

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2023** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **AL Childhood Food Solutions, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) **114 Canyon Ridge Rd** Room/state _____
 City or town, state or province, country, and ZIP or foreign postal code
Sylacauga AL 35151

D Employer identification number: **45-4817150**

E Telephone number: _____

F Name and address of principal officer:
James E Jones Jr

G Gross receipts\$ **2,760,156**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A** **H(c)** Group exemption number _____

K Form of organization: Corporation Trust Association Other

L Year of formation: **2012** **M** State of legal domicile: **AL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Corporation operates a charitable food bank to meet the needs of children and others in the community and beyond.		
	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)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	750
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,830,078	2,604,340
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,682	16,716
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,878	125,490
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,889,274	2,746,546
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,144	121,321
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,685,767	2,498,527
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,783,911	2,619,848	
19 Revenue less expenses. Subtract line 18 from line 12	105,363	126,698	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 899,524	End of Year: 1,555,395
	21 Total liabilities (Part X, line 26)	2,955	344,949
	22 Net assets or fund balances. Subtract line 21 from line 20	896,569	1,210,446

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: *Gene Rogers* Date: **5-13-2024**
 Type or print name and title: **Gene Rogers Executive Director**

Paid Preparer Use Only Print/Type preparer's name: **James C. Edgar** Preparer's signature: *James C. Edgar* Date: **05/13/24** Check self-employed PTIN: **P00736702**
 Firm's name: **Edgar and Associates, LLC** Firm's EIN: **20-5027751**
 Firm's address: **606 Edgar Road Glencoe, AL 35905-7158** Phone no.: **256-237-1773**