

**Return of Organization Exempt From Income Tax**

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** , 20 , **and ending** , 20

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Employer identification number
<input type="checkbox"/> Name change	45-4817150
<input type="checkbox"/> Initial return	<b>E</b> Telephone number
<input type="checkbox"/> Final return/terminated	2562078048
<input type="checkbox"/> Amended return	<b>G</b> Gross receipts \$ 2,460,148.
<input type="checkbox"/> Application pending	<b>H(a)</b> Is this a group return for subsidiaries? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**F** Name and address of principal officer: **JAME E JONES JR**  
 Same As C Above  
**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**H(b)** Are all subsidiaries included? Yes  No   
 if "No," attach a list. See instructions

**J Website:** ▶ N/A  
**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 2012 **M** State of legal domicile: AL  
**H(c)** Group exemption number ▶

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: OPERATION OF CHARITABLE FOOD BANK TO MEET THE NEEDS OF CHILDREN AND OTHERS IN THE COMMUNITY AND BEYOND.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,695,743.	2,460,086.
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,772.	
<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,686,971.	2,460,148.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,500.	52,363.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	200.	2,259.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	15,074.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,653,755.	1,918,598.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,686,455.	1,973,220.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	516.	486,928.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
<b>21</b> Total liabilities (Part X, line 26)	187,555.	678,415.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	3,932.
	187,555.	674,483.

**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: *Jame E Jones Jr* Date: \_\_\_\_\_  
 JAMES E JONES JR CEO  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/type preparer's name: Joseph Starnes, CPA Date: \_\_\_\_\_  
 Preparer's signature: Joseph Starnes, CPA  
 Firm's name: ▶ Starnes & Company Prof. LLC PTIN: P02113475  
 Firm's address: ▶ 170 Cliff Road Firm's EIN ▶  
 Sterrett, AL 35147 Phone no. 256-658-8031

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2020)

**Part 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:

OPERATION OF CHARITABLE FOOD BANK TO MEET THE NEEDS OF CHILDREN AND OTHERS IN THE COMMUNITY AND BEYOND.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4 a** (Code: ) (Expenses \$ 1,744,208, including grants of \$ ) (Revenue \$ 2,460,149.)

THE CORPORATION OPERATES A CHARITABLE FOOD BANK TO MEET THE NEEDS OF CHILDREN AND OTHERS IN THE COMMUNITY AND BEYOND, AND FOR EXCLUSIVELY CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS DEFINED BY INTERNAL REVENUE CODE SECTION 501C3. ALL FUNDS RECEIVED SHALL BE USED EXCLUSIVELY FOR THOSE PURPOSES AND SHALL NOT BENEFIT ANY MEMBER OR EMPLOYEE.

**4 b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4 c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4 d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4 e** Total program service expenses **▶** 1,744,208.