.00	x		x				0		0			0
	chael Holland Chair and Treasurer	5.00	x		x				0		0			0
(21)Ch At La	ad Brown	2.00	x		x				0		0			0
(22)De	rrick Williams	5.00	x		x				0		0			0
(23)	•													
(24)														
(25)														
1b c	Subtotal	 ion A	•••	•••	•••	•••	•••	•						
 2	-								153,784	of	0		7,	006
	reportable compensation from the organization				<i></i>					01			Yes	1
3	Did the organization list any former officer, direc		•				-					2	Tes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> . For any individual listed on line 1a, is the sum of re	eportable co	mpens	ation	and	l oth	er com	npensa	ation from the	• • • • •		3		x
_	organization and related organizations greater th individual					•••	• • • •					4	x	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•		-			-					5		x
	on B. Independent Contractors Complete this table for your five highest compensa	tod indonon	dont or	otro	otoro	the	t roooi	und m	ara than \$100 00	0 of				
1	compensation from the organization. Report comp										ax vear.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-			se lis	ted	above)) who						

	<u>`</u>	22) Feedi Statement of Rev		the Gulf I C	Coa	ast			63-08219	997 Page
		Check if Schedule O co			or n	ote to any line in thi	s Part VIII		<u></u>	<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		••••	1a	21,725				
s, s	b	Membership dues	•••		1b					
unts		Fundraising events		F	1c	81,445				
s, G Amo		Related organizations .		F	1d					
		Government grants (contr			1e	10,581,973				
	T	All other contributions, gif	-		45	20 805 168				
		and similar amounts not included above 1f Noncash contributions included in			38,725,167					
	9				1α	\$41,462,121				
	h	lines 1a-1f				49,410,310				
						Business Code				
	2a	a Shared maintenance				624210	3,250,820	3,250,820		
	b	b Membership fees				624210	43,620	43,620		
nue	с									
eve	d									
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	e	<u> </u>								
		All other program service								
		Total. Add lines 2a-2f .					3,294,440			
	3	Investment income (includi					252,629	252,629		
	4	other similar amounts)					252,029	252,029		
		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) Securitie	s	(ii) Other				
		sales of assets								
		other than inventory	7a			(8,580)				
	b	Less: cost or other basis	74							
anue		and sales expenses Gain or (loss)				(8,580)				
eve		Net gain or (loss)	L				(8,580)	(8,580)		
ም አ		Gross income from fundral			· • •		(0,500)	(0,500)		
đ		events (not including \$								
Other Revenue		of contributions reported o								
		1c). See Part IV, line 18			8a	9,745				
	b	Less: direct expenses .			8b	18,851				
	с	Net income or (loss) from t	fundı	aising events	·		(9,106)			(9,10
	9a	Gross income from gamine	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities						
	10a	Gross sales of inventory, le returns and allowances .			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from :								
						Business Code				
	11a	Other income				624210	58,886	58,886		
anue							• •	• •		
Nen	с									
Re		All other revenue \ldots	•••		•					
	е	Total. Add lines 11a-11d	•				58,886			
	12	Total revenue. See instru	ctior	ns			52,998,579	3,597,375	0	(9,10

Form 990 (2	2022)	Feeding	the	Gulf	Coast
Part IX	Statement of	Function	al Ex	pense	es

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

	Check if Schedule O contains a response or note to nclude amounts reported on lines 6b, 7b, nd 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21	42,973,231	42,973,231		
	ants and other assistance to domestic	12/5/07202	12/3/0/201		
	ividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	anizations, foreign governments, and				
-	eign individuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees	156,187		156,187	
	mpensation not included above to disgualified	2007207		1507107	
	sons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	2,974,476	2,342,199	220,234	412,043
	nsion plan accruals and contributions (include	2,5/1,1/0	2,342,199	220,231	112,013
	ction 401(k) and 403(b) employer contributions)	64,054	42,531	10,512	11,011
	her employee benefits	375,421	303,264	23,228	48,92
	yroll taxes	236,836	177,822	28,828	30,180
	es for services (nonemployees):	230,030	1//,022	20,020	50,100
	nagement				
	gal	1,553	608	900	4
-	counting	29,875	008	29,875	
		29,075		29,075	
	obying	261 004			261 00
	-	361,094			361,094
	estment management fees				
-		00.007	51,612	26 655	
	amount, list line 11g expenses on Schedule O.)	88,267		36,655	126.04
		212,666	74,809	913	136,944
		167,000	111,671	37,817	17,512
		165,040	142,143	1,425	21,472
		200 702	200 212	21.0	25
		380,783	380,313	219	253
	vel	1,520	1,520		
	any federal, state, or local public officials	46.020	05 452	2 806	16 80
	nferences, conventions, and meetings	46,030	25,453	3,786	16,791
		13	13		
	yments to affiliates	440 504	405 045	04 407	
	preciation, depletion, and amortization	449,734	425,247	24,487	
		292,759	267,190	25,569	
	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
	, amount, list line 24e expenses on Schedule O.)				
	uipment rental	53,859	53,859		
	od procurement and freight	5,444,034	5,444,034		
	uck repairs, gas and oil	376,108	374,487	821	80
	scellaneous	170,775	90,512	37,835	42,428
	other expenses				
	tal functional expenses. Add lines 1 through 24e.	55,021,315	53,282,518	639,291	1,099,500
	int costs. Complete this line only if the anization reported in column (B) joint costs				
	m a combined educational campaign and				
	draising solicitation. Check here if				
tollo	owing SOP 98-2 (ASC 958-720)				

Form	990 (20	D22) Feeding the Gulf Coast			6	3-08	21997 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			
					(A)		(B)
	r				Beginning of year		End of year
	1	Cash - non-interest-bearing			8,223,505	1	2,722,662
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			627,994	3	563,483
	4	Accounts receivable, net			43,585	4	115,461
	5	Loans and other receivables from any current or former	officer	, director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined			
		under section 4958(f)(1)), and persons described in sect	ion 49	958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,866,134	8	2,454,205
As	9	Prepaid expenses and deferred charges	•••		106,813	9	59,046
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	4,354,091	5,782,815	10c	5,676,873
	11	Investments - publicly traded securities			12,000,832	11	16,463,146
	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 3	33).		30,651,678	16	28,054,876
	17	Accounts payable and accrued expenses			336,161	17	553,603
	18	Grants payable			107,072	18	120,118
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o	f Sche	edule D		21	
ŝ	22	Loans and other payables to any current or former office	er, dire	ctor,			
ilitie		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
Liabilities		controlled entity or family member of any of these perso	ns			22	
	23	Secured mortgages and notes payable to unrelated thir		F		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comp	olete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_		443,233	26	673,721
		Organizations that follow FASB ASC 958, check here	e X				
S		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27				27,810,977	27	25,338,166
3ala	28				2,397,468	28	2,042,989
Б		Organizations that do not follow FASB ASC 958, che	ck he	re 🗌			
Fur		and complete lines 29 through 33.					
P	29					29	
iets	30	Paid-in or capital surplus, or land, building, or equipment				30	
Ass	31	Retained earnings, endowment, accumulated income, or		F		31	
Vet ,	32	Total net assets or fund balances		F	30,208,445	32	27,381,155
	33	Total liabilities and net assets/fund balances			30,651,678	33	28,054,876

EEA

Form 990 (2022)

Form	1990 (2022) Feeding the Gulf Coast	63-0821997		Pa	age 12
Pa	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	52,	998,	579
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,	021,	315
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,	022,	736)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,	208,	445
5	Net unrealized gains (losses) on investments	5	(804,	554)
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	27,	381,	155
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• •		
		F		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		x
	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?	•••••	2c	x	
	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				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	•••••	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	
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SCHED	DULE A
(Form 9	90)

Public Charity Status and Public Support

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

OMB	No.	1545-0047	

		t of the Treasury	Attac	h to Form 990 or Form	990-EZ.			Open to Public				
Interna	al Re	venue Service Go to	o www.irs.gov/For	m990 for instructions a	and the la	test inforr	mation.	Inspection				
Name	of th	ne organization					Employer identificatio	n number				
Feed	ling	g the Gulf Coast					63-082199	7				
Par	t I	Reason for Public Cha	rity Status. (A	II organizations mus	st comple	ete this p	oart.) See instructi	ons.				
The o	rgan	nization is not a private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)						
1	Π	A church, convention of churches	, or association of c	hurches described in se	ction 170	(b)(1)(A)(i)						
2	Π	A school described in section 17)(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)							
3		A hospital or a cooperative hospit				(A)(iii).						
4	_	A medical research organization of					(b)(1)(A)(iii). Enter the	9				
		hospital's name, city, and state:	,,.									
5	\square	An organization operated for the b	enefit of a college o	r university owned or op	erated by a	a governm	ental unit described in					
•		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	\square	A federal, state, or local governme	,	I unit described in section	on 170(b)(1)(A)(v).						
7	=	An organization that normally rece	•				rom the general public					
		described in section 170(b)(1)(A)			,							
8	П	A community trust described in se		,								
9	_	An agricultural research organizat			perated in	coniunctio	n with a land-grant co	llege				
•		or university or a non-land-grant co				-	-					
		university:	shege et agricaliate	(000		ony, and o						
10	\square	An organization that normally rece	ives: (1) more than	33 1/3% of its support fro	om contrib	utions. mer	mbership fees, and gro	SS				
		receipts from activities related to it	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its					
		support from gross investment incl acquired by the organization after) from businesses					
11	\square	An organization organized and op					4).					
12		An organization organized and op		, ,		• • •		ses of				
		one or more publicly supported or		•								
		the box on lines 12a through 12d t	hat describes the ty	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.					
а		Type I. A supporting organiza						iving				
		the supported organization(s)	the power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the					
		supporting organization. You	must complete Pa	rt IV, Sections A and B	3.							
b		Type II. A supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by having	ng				
		control or management of the	supporting organiza	ation vested in the same	persons that	at control o	r manage the supporte	ed				
		organization(s). You must co	mplete Part IV, Se	ctions A and C.								
С		Type III functionally integrate	ted. A supporting o	rganization operated in c	connection	with, and	functionally integrated	with,				
		its supported organization(s)	(see instructions). Y	'ou must complete Par	t IV, Secti	ons A, D,	and E.					
d		Type III non-functionally int	egrated. A support	ing organization operate	d in conne	ction with	its supported organiza	tion(s)				
		that is not functionally integrate	ed. The organization	n generally must satisfy a	a distributio	n requirem	ent and an attentivene	SS				
		requirement (see instructions)	. You must compl	ete Part IV, Sections A	and D, ar	nd Part V.						
е		Check this box if the organizat	ion received a writte	en determination from the	e IRS that it	t is a Type	I, Type II, Type III					
		functionally integrated, or Type	e III non-functionally	integrated supporting o	rganizatior	۱.		[
f		nter the number of supported orga						•••				
g	Ρ	rovide the following information abo	put the supported or	ganization(s).	1		1					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	docum	ir governing nent?	support (see instructions)	other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Schedu	le A (Form 990) 2022 Feeding th	e Gulf Coas	st			63-082199	7 Page 2
Part				tions 170(b)(1)(A)(iv) and	170(b)(1)(A)	
	(Complete only if you checked t						
	Part III. If the organization fails	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	42,524,202	40,704,125	68,542,385	48,703,147	49,410,310	249,884,169
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	42,524,202	40,704,125	68,542,385	48,703,147	49,410,310	249,884,169
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)						3,995,664
6	Public support. Subtract line 5 from line 4.						245,888,505
Secti	on B. Total Support			•		•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	42,524,202	40,704,125	68,542,385	48,703,147	49,410,310	249,884,169
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,886	9,728	3,336	65,058	252,629	332,637
9	Net income from unrelated business						
	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						250,216,806
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the o	organization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop he	ere					[]
Secti	on C. Computation of Public Suppo	ort Percentag	e				
14	Public support percentage for 2022 (line	6, column (f), c	livided by line '	11, column (f))		14	98.27 %
15	Public support percentage from 2021 Sc	hedule A, Part	II, line 14			15	98.13 %
16a	33 1/3% support test - 2022. If the orga	nization did not	t check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	alifies as a pub	licly supported	organization .			x
b	33 1/3% support test - 2021. If the orga	nization did not	t check a box o	on line 13 or 16	a, and line 15	is 33 1/3% or r	nore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	rted organizati	on		[
17a	10%-facts-and-circumstances test - 20	022. If the organ	nization did not	t check a box o	on line 13, 16a,	, or 16b, and lir	ne 14 is
	10% or more, and if the organization me	ets the facts-an	d-circumstanc	es test, check	this box and st	op here. Expla	ain in
	Part VI how the organization meets the f	acts-and-circun	nstances test.	The organizati	on qualifies as	a publicly supp	ported
	organization			-	-		_
b	10%-facts-and-circumstances test - 20	021. If the organ	nization did not	t check a box o	on line 13, 16a	, 16b, or 17a, a	and line
	15 is 10% or more, and if the organizatio	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		· · _
18	Private foundation. If the organization of						
	instructions						
							A (Form 990) 2022

	(Complete only if you checked th If the organization fails to qualify						der Part II.
Secti	on A. Public Support			· •	•	,	
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	() 0010	(1) 00 (0	() 0000	(1) 000 (() 0000	(0 T / I
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources . Unrelated business taxable income (less						
b	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						
	(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	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop her	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	, column (f), d	livided by line '	13, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part	III, line 15 .	<u></u> .	<u></u>	16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga	nization did no	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported org	anization
b	33 1/3% support tests - 2021. If the organizati						_
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, c	check this box a	and see instruc	tions 🗌

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Feeding the Gulf Coast Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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. 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). 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. 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. 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. 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. 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. 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. 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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. 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). 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). 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. 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. 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. 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. 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.)

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A family member of a person described on line 11a above? A S3% controlled entity of a person described on line 11a above? A S3% controlled entity of a person described on line 11a above? 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 (south the organization) activities, supported organizations, describe how the power to regularization activities, if the organization nad more than one supported organization, describe how the power to regularization activities, if the organization nad more than one supported organization, describe how the powers to agoint and/or memory offices, directors, or trustees well as above? Did the organization operate for the benefit of any supported organization. Did the organization operate for the benefit of any supported organization(s) that operated, supportsid, or controlled the supporting organization (s) that operated, supportsid, or controlled the supporting organization (s) that operated. Section C. Type II Supporting Organizations 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 supporting organization was vested in the same persons their controlled or managed the supporting organization was vested in the same persons thet controlled or managed the supporting organization is suppo		11c		
ecti	on B. Type I Supporting Organizations			
			Yes	NC
1				
		1		
2				
		2		
ecti	on C. Type II Supporting Organizations			
			Yes	NC
1				
ti		1		
-011			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	111
•				
		1		
2				
-				
		2		
2		-		
3				
		3		
ecti		<u> </u>		
		e inst	ructic	ns
а				
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			
		2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	-			
D				
D				
D	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b		
	"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		
3	"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. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	"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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	"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. Parent of Supported Organizations. Answer lines 3a and 3b below. 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? <i>If</i> "Yes" or "No," provide details in Part VI .	2b 3a		
3	"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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

63-0821997 Page 5

 Schedule A (Form 990) 2022
 Feeding the Gulf Coast

 Part IV
 Supporting Organizations (continued)

	e A (Form 990) 2022 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		
Sect	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		
	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 support	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) 2022

Schedul	e A (Form 990) 2022 Feeding the Gulf Coast V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	63-0	-	.997 Page 7
	on D - Distributions	by oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed	-	
	organizations, in excess of income from activity	1.1.1.1		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7: Excess from 2018				
<u>a</u>					
b	Excess from 2019				
 d	Excess from 2020 Excess from 2021				
e	Free and frame 0000				
EEA	Excess from 2022				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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.)

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.

2022

Name of the organization	Employer identification number			
Feeding the Gulf Coast	63-0821997			
Organization type (check one):				

Filers of:	Section:
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 totaling \$5,000 or more during the year\$

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) ((2022
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Name of organization

Page 2
Employer identification number

Feeding the Gulf Coast

63-0821997

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	State of AL Dept of Education PO Box 302101 Montgomery AL 36130	\$4,162,852	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	FL Dept of Agriculture 407 South Calhoun Street Tallahassee FL 32399	\$2,433,263	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	State of AL Dept of Education PO Box 302101 Montgomery AL 36130	\$2,171,908	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

	organization		identification number
	g the Gulf Coast		-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
1	Food commodities received throughout the year for		
	food bank distribution.		
		\$ 4,162,852	12-31-2022
a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	Food commodities received		
2	throughout the year for		
	food bank distribution.		
		\$ \$	12-31-2022
a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	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.

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Name of the	organ	ization		
Feeding	the	Gulf	Coast	

Employer identification number
63-0821997

Peed		63-0821997
Pa		ts.
	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?	Yes 🗋 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Par	conferring impermissible private benefit?	Yes 🗌 No
rai	Conservation Easements. 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).	
1		colly important land area
		cally important land area
	Protection of natural habitat Preservation of a certifie Preservation of open space	ed historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	oryction
2	easement on the last day of the tax year.	Held at the End of the Tax Year
2	Total number of conservation easements	2a
a h	Total acreage restricted by conservation easements	2a 2b
b		20 2c
С Д	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	24
2	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	
	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	
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
'	Amount of expenses incurred in monitoring, inspecting, nandling of violations, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
0	and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that c	
	organization's accounting for conservation easements.	
Par	III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
i ui	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 bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	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 balance	sheet works of
N N	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	(II) Assets included in Form 990, Part X	
2		
~	following amounts required to be reported under FASB ASC 958 relating to these items:	¢
a h	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	J

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

Schedu	le D (Form 990) 2022 Feeding t							63-082		Page
Part	t III Organizations Maint	aining Colle	ections of A	rt, Histor	ical T	reasures,	or Ot	her Similar A	Assets (c	continued)
3	Using the organization's acquisition	n, accession, an	nd other records	, check any o	of the fo	llowing that m	ake si	gnificant use of its	;	
	collection items (check all that appl	y):								
а	Public exhibition			d	Loan oi	r exchange pro	ogram			
b	Scholarly research			e	Other					
с	Preservation for future generation	ons								
4	Provide a description of the organiz		ons and explain	how they fu	rther the	e organization'	s exer	npt purpose in Pa	rt	
	XIII.		·	,		0				
5	During the year, did the organizatio	n solicit or rece	eive donations of	fart, historica	al treas	ures, or other s	similar			
•	assets to be sold to raise funds rat								. 🗆 Ye	s 🗌 No
Par	t IV Escrow and Custodi				anzan		• • •	<u></u>		
I ui	Complete if the organ			on Form C	ION P	art IV line (0 or	reported an ar	mount or	Form
	990, Part X, line 21.	1241011 41130			50,1		5, 01			
10	Is the organization an agent, trustee		othar intermedia	ny for contrib	utiona	or other eccet	a not			
1a				-						
	included on Form 990, Part X?					• • • • • • •	• • •		∐Ye	es 🗌 No
b	If "Yes," explain the arrangement in	Part XIII and o	complete the foll	owing table:						
									mount	
С	Beginning balance									
d	Additions during the year							k		
е	Distributions during the year				• • •		10	9		
f	Ending balance						11	:		
2a	Did the organization include an ame	ount on Form 9	90, Part X, line 2	21, for escro	w or cu	stodial accoun	t liabili	ty?	. 🗌 Ye	es 🗌 No
b	If "Yes," explain the arrangement in	Part XIII. Che	ck here if the ex	planation ha	s been	provided on Pa	art XIII			
Part	t V Endowment Funds.									
	Complete if the organ	ization ansv	vered "Yes" (on Form 9	90, P	art IV, line	10.			
	· · · · · ·		Current year	(b) Prior ye		(c) Two years t		(d) Three years bac	k (e) Fou	ur years back
1a	Beginning of year balance		,681,957	3,000,						,
b	Contributions		/002//00/	3,700,		3,000,	000			
c	Net investment earnings, gains, and			5,700,	000	3,000,	000			
C			(141 074)	(0	908)					
			(141,074)	(0,	900)					
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs		700,000							
f	Administrative expenses		32,684		135					
g	End of year balance	5	,808,199	6,681,	957	3,000,	000			
2	Provide the estimated percentage of	-		(line 1g, col	umn (a)) held as:				
а	Board designated or quasi-endown	nent 100	.00 %							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, ar	nd 2c should ec	ual 100%.							
3a	Are there endowment funds not in	the possession	of the organiza	tion that are	held an	d administered	d for th	e		
	organization by:		-							Yes No
	(i) Unrelated organizations								3a(i)	x
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the relate									
4	Describe in Part XIII the intended u	•					•••			
Part					,.					
I al	Complete if the organ			on Form C		art IV/ line	112	See Form 000	Dart V	lina 10
	· · ·	ı∠au∪ti atisv			-					
	Description of property		(a) Cost or other			r other basis	• • •	Accumulated	(d) Bo	ok value
	· · ·		(investmen	y		other)	c	lepreciation		
1a	Land					253,345				253,345
b	Buildings				5,6	571,957		2,062,128	З,	609,829
С	Leasehold improvements									
d	Equipment				4,0	066,281		2,291,963	1,	774 , 318
e	Other	STMD1E .				39,381				39,381
Total.	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part	X, column (l	B), line	10c.)			5,	676 , 873

EEA

Schedule D (Form 990) 2022

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 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.

Schedu		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	52,194,025
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	(804,554)
3	Subtract line 2e from line 1	3	52,998,579
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	52,998,579
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	55,021,315
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	55,021,315
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	55,021,315
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.

SCHI	EDULE G	Supplemen	tal Information	NRegard	ing Fundr	aising or Gami	ng A	ctivities	OMB No. 1545-0047		
(Form	n 990)	Complete	if the organization an organization entere	swered "Yes ed more than	s" on Form 99 n \$15,000 on F	0, Part IV, line 17, 18, Form 990-EZ, line 6a.	or 19,	or if the	2022		
Departr	ment of the Treasury				990 or Form 9				Open to Public		
	Revenue Service		Go to www.irs.gov/F	orm990 for i	nstructions ar	nd the latest informati	on.		Inspection		
Name of	the organization							Employer identifica	entification number		
Feed:	ing the Gulf							63-082			
Part	I Fundrai	sing Activities	. Complete if th	e organiz	ation ansv	vered "Yes" on F	Form	990, Part IV,	line 17.		
	Form 990	-EZ filers are no	t required to comp	olete this p	oart.						
1	Indicate whether	the organization ra	ised funds through a	any of the fo	llowing activit	ties. Check all that a	pply.				
а	x Mail solicitatio	ns		e	Solicitation	of non-government	grants				
b	x Internet and e	mail solicitations		f	K Solicitation	of government gran	ts				
С	x Phone solicita	tions		g	K Special fur	ndraising events					
d	x In-person solid	citations				-					
2a			or oral agreement wi	ith any indiv	idual (includir	ng officers, directors,	truste	es,			
	-		-	-		sional fundraising se			x Yes No		
b						greements under whi			e		
		east \$5,000 by the				,					
		·····	5								
				(iii) Did fu	ndraiser have		(v)	Amount paid to	(vi) Amount paid to		
	(i) Name and addres		(ii) Activity		or control of	(iv) Gross receipts	· ·	r retained by)	(or retained by)		
	or entity (fun	draiser)	(ii) / tourity		butions?	from activity	fund	draiser listed in col. (i)	organization		
				Yes	No			()			
1 א	D Alpha Dog	Marketing				1					
	S 13th Stre	-	Direct Mail		x	624,677		361,094	263,583		
2	5 1001 5010		Direct marr			021/0//		301,091	2007000		
-											
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7											
8											
U											
9											
3											
10											
10											
Total.						624,677		361 004	262 603		
<u>10(a)</u>			ion is registered or li			tions or has been no	tified	361,094	263,583		
3			ion is registered of Il				uneu I				
	registration or lice	•									
ALaba	ama, Florida	, Mississipp	1								

• 1 F ~ 0821997

2

	rt II	Fundraising Events. Comp	•	answered "Yes" on For	m 990, Part IV, line 18, o	•
		than \$15,000 of fundraising gross receipts greater than		I gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gioss receipts greater than	(a) Event #1 Chef	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
		-	(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	91,190			91,190
	2 3	Less: Contributions	81,445			81,445
		line 2)	9,745			9,745
	4	Cash prizes				
	5	Noncash prizes				
lses	6	Rent/facility costs	1,314			1,314
Direct Expenses	7	Food and beverages	2,030			2,030
Direc	8	Entertainment	8,620			8,620
	9	Other direct expenses	6,887			6,887
	10 11	Direct expense summary. Add line Net income summary. Subtract lin				<u>18,851</u> (9,106)
Pa	rt III	Gaming. Complete if the or	ganization answered "Y			
		\$15,000 on Form 990-EZ, li	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
enue		-	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No %	☐ Yes % ☐ No	☐ Yes % ☐ No %	
	7	Direct expense summary. Add line	es 2 through 5 in column (d)		
	8	Net gaming income summary. Su	btract line 7 from line 1, col	umn (d)		
9	- En	ter the state(s) in which the organiz	ration conducts daming acti	vities:		
-		the organization licensed to conduc		-		
	b If "	No," explain:				
	-				ha tauwaa 2	
10		ere any of the organization's gaming Yes," explain:	g licenses revoked, suspen		he tax year?	Yes 🗌 No

SCHEDULE I	G	rants and Other	· Assistance to	o Organization	IS,	1	OMB No. 1545-0047
(Form 990)	Gov	ernments, and	Individuals in [•]	the United Sta	tes		2022
. ,	Comple	te if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 2 [°]	l or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.g	ov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identifica	
Feeding the Gulf Coast						63-0821997	
Part I General Information	on Grants and Ass	istance					
1 Does the organization maintain record	ds to substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the	ne grants or assistance?						. 🗴 Yes 🗌 No
2 Describe in Part IV the organization's							
Part II Grants and Other Assis	tance to Domestic O	rganizations and Do	mestic Governmer	ts. Complete if the	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any re	ecipient that received r	nore than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Food Bank Member Agencies							
		501 (c)(3)		42,973,231	FMV	Food Supplies	Fight Hunger
(2)				12,0,0,101			
(2)							
(3)							
(0)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)	and government organi	zations listed in the line 1	table			••••••	

3 Enter total number of other organizations listed in the line 1 table

5	Schedule I (Fo	orm 990) (2022)	Feeding	the Gulf	Coast			63-0821997	
Γ	Part III	Grants and	Other As	sistance to	Domestic Individuals	Complete if the organization answered "Yes"	on Form 990	Part IV line 2	2

	(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 assistance
IV Supplemental Information. Pro	vide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional information.
ember Agency's compliance with	the Organization'	s food distrib	ition policies a	nd procedures is mon	itored on a periodic
•					

Page **2**

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2022 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number Feeding the Gulf Coast 63-0821997	SCHEDULE J	Compensation Information	OMB No. 1	1545-0	047		
Descentions of the Teast Ge to www.rs.gov/Form890 for instruction and the tasts information. Open to Fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Open to Fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Open to Fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Open to Fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Description of the fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Perform for the fublic Ge to www.rs.gov/Form890 for instruction and the tasts information. Team (I) Complete Fublic Costs Part III Costs of Costs travel Ge to www.rs.gov/Form890 for instruction regarding the set information regarding the set information regarding the set information regarding the set information fees Discretionary spending account Discretionary spending account Dis	(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Open to Public				
		Surv Attach to Form 990.					
Preading the dulf coast G3-0821997 Part Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 90, Part VII. Section A. June 1a. Complete Part III to provide any relevant information regarding these items. Yes No 930, Part VII. Section A. June 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1 rave information and gross-up payments Housing allowance or residence for personal use Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If 'No.' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization used to establish the compensation ormittee 2 1 Indicate which, if any, of the following the organization to establish compensation usery or study 1b 2 Ouring the year, did any person lised on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization. 4a 4 Diright and reganization? 4a 4a 5 Participate in or receive payment				stion			
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a parson listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Feeding the G	ulf Coast 63-0821997					
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Hirst-class or charter travel Taxuel for companions Payments for business use of personal use Taxuel for companions Payments for business use of personal residence of the exploration and gross-up payments Taxuel for companions Discretionary spending account Payments for business use of personal residence in explain Taxuel for companions Payments for business use of personal version of the explanin To an imburstement or provision of all of the expenses described above? If "No," complete Part III to explain To an imburstement or provision of all of the explexition used to establish the compensation of the organization to establish on personal version study or panizations CEO/Executive Director. Duc keck any boxes for methods used by a related organization to establish compensation committee Compensation compensation committee Compensation compensation consultant <td></td> <td></td> <td></td> <td></td> <td></td>							
990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. First-class or charter travel Travel for companions Travel for companions Travel for companions Travel for companions Discriptionary spending account Descriptionary spending account Participation of the exponses described above? If "No," complete Part III to explain account of the exponses described above? If "No," complete Part III to explain account of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a ² . 2 10 dicta which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Organization or a related organizations 10 dicta which, if any, of the following the organization survey or study 10 organization or a related organization: 10 ordine reganization: 10 organization or a relate organization: 10 organizati				Yes	No		
First-class or charter travel Housing allowance or residence for personal use Tax indemnification and gross-up payments Personal services (such as maid, chartfour, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinvisoin of all of the expenses described above? If "No," complete Part III to explain c application 10 the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? c and indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, check any boxes for methods used by a related organization to establish compensation of the CO/Executive Director, but explain in Part III. c Compensation committee Written employment contract d Indicate which, if any, of the following the organization used to establish the board or compensation committee Written employment contract d Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract d Indicate which, if any, of the following the organization survey or study Grompensation committee Written employment contract d Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization Grompensation committee d During the year, did any pe							
Image: Trave informations Payments for business use of personal residence Image: Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Tax indemnification committee Image: Tax indemnification to establish the companization used to establish the companization of the organization is cEO/Executive Director, but splain in Part III. Compensation committee Image: Tax indemnification committee Image: Tax indemnification as upplemental nonqualified retirement plan? 4a Image: Tax indemnification? 4a Image: Tax indemnification? 5a Ima indicate which, if any, of the following the organization used to							
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b Any related organization? 5b x If "Yes" on line 5a or 5b, describe in Part III. 5b x 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a x a The organization? 6a x b Any related organization? 6b x b Any related organization? 6b x b Any related organization? 6b x if "Yes" on line 6a or 6b, describe in Part III. 7 x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 x			5a		v		
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	•		. 05		Λ		
compensation contingent on the net earnings of: 6a x a The organization? 6a x b Any related organization? 6b x b If "Yes" on line 6a or 6b, describe in Part III. 6b x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 x							
compensation contingent on the net earnings of: 6a x a The organization? 6a x b Any related organization? 6b x b If "Yes" on line 6a or 6b, describe in Part III. 6b x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 x	6 For person	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
a The organization? 6a x b Any related organization? 6b x lf "Yes" on line 6a or 6b, describe in Part III. 6b x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 x	-	• • • •					
b Any related organization? 6b x If "Yes" on line 6a or 6b, describe in Part III. 6b x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 1			. 6a		x		
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	•						
payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 x		,					
payments not described on lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 x	7 For person	s listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		· · ·	. 7		x		
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
in Part III							
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			. 8		x		
	in a art in						
	9 If "Yes" on	line 8, did the organization also follow the rebuttable presumption procedure described in					
			. 9				

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
Michael Ledger	(i)	153,784	0	0	0	7,006	160,790		
1 President CEO	(ii)	0	0	0	0	0	0	(
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2022

63-0821997

Page 2

EEA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Feeding the Gulf Coast

Types of Property

Employer identification number 63-0821997

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determir noncash contribution a	
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	21,594,854	41,462,121	FMV	
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26 07	Other ()					
27	Other ()					
28 29	Other () Number of Forms 8283 received by the	orgonization	during the tax year for contribut	ione for		
29	which the organization completed Form				29	
	which the organization completed Form	0200, i alt v	Donee Acknowledgement		Ye	s No
30a	During the year, did the organization rece	eive hv contri	bution any property reported in	Part Llines 1 through		
000	28, that it must hold for at least three yea	•	•••••	•		
	used for exempt purposes for the entire				30a	x
b	If "Yes," describe the arrangement in Pa					
31	Does the organization have a gift accept		hat requires the review of any n	onstandard		
•	contributions?	31 x				
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 amou	ntin column (c) for a type of property for whi	ch column (a) is checked.		
	describe in Part II.			() ,		

EEA

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	88	79-	TE	
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Department of the Treasury

IRS *e-file* Signature Authorization tv

OMB No. 1545-0047

for a Tax Exempt Ent

For calendar year 2022, or fiscal year beginning , 2022, and ending

Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN

Name of filer

63-0821997

, 20

Feeding the Gulf Coast Name and title of officer or person subject to tax

Michael Ledger, President and CEO Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a. 4a. 5a. 6a. 7a. 8a. 9a. or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here x **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1b 1a 52,998,579 Form 990-EZ check here . . . 2a 2b 3a Form 1120-POL check here. . 3b Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a 4b Form 8868 check here **b** Balance due (Form 8868, line 3c).... 5b 5a

Part	I Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax		
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	

Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

EEA

X lauthorize Kim K. Enikeieff, CPA	to enter my PIN	32561 as my signature
ERO firm name		Enter five numbers, but do not enter all zeros
on the tax year 2022 electronically filed return. If I have indic agency(ies) regulating charities as part of the IRS Fed/State return's disclosure consent screen.		
As an officer or person subject to tax with respect to the enti- filed return. If I have indicated within this return that a copy of of the IRS Fed/State program, I will enter my PIN on the ret	of the return is being filed with a state agency	
Signature of officer or person subject to tax		Date 04-19-2023
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identificatio number (EFIN) followed by your five-digit self-selected PIN.	n 598543 32561	
	Do not enter	all zeros
I certify that the above numeric entry is my PIN, which is my signal am submitting this return in accordance with the requirements of Providers for Business Returns.		
ERO's signature Kim K. Enikeieff	Date	04-29-2023
	in This Form - See Instructions	
For Privacy Act and Paperwork Reduction Act Notice, see the	n to the IRS Unless Requested T	Form 8879-TE

	FOR YOUR RECOR		2022	PG01
Name(s) as shown on return			Tax ID Number	
Feeding the Gulf Coast			63	-0821997
Description	- Schedule D - Investments - Cost/basis		IC Stat	ement #D1e Book
_			-	
of Investment	(Investment)	(Other)	Depr	Value
Construction in progress	0	39,381	0	39,381
Total	0	39,381	0	39,381

orm 990 /orksheet	Schedule	A, Line 5 - Ex	cess 2% Limi	ation Contri	butors		
	(This	page is not filed with tl	he return. It is for your	ecords only.)		2022	
me(s) as shown on return						Tax ID Number	
Feeding the Gulf Coas	t					63-082199	7
6 of the amount on Schedule A, Pa	rt II, line 11, column (f)						5,004,33
% of the amount on Schedule A, Pa		(b)		(d)	1	(f)	5,004,33
% of the amount on Schedule A, Pa	rt II, line 11, column (f) (a) (a) 2018		(c) 2020		(e) 2022	1	(g)
	(a)	(b)	(c)	(d)	(e)	(f)	5,004,33 (g) Excess contributions (col. (f) minus
	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions

Total_____

_____3,995,664

FOR TAX YEAR 2022

FEEDING THE GULF COAST

2022 Filing Instructions Feeding the Gulf Coast Tax year ending 12-31-2022

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:

05-15-2023

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:

April 29, 2023

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

Subject: Preparation of 2022 Tax Returns

Feeding the Gulf Coast:

Thank you for choosing Kim K. Enikeieff, CPA to assist with the 2022 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 2022 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 2022 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

(~
(25)	1150) I _ I	357
(20)	1,5,7	, T – T	551

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:

April 29, 2023

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

Feeding the Gulf Coast:

Enclosed is the 2022 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:

April 29, 2023

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:	April 29, 2023
Theodore, AL 36582	Phone:	(251)653-1617
	E-mail:	

Your 2022 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 J	Compensation Information, page 1	
Schedule J pg 2	Compensation Information, page 2	

Schedule M	Non-Cash Contributions, page 1	
Schedule O	Supplemental Information, page 1	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Statement Sch D	Schedule D - Part VI, Line 1e	

Total Forms	38	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

990	Tax Exempt Diagnostic Summary			
Name			Employer Identification #	
Feeding the Gulf Coast			63-0821997	
Demographics				
Mailing Address:		Phone: (251)653-1617	,	
5248 Mobile South Street				
Theodore, AL 36582				
Resident State: AL				
Diagnostics				
Preparer: Kim K. Enikeieff	Invoice:	Date: 0	4-29-2023	

Return Information

Home on Dations	2022	2021 Federal		
Item on Return	Federal	(If available)		
Total Revenue	52,998,579	51,935,641		
Total Expenses	55,021,315	47,590,420		
Net Excess (Deficit)	(2,022,736)	4,345,221		
Net Assets or Fund				
Balances	27,381,155	30,208,445		

State/City Information

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