

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
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Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C ALABAMA CHILDHOOD FOOD SOLUTIONS, INC. 205 OLD HOME PLACE ALPINE, AL 35014 </td> <td style="width:40%; vertical-align: top;"> D Employer identification number 45-4817150 E Telephone number 256 207-8048 G Gross receipts \$ 1,909,410. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: JAME E JONES JR Same As C Above </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: ALABAMACHILDHOODFOOD.COM </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2"> L Year of formation: 2012 M State of legal domicile: AL </td> </tr> </table>	C ALABAMA CHILDHOOD FOOD SOLUTIONS, INC. 205 OLD HOME PLACE ALPINE, AL 35014	D Employer identification number 45-4817150 E Telephone number 256 207-8048 G Gross receipts \$ 1,909,410.	F Name and address of principal officer: JAME E JONES JR Same As C Above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ALABAMACHILDHOODFOOD.COM		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2012 M State of legal domicile: AL	
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	3
	6 Total number of volunteers (estimate if necessary)	750
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,966,245.
	9 Program service revenue (Part VIII, line 2g)	1,830,078.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,371.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,682.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,878.
		2,034,414.
		1,889,274.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,486.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	98,144.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,294.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,845,205.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,685,767.
19 Revenue less expenses. Subtract line 18 from line 12	1,917,691.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	116,723.
	21 Total liabilities (Part X, line 26)	105,363.
	22 Net assets or fund balances. Subtract line 21 from line 20	795,812.
		899,524.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	JAMES E JONES JR		Chairman	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Joseph Starnes, CPA		Joseph Starnes, CPA	
	Firm's name		Firm's EIN	PTIN
	Firm's address		Phone no.	
		Check <input checked="" type="checkbox"/> if self-employed		P02113475
		Firm's EIN		43-4882807
		Phone no.		256-658-8031

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