EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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.

Inspection

<u>A</u>	For th	e 2021 calendar year, or tax year beginning	and ending				
В	Check if applicat	C Name of organization		D Employer identifi	cation number		
	Addr	P MOBILE LOAVES & FISHES, INC.					
	Name chan			74-29560	81		
	Initial returr Final returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit 9 5 0	E Telephone numbe			
	termi ated			G Gross receipts \$	35,633,935.		
Г	Amer		;				
F	Appli			H(a) Is this a group re			
	Ition pend	SAME AS C ABOVE		for subordinates			
_	Taylay		\\d\\	H(b) Are all subordinates in			
		empt status:	a)(1) or 52	—	list. See instructions		
		forganization: X Corporation Trust Association Other	1. 1/	H(c) Group exemptio			
	art I	Summary	L Yea	ar of formation: 2000 N	$m{\eta}$ State of legal domicile: ${f T}{f X}$		
			DDOMED	E ECOD AND C	T OMITTAG AND		
ce	1	Briefly describe the organization's mission or most significant activities: ${\color{blue}{\rm TO}}$ PROMOTE DIGNITY TO OUR HOMELESS BROTHE	DC VND	GE FOOD AND C	LOTHING AND		
nar							
Ver	2	Check this box if the organization discontinued its operations or d		1 1			
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11		
وم در	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	8		
iţie	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	86		
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	23540		
Ā	/a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.		
		Contributions and grants (Dart VIII line 41)	-	Prior Year 14,803,241.	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			32,409,471.		
	9	Program service revenue (Part VIII, line 2g)		1,338,989.	1,529,241.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	····	-332,919. 116,410.	95,794.		
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			99,800.		
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		15,925,721. 2,883,094.	34,134,306.		
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		2,003,094.	1,810,442.		
/0				3,703,521.	•		
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- Professional fundraising fees (Part IX, column (A), line 11e)	-10)	0.	4,387,008.		
per	h	Total fundraising expenses (Part IX, column (D), line 25) 825	185		U •		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,103.	5,741,795.	7,120,383.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,328,410.	13,317,833.		
	19	Revenue less expenses. Subtract line 18 from line 12		3,597,311.			
Or Sec	3	Trevende lead expenses. Oubtract line 10 from line 12		Beginning of Current Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		44,119,771.	End of Year 62,321,585.		
ASS	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		3,365,686.	751,375.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		40,754,085.	61,570,210.		
P	art II	Signature Block		10,751,005.	01,370,210.		
	200	alties of perjury, I declare that I have examined this return, including accompanying sch	edules and state	ments, and to the hest of m	v knowledge and helief it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prepar	er has any knowledge	y knowledge and beller, it is		
			or milen propar	9/29			
Sig	ın	Signature of officer		Date / J	70		
Hei		ALAN J. GRAHAM, CEO					
		Type or print name and title					
		Print/Type preparer's name Pre Pre Preparer's name	l Bv	Date Check	PTIN		
Pai	d	RONALD H. REYNOLDS RONALD H REYN	OLDS	09/19/22 if self-employ	P00964479		
Pre	parer	Firm's name REYNOLDS & FRANKE, P.C.		Firm's EIN	74-2516372		
Use	Only	Firm's address 6850 AUSTIN CENTER BLVD., SUI	TE 100				
		AUSTIN, TX 78731		Phone no. (5	12) 206-3141		
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Form 990 (2021) MOBILE LOAVES & FISHES, INC. Part 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)?		7.	
2	If "Yes," complete Schedule A	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
Ü		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		_X_
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			v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u>X</u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	10	No.	As the
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-0-100 NB/1-0-0	(ATTEREMENT)	TORUS REPORT
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	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	44.1		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f		116		
	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	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ø	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	1116		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	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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,"		ا رۍ	
20-2	complete Schedule G, Part III	19	X	X
ud h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2021) MOBILE LOAVES & FISHES, INC.

Part IV Checklist of Required Schedules (continued)

			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 employees? If "Yes," complete			
04-	Schedule J	23	Х	
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 through 24d and complete			
h	Schedule K. If "No," go to line 25a	24a		_X_
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
al	any tax-exempt bonds?	24c		
25 a	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	i i		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
IJ	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			
	Schodula I Part I			v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		_X_
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
	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			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		
	Instructions for applicable filing thresholds, conditions, and exceptions):			10.7
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes." complete Schedule I. Part IV	00-		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			***************************************
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		········	
	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, or IV, and			
	Part V, line 1	34	Х	
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?			
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
ı al	The state of the s			ļ1
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number was stable to 200 E. J. 200 E	experiment.	Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 235			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	***************************************

Form 990 (2021) MOBILE LOAVES & FISHES, INC.

Part 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,					TE.			
	filed for the calendar year ending with or within the year covered by this return	2a	8	6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X				
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	- Marian de Calonia	X			
D	If "Yes," enter the name of the foreign country								
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
b	The state of the s								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	CLION	***************************************	5b		X			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did ti		anization colleit	- 5c		·			
-				60	x				
b	any contributions that were not tax deductible as charitable contributions? If "Yes," dld the organization include with every solicitation an express statement that such contributions.	lone o	r alfte	6a					
	were not tax deductible?		•	6b	x				
7	Organizations that may receive deductible contributions under section 170(c).		***************************************	UD		- 2			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	rovided to the payor?	7a	X				
b	Administration of the second o			7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	1,5					
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			100				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		pt?	- 7e		X			
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	- Para and a same manner and a same a								
_	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
b				9b	10sdappman				
10	Section 501(c)(7) organizations. Enter:	١	1						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-					
11	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b		-					
 а	Gross income from members or shareholders	أسما		74-1					
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		-					
_	amounts due or received from them.)	11b			7	100			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L : 5mb/							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.					i i i i i			
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							
C	Enter the amount of reserves on hand	13c							
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		***************************************	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	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	nt inco	me?	16		X			
17	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any							
				17	::::::::::::::::::::::::::::::::::::::	(New York of the Party of the P			
	If "Yes," complete Form 6069.								

Form 990 (2021) MOBILE LOAVES & FISHES, INC. 74-2956081 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check If Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		Mary 1	
	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	Enter the number of voting members included on line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
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	- 00		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		- 23
·-	the state of the meaning of the mean		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		*****
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	$\frac{11}{X}$	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	SHE SHEET	2.	1000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	23	december
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	23	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	450	X	
b	Other officers or key employees of the organization	15a 15b	-23	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	16000	zs Myrny
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		40-		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u> </u>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	arranged whether will be a see that the second of the seco	4.6h		
Sect	tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	la cale	\ ovell-	ble
-	for public inspection. Indicate how you made these available. Check all that apply.	is only	, avalle	ยเผ
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	- الله الم	-1-1	
	statements available to the public during the tax year.	ia tinai	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VENUS CHIN - 512-328-7299			
	9301 HOG EVE BOAD 950 ATTEMENT MY 70724			

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MOBILE LOAVES & FISHES, INC.

74-2956081

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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 the 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dîr	as l			ited		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		gy	sued		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	onal		ploye	moo a		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN J. GRAHAM	40.00	1	프	0	K	王章	<u> </u>			
BOARD CHAIR & CEO		х		Х				224,572.	0.	26,199.
(2) AMBER FOGARTY	40.00							221/3/20	0.	20,199.
PRESIDENT	0.10	Х		х				129,322.	0.	22,833.
(3) VENUS CHIN	40.00		П							227033.
DIRECTOR OF FINANCE				Х				90,417.	0.	12,212.
(4) CLINT BYBEE	1.00									
TREASURER		X		X				0.	0.	0.
(5) NEAL NOLAN	1.00									
SECRETARY		Х		X				0.	0.	0.
(6) LARRY SMITH	1.00								*****	
DIRECTOR		X						0.	0.	0.
(7) BRIAN MCCLURE	1.00									
DIRECTOR		X						0.	0.	0.
(8) JEFF SERRA	1.00									
DIRECTOR	0.10	X						0.	0.	0.
(9) BRUCE AGNESS	1.00									
DIRECTOR		X						0.	0.	0.
(10) J.P. PATTERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRIAN TOCHMAN	1.00									
DIRECTOR	0.10	X						0.	0.	0.
(12) SHERWYNN PATTON	1.00									
DIRECTOR		Х						0.	0.	0.
		.,\-								
			_							
										<u> </u>
						L				

Pa	rt VII Section A. Officers, Directors, Trus	stees. Key Fm	nlos	rees	an	d Hi	iahe	st (Compensated Employe	os (continued)	9300	OI Page 8
James Patients	(A)	(B)	, ,,,,	,000	, an	C)	gne	31 ((D)	(E)		(F)
	Name and title	Average	/		Pos	ition	١		Reportable	Reportable	,	(r) Estimated
		hours per	box	, unle	ss pe	erson	than Is bot	h an	· ·	compensatio		amount of
		Week	—	cer an	nd a d	lirecto	or/trus	tee)	Trom from relate		1	other
		(list any hours for	Individual trustee or director						the organization			compensation
		related	e or d	186			sated		organization (W-2/1099-M			from the
		organizations	truste	al trus		ee/	mpeu		(W-2/1099-MISC/ 1099-NEC 1099-NEC)			organization and related
		below	idual	Institutional trustee	 	Key employee	est co oyee	ier	, , , , , , , , , , , , , , , , , , , ,			organizations
		line)	In dia	Insti	Officer	Key e	Highest compensated employee	Former				
]				Ì					
						<u> </u>	<u> </u>					
			-									
			ļ <u>.</u>	<u> </u>			<u> </u>					
			1		-		- 1				ļ	
			┢			 						
			1									
-			_									
							_					
1h	Subtotal	<u> </u>	L	Ц		l		_	444,311.	···	0.	61,244.
	Subtotal Total from continuation sheets to Part V	II. Section A		• • • • • • •		• • • • • •	ا		0.		0.	01,244.
	Total (add lines 1b and 1c)								444,311.		0.	61,244.
2	Total number of individuals (including but r									.000 of reportab		
	compensation from the organization	3								,		2
												Yes No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	loye	e, or	hig	ghest compensated emp	loyee on		
	line 1a? If "Yes," complete Schedule J for s							••••			See to	3 X
4	For any Individual listed on line 1a, is the su	um of reportabl	le cc	mpe	ensa	ation	anc	ot	her compensation from	he organization		
5	and related organizations greater than \$15	U,UUU? IT "Yes,	" CO	тріє	ete S	sche	dule) J 1	for such individual			4 X
J	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	acciue comper Inlete Schedule	isati o <i>I f</i> .	OF C	rom	any	unr	elat	ed organization or indivi	dual for services	acom- 2	5 X
Sec	etion B. Independent Contractors	pioto concaun	5 0 7	or GC	1011	0010						5 X
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of com	nensat	ion from
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	vith (or w	thir	n the organization's tax	ear.	poriout	ion nom
	(A)						*******		(B)		***************************************	(C)
	Name and business	address							Description of s	ervices	Cor	mpensation
	ATINUM COTTAGES, LLC								CONSTRUCTION			
77 / Y	70 SH 31 W , MALAKOFF,	TX /514	18					(CONTRACTOR F	OR PARKH	1,	422,432.
	IMAVERA LANDSCAPING O. BOX 840, PFLUGERVIL	י אאר היי	700	- 0 1								
F • (J. DOX 040, PFLOGERVILL	LE, TA	/ 8 0	91	-		:	4	LANDSCAPING			<u>117,145.</u>
										ŀ		•
								\dashv				
···												
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	tho	se lis	ted	l above) who received m	ore than		Part Terr
	\$100,000 of compensation from the organi	zation 🕨					3					

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or exempt Unrelated Revenue excluded from tax under sections 512 - 514 function revenue business revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 361,625. 1c d Related organizations 1d Contributions, (and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 32,047,846 g Noncash contributions included in lines 1a-1f 1,147,504 h Total. Add lines 1a-1f ... 32,409,471 **Business Code** 2 a CF! HOUSING Program Service Revenue 900099 1,333,617. 1,333,617 b MICRO-ENTERPRISE 900099 152,631 152,631, WORKSHOPS 900099 26,403 26,403 CF! RENTALS 900099 16,590. 16,590 f All other program service revenue Total. Add lines 2a-2f 1,529,241. Investment income (including dividends, interest, and other similar amounts) 131,353, 131,353. 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) |6c d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a 1,083,910 1,592. b Less; cost or other basis Other Revenue and sales expenses 1,075,096 7b 45,965. c Gain or (loss) 8,814. -44,373 d Net gain or (loss) ~35,559 -35,559 8 a Gross income from fundraising events (not 361,625. of including \$ contributions reported on line 1c). See Part IV, line 18 117,412 b Less: direct expenses 159,305 c Net income or (loss) from fundraising events -41.893 -41,893 9 a Gross income from gaming activities. See Part IV, line 19 27,120 b Less: direct expenses 3,390. c Net income or (loss) from gaming activities 23,730. 23,730 10 a Gross sales of inventory, less returns and allowances 324,885 b Less: cost of goods sold 215,873. c Net income or (loss) from sales of inventory 109,012. 109,012 **Business Code** Miscellaneous Revenue 11 a REIMBURSEMENTS 900099 8,951 d All other revenue e Total. Add lines 11a-11d 8,951 Total revenue. See instructions 34,134,306. 1,638,253, 86,582

Form 990 (2021) MOBILE LOAVES & FISHES, INC. Part IX Statement of Functional Expenses

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 respon	se or note to any line ir	this Part IX		
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,810,442.	1,810,442.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	·			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				(2) (有限制) (图)
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	505,555.	237,383.	147 204	100 000
6	Compensation not included above to disqualified	303,333.	43/,303,	147,294.	120,878
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,148,701.	2,437,204.	376,249.	335,248
8	Pension plan accruals and contributions (include		2/20//2020	37072436	333,240
	section 401(k) and 403(b) employer contributions)	87,856.	70,415.	9,076.	8.365
9	Other employee benefits	366,290.	280,314.	45,733.	8,365. 40,243.
10	Payroll taxes	278,606.	205,158.	39,220.	34,228
11	Fees for services (nonemployees):			· ·	
а	Management				
b	Legal	21,456.	21,456.		
C	Accounting	28,260.		28,260.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	004 560	F.C.F. C.0.4	E0 4 E4	<i></i>
40	column (A), amount, list line 11g expenses on Sch O.)	894,569. 73,082.	765,621.	59,174.	69,774.
12 13	Advertising and promotion	338,545.	27,036. 301,253.	7,383.	38,663.
14	Office expenses Information technology	269,255.	199,253.	23,595. 37,418.	13,697.
15	Royalties	205,255.	199,233.	3/,410.	32,584.
16	Occupancy	1,819,612.	1,736,587.	54,445.	28,580.
17	Travel	27,652.	25,089.	1,330.	1,233
18	Payments of travel or entertainment expenses			<u> </u>	1,255
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	156,634.	114,672.	20,981.	20,981.
20	Interest	137,677.	137,677.		
21	Payments to affillates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	1,690,747.	1,680,544.	5,451.	4,752.
23	Insurance	114,966.	98,177.	8,520.	8,269.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				7 : P . (1.3)
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	FOE 7F3	F14 636		
a	COMMUNITY FIRST SUPPLIE FOOD DISTRIBUTED	525,753.	514,636.	7,058.	4,059.
b	MICRO-ENTERPRISE	418,463. 221,433.	392,859.	13,672.	11,932.
d	TRAILER EXPENSE	128,627.	221,433.		
	All other expenses	253,652.	128,627. 189,100.	12,853.	F1 600
25	Total functional expenses. Add lines 1 through 24e	13,317,833.	11,594,936.	897,712.	51,699. 825,185.
26	Joint costs. Complete this line only if the organization			071,114	043,103.
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010	12-09-21			200 (Annual Control of	Form 990 (2021)

100000	(24 T) X	balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X					
g.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	5,332,880.	1	14,000,983.		
	2	Savings and temporary cash investments	3,710,525.	2	9,291,409.		
	3	Pledges and grants receivable, net	5,165,428.	3	8,666,247.		
	4	Accounts receivable, net	45,769.	4	94,165.		
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons		5	The same second		
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	The state of the s		
Assets	7	Notes and loans receivable, net	12,876,478.		12,874,810.		
SS(8	Inventories for sale or use	39,748.		70,599.		
•	9	Prepaid expenses and deferred charges	31,393.	9	90,025.		
	10a	,		Hairi			
		basis. Complete Part VI of Schedule D 10a 23,838,428					
		Less: accumulated depreciation 10b 7,778,025	15,144,843.	10c	16,060,403.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11	•	12			
	13	Investments · program-related. See Part IV, line 11		13			
	14	Intangible assets	4 850 805	14			
	15	Other assets. See Part IV, line 11	1,772,707.	15	1,172,944.		
M-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,119,771.	16			
	17	Accounts payable and accrued expenses	372,120.	17	605,674.		
	18 19	Grants payable	22 574	18	25 050		
	20	Deferred revenue	23,574.	19	35,072.		
	21	Tax-exempt bond liabilities		20			
10	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21			
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%		1			
ige							
Ë	23	Secured mortgages and notes payable to unrelated third parties	2,892,462.	22			
	24	Unsecured notes and loans payable to unrelated third parties	2,052,402.	23			
	25	Other liabilities (including federal income tax, payables to related third		24			
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	77,530.	25	110 629		
	26	Total liabilities. Add lines 17 through 25	3,365,686.	26	12,874,810. 70,599. 90,025. 16,060,403. 1,172,944. 62,321,585. 605,674. 35,072. 110,629. 751,375. 39,046,826. 22,523,384.		
		Organizations that follow FASB ASC 958, check here ► X		20	731,373		
ces	1	and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	32,428,065.	27	39,046,826.		
Ba	28	Net assets with donor restrictions	8,326,020.	28	22,523,384.		
pur		Organizations that do not follow FASB ASC 958, check here					
ŗ		and complete lines 29 through 33.		Mildy,			
- Si	29	Capital stock or trust principal, or current funds	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
t As	31	Retained earnings, endowment, accumulated income, or other funds		31			
Ne	32	Total net assets or fund balances	40,754,085.	32	61,570,210.		
	33	Total liabilities and net assets/fund balances	44,119,771.	33	62,321,585.		

	1990 (2021) MOBILE LOAVES & FISHES, INC.	74-	-2956	081	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets					20
	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 1	34	,13	4,3	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,31	$\frac{7.8}{7.8}$	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	20	,81	$\frac{6.4}{6.4}$	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	,75	$\frac{4}{4}$, 0	85.
5	Net unrealized gains (losses) on investments	5		<u>, , , , , , , , , , , , , , , , , , , </u>		48.
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	61	,57	0.2	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a				2a	CONTRACTORS	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			To see
	consolidated basis, or both:				1	
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Sch	nedule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit	ŀ		
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
~~~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	,	
				Form	<b>990</b> (	2021)

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1645-0047

Open to Public Inspection

Name of the organization Employer identification number MOBILE LOAVES & FISHES, INC. 74-2956081 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 ____organization_ support-(see-instructions)support (see instructions) above (see instructions))

(Form 990) 2021 MOBILE LOAVES & FISHES, INC. 74-2956081 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2021
Part II Support Sch

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and					(-,	(// 1000)
	membership fees received. (Do not						
	include any "unusual grants.")	8,848,069.	19,834,810.	11,130,638.	14,803,241.	32,409,471.	87,026,229.
2	Tax revenues levied for the organ-						
	ization'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	8,848,069.	19,834,810.	11,130,638.	14,803,241.	32,409,471.	87,026,229.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			A. Marki			
	column (f)						6,560,256.
	Public support, Subtract line 5 from line 4.	China ha In				F	80,465,973.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	8,848,069.	19,834,810.	11,130,638.	14,803,241.	32,409,471.	87,026,229.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1.5	2.0	226	40 045	404 0=0	
_	and income from similar sources	15.	38.	336.	19,947.	131,353.	151,689.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	35,252.	10 006	110,820.	29,190.	0 051	104 010
11	Total support. Add lines 7 through 10	33,232.	10,000	110,020.	<u> </u>	0,901.	194,219.
12	Gross receipts from related activities,	ote (see lestruction	200)			12 8	87,372,137. ,752,983.
	First 5 years. If the Form 990 is for the			fourth or fifth town			, 134, 303.
	organization, check this box and stor			_		, ,, ,	▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (			column (fl)		14	92.10 %
15	Public support percentage from 2020	Schedule A. Part	II. line 14	JOIGHT (1))	•••••	15	96.77 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13. and line	 14 is 33 1/3% or n		
	stop here. The organization qualifies	as a publicly supp	orted organization			nord, orlook trild be	× und
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	Ifles as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	raphatlan		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	Ization	▶□
18	Private foundation. If the organization						s
							(Earm 000) 2001

Schedule A (Form 990) 2021 MOBILE LOAVES & FISHES, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			<u> </u>			
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levled for the organ-				<u> </u>		
7	ization's benefit and either paid to						
	or avpanded on its behalf						
_	***************************************						
5	The value of services or facilities						<u> </u>
	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						
	Add lines 7a and 7b						
SAC	Public support. (Subtract line 7c from line 6.)						
			T	1		T	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	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.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth to	Vear as a scotion	501(a)(3) arganizat	ion
Sec	check this box and stop heretion C. Computation of Publi	c Support Pe	rcentage		************		·····
						T I	
10	Public support percentage for 2021 (li	rie 8, column (f), (				15	%
10	Public support percentage from 2020	Schedule A, Part	t III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	<b>21</b> (llne 10c, colur	mn (f), divided by I	ine 13, column (f))	) . <u></u>	17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and line	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly	supported organiz	ation	. —
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	ı line 14 or line 19	a. and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly supp	orted organization	<b>_</b>
20	Private foundation. If the organization	n did not check a	box on line 14. 19	a, or 19b, check t	this box and see in	structions	
					~ ~ ~ and 000 III		

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

		-	Vac	N _a
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.		Yes	No
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).	1		
За		 За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.			
5а	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	<b>4c</b>		
b	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 designated in the organization's organizing document?	5a 5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  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.	5c		
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).	6 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?  If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	8		
b	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 the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	_10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		berit

Ra	Supporting Organizations (continued)			,
		Specification are asset	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		CD4078
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
<u> 5ec</u>	tion B. Type I Supporting Organizations			,
		TO RECIPE S	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1.	Hasta Wester ober	ma dana arawa 2012
2	Did the organization operate for the benefit of any supported organization other than the supported		10	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Ŀ
560	tion of Type it Supporting Organizations			Г
4	Were a majority of the organization a directors of the description of the organization and directors of the description of the organization of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		<b>-</b>	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
	ton 217th Type III capporting organizations		<b>V</b>	r
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		8887) ISSN
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's	1, 197, 240		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		建一	
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	`		
а	The organization satisfied the Activities Test. Complete line 2 below.	<b>,</b> *		
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 governmental entity (see in	astructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	100,400,101	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,			4
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a	AGUBATA.	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	<b>2</b> b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		100	ANGEST .
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	Milia	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	oh.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Org	anizations	V
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	on Nov. 20, 1970 (explain in <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			,
Sect	ion 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		7
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			<b>承认是"类型的混合"。</b> [1
	instructions for short tax year or assets held for part of year):			[4] 在第一 <b>学家</b> 书记。广
а	Average monthly value of securities	1a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			The Continues
	(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		
Sect	ion 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-function	ally integr	ated Type III supporting ora	anization (see
	instructions).	. 3	2. 110 -10-	`

Schedule A (Form 990) 2021

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Section D - Distributions

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 responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see Instructions)	Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2021			
a	From 2016	等2000年1207年1月日南文		
b	From 2017			
C	From 2018			· "非少数," " " " " " " " " " " " " " " " " " " "
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount	人 <b>加</b> 高 "这是"于"公司		
<u>i</u>	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		直接"学""你就吃得 _{你们} 。	
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount		7	
c	Remainder, Subtract lines 4a and 4b from line 4.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Construction in the second
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h	And the same of th		
	and 4b from line 1. For result greater than zero, explain in			
,	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		ELIM IN LESS OF THE	
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
<u>d</u>	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

	Part IV, Section 1; Part I	tion A, Iii V, Sectio nes 5, 6	nes 1, 2 on D, lin	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a 3; Part IV	a, 6, 9a, 9b, 9d ', Section E, Iir	c, 11a, 11b nes 1c. 2a.	, and 11 2b. 3a.	c; Part IV, Sand 3b: Part	art II, line 17a of ection B, lines 1 V, line 1; Part \ for any additio	and 2; Part /. Section B.	IV, Section C, line 1e: Part V
SCHEDU	LE A, I	PART	II,	LINE	10,	EXPLAN.	ATION	FOR	OTHER	INCOME:		
MISCEL	LANEOUS	SINC	COME									
2017 A	MOUNT:	\$	13,	636.								
										, , , ,		
REIMBU	RSEMENT	rs										
2017 A	MOUNT:	\$	10,	565.								
2018 A	MOUNT:	\$	10,	006.		, , , , , , , , , , , , , , , , , , ,						
2019 A	MOUNT:	\$	13,	070.						·		
2020 A	MOUNT:	\$	6,8	73.								
2021 A	MOUNT:	\$	8,9	51.		***						
									,			
INSURA	NCE PRO	CEEI	ວຮ									
2017 A	MOUNT:	\$	11,	051.								
2019 A	MOUNT:	\$	97,	750.			All in the second					
2020 A	MOUNT:	\$	22,	317.								
								***************************************				
<u> </u>	***************************************											
-					· · · · · ·					· · · · · · · · · · · · · · · · · · ·		

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

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

Employer identification number

BILE LOAVES & FISHES, INC.	74-2956081
ne):	
Section:	
501(c)( 3 ) (enter number) organization	
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
	Rule. See instructions.
and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (	and that received from any one
the year, total contributions of more than \$1,000 exclusively for religious, charitable, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts	scientific,
described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro exclusively for religious, charitable, etc., purposes, but no such contributions totaled	more than \$1,000. If this box us, charitable, etc.,
מו מ	Section:    X   501(c)(   3   ) (enter number) organization     4947(a)(1) nonexempt charitable trust not treated as a private foundation     527 political organization     501(c)(3) exempt private foundation     4947(a)(1) nonexempt charitable trust treated as a private foundation     501(c)(3) taxable private foundation     501(c)(3) taxable private foundation     501(c)(3) taxable private foundation     6 covered by the General Rule or a Special Rule.     6 (7), (8), or (10) organization can check boxes for both the General Rule and a Special number of the filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions total one contributor. Complete Parts I and II. See instructions for determining a contribution of the described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (1) iline 1. Complete Parts I and II.     10 described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, and purposes, or for the prevention of cruelty to children or animals. Complete Parts (1) instead of the contributor name and address), II, and III.     10 described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled there the total contributions that were received during the year for an exclusively religion than the tree received during the year for an exclusively religion to the total contributions that were received during the year for an exclusively religion terms that were received during the year for an exclusively religion terms and address in the total contributions that were received during the year for an exclusively religion terms and address in the total contributions total enterms and address in the total contributions total enterms and address in the to

Employer identification number

#### MOBILE LOAVES & FISHES, INC.

74 - 2956081

Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$4,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,155,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,120,065.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,014,886.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$1,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### MOBILE LOAVES & FISHES, INC.

74-2956081

Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$957,664.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100/50 11 11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### MOBILE LOAVES & FISHES, INC.

74-2956081

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
122452 11.11			

Name of organization Employer identification number MOBILE LOAVES & FISHES, INC. 74-2956081 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held ---(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number 74-2956081

Pai	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iln		s or Accounts. Complete if the
	organization anomored for on only one, rately, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(S) Faire and only about to
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 adv	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
To - Public	Impermissible private benefit?		Yes No
Pa	till Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	fied conservation contribution in the form	
_			Held at the End of the Tax Year
a b	Total number of conservation easements  Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str	rusturo included in (a)	2b
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the	ne organization during the tay
	year >	is to the factor of the factor by the	to organization dailing the tax
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements is	· · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	note to the organization's financial stater	nents that describes the
Pai	till Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Accets
(800/250), nés	Complete if the organization answered "Yes" on Form		other olimlar Assets.
1a	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre-		
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<u> </u>

ALC: UNKNOWN	till Organizations Maintaining C	collections of Ar				or Oth	er Simi		ets/conti		age Z	
3	Using the organization's acquisition, accessi				<del></del>					iu6u)		
•	collection items (check all that apply):	on, and other records	s, check arry	OI tile	ionowing tria	i mane :	sigrimcar	it use of it	.8			
а	Public exhibition	d	Loan	or ovel	ango progr	m						
b	☐ Public exhibition d ☐ Loan or exchange program e ☐ Other											
C	Preservation for future generations	G	Ou 16									
4	Provide a description of the organization's co	llections and avalain	how thou f	urthar th	o organizati	on's ove	mnt nur	aceo in Dr	ort VIII			
5	During the year, did the organization solicit o							JUSO III I- 6	ar Ann.			
Ū	to be sold to raise funds rather than to be ma								Yes	Γ	No	
Par										r	1 IVO	
N. Jing	<b>Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custod		iary for conti	ribution	s or other as	sets no	t include					
	on Form 990, Part X?								Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	 :	***************************************		************					
	· -		ŭ						Amoun	t		
C	Beginning balance						1c			<del></del>		
	Additions during the year							<u> </u>				
	Distributions during the year							<u> </u>			***************************************	
f	Ending balance									***************************************		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or cu	istodial acco	unt llab	ility?	Ľ	Yes		No	
	If "Yes," explain the arrangement in Part XIII.									. [	]	
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes	" on Fo	rm 990, Part	IV, line	10.					
		(a) Current year	(b) Prior y	ear	(c) Two year	s back	(d) Three	years bacl	( <b>e)</b> Fou	r years	back	
1a	Beginning of year balance	112,579.	100	,366.	8	1,727.		91,567		80,	700.	
b	Contributions	31,600.	1	,180.								
С	Net investment earnings, gains, and losses	21,942.	12	,045.	1	5,653.		-5,835		11,	830.	
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses	1,296.	1	,012.		1,014.		1,005			963.	
g	End of year balance	164,825.	112	579.	1.0	0,366.		84,727		91,	567.	
2	Provide the estimated percentage of the cur	ent year end balance	e (line 1g, co	lumn (a	)) held as:							
а	Board designated or quasi-endowment	100.0000	_%									
b	Permanent endowment >	%										
С		%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are	held a	nd administe	ered for	the orgar	nization				
	by:									Yes	No	
	(i) Unrelated organizations								3a(i)	X		
	(ii) Related organizations	•••••			• • • • • • • • • • • • • • • • • • • •				3a(ii)	igsqcut	_X_	
b	If "Yes" on line 3a(ii), are the related organiza								<u>3b</u>			
4 Da:	Describe in Part XIII the intended uses of the		wment fund:	s.								
Pai	t VI Land, Buildings, and Equipm		D - 11 / 11 - 1			n David V	( II IO					
	Complete if the organization answere							<del></del>				
	Description of property	(a) Cost or ot		-	or other		Accumula	I .	(d) Boo	ık valu	e 	
	1-2-1	basis (investm		basis (	`	de	preclatic	)	1 50	<u> </u>	20	
	Land				<del>6,430.</del> 7,399.	7	155,	100	$\frac{1,53}{11,00}$			
	Buildings		<del>  '-</del> '	±,43	1,333.	٥,	LOO,	-00.	11,08	4,4	<u> </u>	
	Leasehold improvements			2 0 6	4,599.		622,	277	3,44	1-7	62	
	Equipment			5,00	<del></del>	<del>''</del> ,	044,	00/0	J,44	<u> </u>	04.	
<u>е</u>	Other				· 0 - 1				16 06	Λ 1	0.2	

Part VII Investments - Other Securities.  Complete If the organization answered "Yes" o			appoor Page 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	f-vear market value
(1) Financial derivatives	(-,	(a) meaned of valuation, cook of order	Tyda market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			7777
(D)			
(E)	- W		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		According to the Art	
Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-vear market value
(1)			,
(2)			
(3)			······································
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			···
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11d. See Form 990. Part X. line 15	
	escription	to the contract of the contrac	(b) Book value
(1)			(b) Dook value
(2)			
(3)			***************************************
(4)			
(5)			
(6)			MANAGEMENT OF THE STATE OF THE
(7)	·····		***************************************
(8)			mpt y y y my
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		WW. #1. //.
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" or	n Form 990 Part IV lir	ne 11e or 11f See Form 990 Port V line 25	
1. (a) Description of liability	111 01111 000;1 4:117; 111	TO THE GITTI. OCC FORM 500, TAIL X, IIII E 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) SECURITY DEPOSITS			110,629
			110,049
(3)			
(4)			***************************************
<u>(5)</u>			
(6)			****
(7)			
(8)			
(9)	0.5.1	1.4	440
Total. (Column (b) must equal Form 990, Part X, col. (B) line		<b>&gt;</b>	110,629
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote	e to the organization's financial statements tha	it 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... X

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.

#### PART V, LINE 4:

MOBILE LOAVES & FISHES IS THE BENEFICIARY OF THE MOBILE LOAVES & FISHES
ENDOWMENT FUND, A CHARITABLE FUND ESTABLISHED IN 2007 AND ADMINISTERED
INDEPENDENTLY BY THE AUSTIN COMMUNITY FOUNDATION FOR THE CAPITAL AREA

("ACF"). THE PURPOSE OF THE FUND IS TO FEED THE HUNGRY AND TO PROVIDE
ACCESSIBLE, ATTRACTIVE, AND GRATIFYING MEANS FOR INDIVIDUALS TO SERVE
THEIR COMMUNITIES, THUS, INSPIRING A LIFESTYLE OF VOLUNTEERING TO SERVE.
AS PART OF THE FUND AGREEMENT, MLF GRANTED THE AUSTIN COMMUNITY FOUNDATION
VARIANCE POWER AND, THEREFORE, THE ASSETS OF THE FUND ARE IRREVOCABLY HELD
AND MANAGED BY AUSTIN COMMUNITY FOUNDATION. ACF HAS THE AUTHORITY TO
DISTRIBUTE ANY PRINCIPAL AMOUNT OF THE FUND AT ITS SOLE DISCRETION, FROM
TIME TO TIME. THE VALUE OF THE FUND WAS \$164,825 AND \$112,579 AT DECEMBER

Schedule D (Form 990) 2021 MOBILE LOAVES & FISHES, INC.  Part XIII Supplemental Information (continued)	74-2956081 Page 5
31, 2021 AND 2020, RESPECTIVELY.	
PART X, LINE 2:	
THE MOST SIGNIFICANT TAX POSITIONS OF MLF IS ITS ASSERTION	THAT IT IS
EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER A	ANY AMOUNTS ARE
SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT	r has determined
MLF HAD NO UBIT LIABILITY FROM UNRELATED BUSINESS ACTIVITI	ES DURING THE
YEARS ENDED DECEMBER 31, 2021 AND 2020. ALL SIGNIFICANT TAX	X POSITIONS HAVE
BEEN CONSIDERED BY MANAGEMENT AND IT HAS DETERMINED THAT I	r is more likely
THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXA	AMINATION BY
TAXING AUTHORITIES.	,
	***************************************

#### SCHEDULE G (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

MOBILE	LOAVES & FISHES, I	NC.				Employer ide 74-2956	ntification number 081
Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17	7. Form 990-E2	Z filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	eed funds through any of the following Solicitars  f Solicitars g Special  or oral agreement with any individual fart VII) or entity in connection with polyduals or entities (fundraisers) pursu	tion of tion of fundra (incluer	non-g gover alsing ding o lonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utlons?	(iv) Gross receipts from activity	l fu	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				* h
				-			
						2444	
							W. 1
				***************************************			
							With his section.
Total	107/11	<u> </u>					***************************************
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	d it is e	exempt from re	egistration
				•			
					<del></del>		
			<u></u>			***************************************	

		of fundralsing event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				STM SUMMER	NONE	(add col. (a) through
			DAY TO SHINE			col. <b>(c)</b> )
nre			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	435,133.	43,904.		479,037.
	2	Less: Contributions	361,625.		·	361,625.
	3	Gross income (line 1 minus line 2)	73,508.	43,904.		117,412.
	4	Cash prizes				
S	5	Noncash prizes	25,970.			25,970.
xpense	6	Rent/facility costs	9,930.	3,000.		12,930.
Direct Expenses	7	Food and beverages			1.0	,
	8	Entertainment	35,573.	2 150.		37,723.
	9	Other direct expenses		2,150. 40,340.		82,682.
	10				and the second s	159,305.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)	************************************		-41,893.
Pa	rt I	1. July 1, 1000	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue		:	27,120.	27,120.
	_					
ses	2	Cash prizes				Wildows
Direct Expenses	3	Noncash prizes			2,845.	2,845.
Direct	4	Rent/facility costs				*****
	5	Other direct expenses			545.	545.
		Volunteer labor	Yes %	Yes % No	Yes%  X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b></b>	3,390.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			23,730.
		ter the state(s) in which the organization condu				[ ]   mm
	lf "	he organization licensed to conduct gaming and No," explain: UNDER THE TEXAS	CHARITABLE R	AFFLE ENABLI		
		RGANTZATION MAY HOLD UP EGISTERING WITH THE STA		LES PER CALE	NDAR YEAR WI	THOUT
	We	ore any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to			Yes X No
		. 1				

Schedule	G (Form 990) 2021 MOBILE LOAVES & FISHES, INC. 74	-2956081 Page 3
11 Does	the organization conduct gaming activities with nonmembers?	
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to ac	ninister charitable gaming?	Yes X No
	ite the percentage of gaming activity conducted in:	•••
a The	rganization's facility	13a   100.00 %
	tside facility	
	the name and address of the person who prepares the organization's gaming/special events books and records:	
Nam	▶ VENUS CHIN	
Addr	ess ▶ 9301 HOG EYE ROAD STE. 950 - AUSTIN, TX 78724	
15a Does	the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
1- 15 HV	- Northwester account of the first transfer	
	s," enter the amount of gaming revenue received by the organization > \$ and the amount	
	ning revenue retained by the third party > \$ s," enter name and address of the third party:	
CIII	s, enter name and address of the third party:	
Nam	·	
Addr	ess <b>&gt;</b>	
<b>16</b> Gam	ng manager information:	
Nam	·	
Gam	ng manager compensation > \$	
Desc	iption of services provided 🕨	
	Director/officer Employee Independent contractor	
		•
	atory distributions:	
	organization required under state law to make charitable distributions from the gaming proceeds to	
	the state gaming license?	Yes X No
	the amount of distributions required under state law to be distributed to other exempt organizations or spent in tr	16
Part IV	ization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	1 D - 1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a Part III, lines 9, 90, 100,
	130, 130, 16, and 17b, as applicable. Also provide any additional information. See instructions.	<del></del>
		· · · · · · · · · · · · · · · · · · ·
terina.		

Schedule G (Form 990) Part IV Supplemental Info	MOBILE LOAVE	S & FISHES,	INC.	74-2956081 Page 4
Part IV Supplemental Info	rmation (continued)			
F				
				444
<b>f</b>				
P				
			7.4	Mary Control of the C
the same of the sa				
			70	The state of the s
Name				
			77	
pww.	NH Company of the Com			
And the second s			The state of the s	
	•			
	Market Control			APP.
	***			
'				**************************************
				· · · · · · · · · · · · · · · · · · ·

# Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. Ŀ Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No. 1545-0047

2021

Open to Public Inspection

ž [ Employer identification number 74-2956081 CF! VILLAGE CONSTRUCTION (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any AND OPERATION, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 1,806,942 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC 501(C)(3) FISHES, Enter total number of other organizations listed in the line 1 table 85-2872559 General Information on Grants and Assistance criteria used to award the grants or assistance? (b) EIN LOAVES 1 (a) Name and address of organization MOBILE LOAVES AND FISHES SUPPORT CORPORATION - 9301 HOG EYE ROAD MOBILE STE 950 - AUSTIN, TX 78724 or government Part Part

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

Schedule I (Form 990) 2021

Page 2

74-2956081

Schedule I (Form 990) 2021 MOBILE LOAVES & FISHES, INC.

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	-				
Part IV Supplemental Information. Provide the information required in	n required in Part I, lir	Part I, line 2; Part III, column (b); and any other additional information.	b); and any other ad	ditional information.	
PART II, LINE 1:					
CONTRIBUTIONS WERE TO A SUPPORTING ORGANIZATION FOR THE CONTINUED	NG ORGANIZ	ATION FOR	THE CONTINU	ED	
DEVELOPMENT OF THE COMMUNITY FIRST	ST VILLAGE.	•			

Schedule I (Form 990) 2021

132102 10-26-21

#### **SCHEDULE J** (Form 990)

Part I

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2021

Department of the Treasury Internal Revenue Service Name of the organization

MOBILE LOAVES & FISHES,

Employer identification number INC. 74-2956081 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	2.52.52.60.65.65	WWW.DEESOL
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?	2	202201807	
3	indicate which, if any, of the following the organization used to establish the compensation of the organization's	10	V. 10	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	100		
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	· · · · · · · · · · · · · · · · · · ·			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	170		
	organization or a related organization;			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			**************************************
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		170	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			Notice (1985)
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		100	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	<u>uau s</u>	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	SCHOOL STA	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	0	W 862 0142	

LHA 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.

			° -	compensation	compensation		benefits	(E)(I)-(D)	
(A) Name and Title		(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
ALAN J. GRAHAM	Ξ	216,15	25	1,586.	6,834.	10,00	16,19	250,771.	0
BOARD CHAIR & CEO	<u> </u>		0,	0	0			0	
AMBER FOGARTY	<u>e</u>	128,29	-	1,031.	0	6,82	16,00	152,155.	
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Schedule J (Form 990) 2021 MOBILE LOAVES & FISHES, INC.	74-2956081 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	or Part II. Also complete this part for any additional information.
	Schedule J (Form 990) 2021

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number 74-2956081

Schedule L (Form 990) 2021

1 (a) Name of disqualified p	person (b) F	Relationship bet	ween c	disqual	ifled		a) Donor	intion of the				(d) Corrected		
(a) Harris of dioqualifica p	50/00/1	person and o	rganiza	ation		,,	J Desci	iption of tra	แรสดแด	)( I		Y	es	No
2 Enter the amount of tax i section 4958	ncurred by the o									<b>▶</b> \$				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization					\$				
Part II Loans to and	/or From Int	erested Per	sons					· · · · · · · · · · · · · · · · · · ·		-Au-				
Complete if the c					Dort V. line	200 04 1	OO	ω n IV I	l 00.	16 11-				
reported an amo	unt on Form 000	Dort V line E	- 011118	79U-EZ,	, ran v, iine	SOU OF I	ronn 99	u, Part IV, I	ine 26;	or it th	e orga	ınızatı	on	
(a) Name of	(b) Relationship		(d) Los		(a) Origi	lnal	(0.17)		1 (-)	Lie	(h) Ani	proved	(1) 16/	ledde a sa
interested person	with organization	of loan	from		(e) Orig principal a	mount	(1) Ba	lance due	defa	In ult?	(h) Api by boa comm	ard or ittee?	agree	ritten ment?
			То	From					Yes	No	Yes	No	Yes	No
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Part III Grants or As Complete if the c						,								
(a) Name of interested p								(-I) T	6	····-				
(a) Name of interested p	Jerson (	<ul> <li>b) Relationship interested pers the organization</li> </ul>	son and	en d	(c) Amo assist			(d) Typ assista				) Purp assista	ose of ance	•
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LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions	for For	m 990 or 9	90-EZ.				Sche	ا ماییا	/Form	n 000	) 2021

		LOAVES & FISHES, I	NC.	74-2956	081	Page 2
Part IV	<b>Business Transactions Involv</b>	•				Name of the last of
	Complete If the organization answered		8b, or 28c.		( /: \ O	
(aj	) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
TRICIA	GRAHAM	SPOUSE OF CEO	100 707	CIACOT OXCACIATOR	Yes	No
The state of the s	GRAHAM	SON OF CEO		EMPLOYMENT EMPLOYMENT		X
	GRAHAM	DAUGHTER OF CEO		EMPLOYMENT		X
CHRIS		SON OF BOARDMEMBER		INSURANCE A		$\frac{1}{x}$
		SOLVE DOLLED THE HISTORY	10,001.	THOOMANCE A		<del>  ^</del> -
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Part V	Supplemental Information.					
	Provide additional information for response	nses to questions on Schedule L (see	instructions).			
aatt t		DANIGA CELTONIC TATEOTATION				
<u>всп п,</u>	PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAI	ME OF PERSON: TRICIA	GRAHAM				
<u> </u>			WW.			
(B) RE	LATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ORGANIZAT	ION:		
CDOME	OF CEO					
DI OODE	OF CEO	· · · · · · · · · · · · · · · · · · ·				
(C) AM	OUNT OF TRANSACTION	\$ 100,727.				
						*****
(D) DE	SCRIPTION OF TRANSAC	TION: EMPLOYMENT				
(E) SH	ARING OF ORGANIZATIO	N PEVENIIEG2 - NO				
(11) (11)	THE CONTRACT OF THE CONTRACT O	N REVENOED: - NO				
			***************************************	***************************************		
(A) NAI	ME OF PERSON: KEATON	GRAHAM				
(B) RE	LATIONSHIP BETWEEN I	NUMBER CORT AND	D 010033177731	TON		
(15) 1(13)	DAILONDHIE DEIWEEN I	NIERESTED PERSON ANI	D ORGANIZAT	TON:		
SON OF	CEO					
					***************************************	
(C) AMO	OUNT OF TRANSACTION	\$ 26,871.				
(T) \ DE		TT ON . THE TO STREET				
(D) DE	SCRIPTION OF TRANSAC	TION: EMPLOYMENT				
(E) SH	ARING OF ORGANIZATIO	N REVENIES? = NO				
		111111111111111111111111111111111111111				
/= \ ====			· · · · · · · · · · · · · · · · · · ·			·····
(A) NAI	ME OF PERSON: TAYLOR	GRAHAM		1 1984		
(B) RE	LATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ОВСАМТУАФ	TON.		
, _ / ~ x and			OUGUITANI	TON.		
DAUGHT	ER OF CEO					

(C) AMOUNT OF TRANSACTION \$ 79,135.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

Schedule L (Form 990) MOBILE LOAVES & FISHES, INC.	74-2956081 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (se	ee instructions).
(E) SHARING OF ORGANIZATION REVENUES? = NO	
(A) NAME OF PERSON: CHRIS AGNESS	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZA	TION:
SON OF BOARDMEMBER	
SON OF BOARDMEMBER	
(C) AMOUNT OF TRANSACTION \$ 19,691.	
(D) DESCRIPTION OF TRANSACTION: INSURANCE AGENT	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
	The state of the s
·	Manager and the second and the secon

#### 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC. Employer identification number 74-2956081

Part I Types of Property (a) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... 4 Clothing and household goods 5 X Cars and other vehicles 15 50,617.APPRAISED VALUE 6 Boats and planes _____ 7 Intellectual property 8 X 1,083,910.FAIR MARKET VALUE 29,760 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles ..... 18 X 12 10,132.FAIR MARKET VALUE 19 Food inventory Drugs and medical supplies ..... 20 21 Taxidermy ..... 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts ( JEWLERY 2,845.FAIR MARKET VALUE X 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule N	1 (Form 99)	0) 2021	MO	RTTI	з БОА	VES	9: T.T	SHES,	, ТТ	1G•				74-29560	81	Page 2
Part II	Supple is reporti this part	mentang in Par for any a	l Info t I, co dditio	ormat dumn (b nal info	t <b>ion.</b> Pro b), the nu ormation.	ovide th Imber c	ne informa of contribu	ation requ utions, the	ired by numb	y Part I, li per of iter	nes 30l ns rece	b, 32b lved, d	, and 33, or a comb	and whether the dination of both. A	organizati Iso compl	on ete
SCHEDU	JLE M,	LIN	E 3	2B:												
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### 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.

2021

Open to Public Inspection

Name of the organization

MOBILE LOAVES & FISHES, INC.

Employer identification number 74-2956081

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS SENT TO THE BOARD FOR REVIEW PRIOR TO THE BOARD MEETING.

A DETAIL REVIEW OF THE TAX RETURN INCLUDING AN EXTENSIVE PRESENTATION OF

THE TAX RETURN BY THE PREPARING CPA WILL BE MADE TO THE FINANCE COMMITTEE

OF THE BOARD OF DIRECTORS. AFTER THE REVIEW, THE BOARD MUST APPROVE THE

FILING WITH INTERNAL REVENUE SERVICE. THEN, A FINAL COPY OF THE TAX RETURN

IS SENT TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE AND

CONSENT FORM AND SUBMIT FOR REVIEW. THIS POLICY IS REVIEWED TWICE EACH

YEAR THROUGH AN AGENDA ITEM AT BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE ORGANIZATIONS CEO IS DETERMINED ON AN ANNUAL BASIS BY
A SALARY COMMITTEE DURING THE BUDGET REVIEW PROCESS. THE SALARY COMMITTEE
REVIEWS COST OF LIVING ADJUSTMENTS. THE PROCESS ALSO INCLUDES THE ANNUAL
SALARY SURVEY BY TOTAL COMPENSATION SOLUTIONS NOT-FOR-PROFIT COMPENSATION
SURVEY AND COMP ANALYST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, DOCUMENT RETENTION POLICY, WHISTLEBLOWER POLICY AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC THROUGH A WRITTEN OR ORAL REQUEST. THE

ORGANIZATION ALSO PROVIDES A LINK ON ITS WEBSITE THAT DIRECTS THE PUBLIC TO

ONLINE COPIES OF THE AUDITS AND FORMS 990.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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OMB No. 1545-0047

Employer identification number 74-2956081▶ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. MOBILE LOAVES & FISHES, Name of the organization Department of the Treasury Internal Revenue Service Part

(a)	(q)	(0)	(p)	(e)	(t)	(b)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section		entity?
				501(c)(3))		Yes No
MOBILE LOAVES AND FISHES SUPPORT CORPORATION SUPPORT CHARITABLE	SUPPORT CHARITABLE					
- 85-2872559, 9301 HOG EYE ROAD STE. 950,	ACTIVITY OF MOBILE LOAVES				MOBILE LOAVES &	
AUSTIN, TX 78724	& FISHES, INC.	TEXAS	501(C)(3)	LINE 12A, I	FISHES, INC.	×
						*****

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

Schedule R (Form 990) 2021

74-2956081

Page 2

INC MOBILE LOAVES & FISHES,

Schedule R (Form 990) 2021

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Section 512(b)(13) controlled entity? Yes No 图 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes No Percentage ownership Ξ Code V-UBI amount in box n 20 of Schedule 1 K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate Yes No allocations?  $\Xi$ Share of total income Share of end-of-year assets <u>(g</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) ত্ Direct controlling entity ਉ Primary activity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV PartIII

Schedule R (Form 990) 2021

Page 3 €

Schedule R (Form 990) 2021 MOBILE LOAVES & FISHES, INC.

PartV Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

2021	066 m	Schedule R (Form 990) 2021			132163 11-17-21
					(9)
					(5)
					(4)
					(3)
		AL CASH	14,510.ACTUAL	M	MOBILE LOAVES AND FISHES SUPPORT (2) CORPORATION
Ī		AL CASH	1,806,942.ACTUAL	Д	AND FISHES
		(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organiza
		hips and transaction thresholds.	his line, including covered relations	n who must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
×		18			s Other transfer of cash or property from related organization(s)
M		<b>+</b>			r Other transfer of cash or property to related organization(s)
×		19			
×		1p			<b>p</b> Reimbursement paid to related organization(s) for expenses
×		10			
×		- 1n		zation(s)	
×		# <del>T</del>		rganization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×	ļ	F		rganization(s)	
	M	<del> </del>   <del>   </del>   <del>                       </del>			k Lease of facilities, equipment, or other assets from related organization(s)
×		-11			j Lease of facilities, equipment, or other assets to related organization(s)
×		11			
×		-th			h Purchase of assets from related organization(s)
M		19			g Sale of assets to related organization(s)
×		11			f Dividends from related organization(s)
×		-1-			
×		1d			
×		10			c Giff, grant, or capital contribution from related organization(s)
	M	15			
×		19	)	ıtity	a Receipt of (I) interest. (II) annuities. (III) rovalties, or (iv) rent from a controlled entity
20000	Xes	LI-II	elated organizations listed in Parts	ions with one or more r	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
8 N	Yes				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.

74-2956081

Page 🕹

INC

MOBILE LOAVES & FISHES

Schedule R (Form 990) 2021

Part Wi Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Disproportional Code V-UBI General of Percentage to amount in box 20 managing ownership ves No (Form 1065) Yes No 图 6 Ξ E end-of-year Share of assets <u>6</u> Share of income total Œ The Predominant income partners sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (state or foreign Legal domicile country) Primary activity <u>@</u> Name, address, and EIN of entity <u>(a)</u>

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 MOBILE LOAVES & FISHES, INC.	74-2956081 Page 5
Schedule R (Form 990) 2021 MOBILE LOAVES & FISHES, INC.  Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
	W. W
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EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 2	2021 calendar year, or tax year beginning and e	ending		
В С	neck if plicable:	C Name of organization		D Employer identific	ation number
ар		MOBILE LOAVES & FISHES			
	Address change	SUPPORT CORPORATION			- 0
	Name change	Doing business as		85-287255	
	Initial return	Millipel and Street (or i .o. box ii mail is not dointered to street addition)	Room/suite		7000
	Final return/	9301 HOG EYE ROAD	950	512-328-7	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,822,688.
	Amended return	d AUSTIN, TX 78724		H(a) Is this a group re	turn
	Applica- tion	F Name and address of principal officer:AMBER FOGARTY		for subordinates'	?Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exen	npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527		list. See instructions
J۷	/ebsite	:▶N/A		H(c) Group exemption	n number
K F	orm of o	rganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2020 M	State of legal domicile: ${f T}{f X}$
-	rt I	Summany			ADI II
0	<b>1</b> B	riefly describe the organization's mission or most significant activities: TO SU	JPPOR'.	THE CHARITY	ABLE
Governance	A	CTIVITIES OF MOBILE LOAVES & FISHES, INC	- •		
rne		theck this box 🕨 🔛 if the organization discontinued its operations or dispos			sets.
ove		lumber of voting members of the governing body (Part VI, line 1a)			$\frac{5}{4}$
8 G		lumber of independent voting members of the governing body (Part VI, line 1b)			0
es {	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	5
viti		otal number of volunteers (estimate if necessary)			0.
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			0.
1	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11	············	7b	
Revenue				Prior Year	Current Year 1,806,942.
		Contributions and grants (Part VIII, line 1h)		2,954,494.	0.
		Program service revenue (Part VIII, line 2g)		10.	736.
Sev.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-100,930.	
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,853,574.	1,228,147.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,853,574.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	0.	0.
xbe	b⊺	otal fundraising expenses (Part IX, column (D), line 25)	95.	9,431.	32,516.
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,431.	32,516.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,844,143.	
		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances				eginning of Current Year 19,213,390.	End of Year 21,095,584.
set	20 ⊺	Total assets (Part X, line 16)		16,369,247.	17,055,810.
at As	21 T	Total liabilities (Part X, line 26)		2,844,143.	4,039,774.
-	22 1	Net assets or fund balances. Subtract line 21 from line 20		2,044,143.	170337772
Pa	art II	Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedule	oc and state	ments, and to the hest of m	y knowledge and belief, it is
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	hich propar	er has any knowledge	iy kilomoago alla zellel, il le
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wi	mon propar	9/30	122
		Signature of officer		Date	00
Sig	- 1				
Hei	e	AMBER FOGARTY, PRESIDENT Type or print name and title			
		Original Signed	Bv	Date Check	PTIN
р.			OLDS	l   ., -	P00964479
Pai		THE PARTY DE LA PRINTER DE C		Firm's EIN	74-2516372
	parer	Firm's name REYNOLDS & FRANKE, P.C.  Firm's address 6850 AUSTIN CENTER BLVD., SUITE	100	THIII S EIN	
Use	Only	AUSTIN, TX 78731	100	Phone no. (5	312) 206-3141
_				Ti nono no. ( o	X Yes No
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			

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:  TO SUPPORT THE CHARITABLE ACTIVITIES OF MOBILE LOAVES & FISHES, INC.
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? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,143 • including grants of \$ ) (Revenue \$
	THE ORGANIZATION SUPPORTS THE DEVELOPMENT OF A CAMPUS REFERRED TO AS
	PHASE II OF THE COMMUNITY FIRST! VILLAGE (THE PROJECT), TO PROVIDE
	AFFORDABLE HOUSING AND SUPPORTIVE SERVICES TO FAMILIES IN CONNECTION
	WITH MOBILE LOAVES & FISHES, INC.
4b	(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 ▶ 3,143.

## Form 990 (2021) SUPPORT CORP Part 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	1	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			
7	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		X
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		X
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?			Х
40	If "Yes," complete Schedule D, Part IV	9		
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		х
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	441.		Х
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	***************************************		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	_		77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	مدا		~
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Page 4

MOBILE LOAVES & FISHES SUPPORT CORPORATION Form 990 (2021) SUPPORT CORPORATION Part IV Checklist of Required Schedules (continued)

<b></b>				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual				
	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 org				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes	s," complete	00	X	
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	\$100,000 as of the	23	12	<u> </u>
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d				
	Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	?	24d	<u> </u>	ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				٠,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If		OEh		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any		25b		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Current			
	O K West to Colored to L. Double		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Se	chedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Scheen	dule L, 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 contribut				- V
	"Yes," complete Schedule L, Part IV		28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		28b		A
G	"Yes," complete Schedule L, Part IV	•	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul	le M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," or				
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulations			٠,,
	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		04	X	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	-	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	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, F		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1			,,,	
Pa	Note: All Form 990 filers are required to complete Schedule O  TV Statements Regarding Other IRS Filings and Tax Compliance		38	X	l
ra	Check if Schedule O contains a response or note to any line in this Part V				
	Chook is Confedence Confidence a response of frote to any line in this Fait v			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a   11		103	1,40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b (	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		10	ΙX	1

O21) SUPPORT CORPORATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a		3a		X
	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	2200-2003	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b></b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	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			ĺ
	were not tax deductible?	6b	September 1	185582415574
7	Organizations that may receive deductible contributions under section 170(c).			37
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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c	atanidaksi	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	8865565	
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.			
a	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	30550000	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
b				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
d	Gross income from members or shareholders			
b	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(OSTERNISE)	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		5555
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	nga tra padeng	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>	<u> </u>	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1000000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		15/10/10/10	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

SUPPORT CORPORATION 85-2872559 Part 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 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** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х X b Each committee with authority to act on behalf of the governing body? 8b 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 O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Upon request Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records

78724

TX

VENUS CHIN - 512-328-7299

9301 HOG EYE ROAD, 950, AUSTIN,

Page 7

## Form 990 (2021) SUPPORT CORPORATION 85-28 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization r		orga	aniza			mpe	nsa		director, or trustee.	
(A)	(B)			_ ((	C)	_		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box offi	box, unless person is officer and a director/t		on is both an ector/trustee)		compensation	compensation	amount of	
	week (list any	ارة او			T T T		Τ	from the	from related organizations	other compensation
	hours for	direct			l	-		organization	(W-2/1099-MISC/	from the
	related	iee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	•	and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	hest c	Former			organizations
	line)	밀	Inst	Officer	Æ	불팀	Ē			
(1) AMBER FOGARTY	0.10	٠,,		,,					100 200	00 000
PRESIDENT	40.00	X	<u> </u>	X	<u> </u>	ऻ	<u> </u>	0.	129,322.	22,833.
(2) JEFF SERRA	0.10	٠,		٠,			l		0	^
TREASURER	1.00	X	<u> </u>	X	<u> </u>	<u> </u>	⊢	0.	0.	0.
(3) ELIZABETH HUNT	0.10	٠,,		7,					_	_
SECRETARY	1 0 10	X	<u> </u>	X		├		0.	0.	0.
(4) BRIAN TOCHMAN	1.00	<b>.</b> ,							_	_
DIRECTOR	0.10	Α.	<u> </u>	<u> </u>	<u> </u>	<del> </del>	<b></b>	0.	0.	0.
(5) WALTER MOREAU	0.10	Ψ,							0	_
DIRECTOR	-	X	<u> </u>			-	ļ	0.	0.	0.
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			<u> </u>	_		╄	├			
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		<b>†</b>	<b> </b>	l	<u> </u>	†	<b>T</b>			
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Form 990 (2021) SUPPORT	CORPORA'	ric	NC	-					85-2	<u> 1872</u>	<u>559</u>	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportabl	е	Es	timate	∍d
	hours per	box	, unle	ss pe	rson	is bot or/trus	th an	'	compensati			ount	of
	week (list any		1	I	T	17 (1 (1)	T T	from	from relate			other	
	hours for	irecto						the	organizatio			pensa om th	
	related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC			anizat	
	organizations	truste	al trus		ae	mper		1099-NEC)	10001120	'	_	relat	
	below	Individual trustee or director	Institutional trustee	<u>_</u>	Key employee	Highest compensated employee	ᇤ	1				nizati	
	line)	Indiv	Instit	Officer	Key e	High	Former (				_		
		ļ											
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		-											
			<u> </u>										
		-											
	<b>-</b>				-		<u> </u>						
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					ļ	$\vdash$	┢─						
1b Subtotal	1	L	L	I	<u> </u>	L		0.	129,3	22.	2.1	2,8	33.
c Total from continuation sheets to Part V								0.		0.		-, -	0.
d Total (add lines 1b and 1c)								0.	129,3		22	2,8	
2 Total number of individuals (including but r							no re	<u> </u>					
compensation from the organization						,		<del>-</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,			C
											T	Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	r hig	hest compensated emp	oloyee on	Γ			
line 1a? If "Yes," complete Schedule J for s					-		_		-		3		X
4 For any individual listed on line 1a, is the su	ım of reportab												
and related organizations greater than \$15										l l	4	Х	
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indivi	idual for service	s [			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch j	pers	on .					5		X
Section B. Independent Contractors	·····							······					
1 Complete this table for your five highest co	•								•	mpensa	ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith (	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address						_	Description of s			ompen	isatioi	า ——
BAGWELL CUSTOM HOMES LLC		n	77	70		1 1	- 1	PRIMARY CONT		1	10/		0.0
112 GREEN VALLEY DRIVE,	LEANDER,	, <u>'</u>	r.Y	/ 6	304	<del>!</del> T		FOR OUTDOOR		<u></u>	,189	1,8	98.
GEOFAZE SIPS	ar am oa	- 0 0	די ר				1	PRIMARY VEND	OR FOR		201		0 F
27 GLEN HILL ROAD, WILTOM	N, CI U	003	, ,				$\dashv$	GEOFAZE SIPS		<del> </del>	301	L,8	05.
	TY 79666	5					,	אוא חודים דאו כי כיוו	חחו דדים		26/	1 0	0.2
1350 IH-35, SAN MARCOS, 'ENGEN CONTRACTING, INC.,			/TT	) T	. Δ ٦	न		MATERIALS SU CONSTRUCTION		<del>                                     </del>	404	1,9	<i>JJ</i> •
SUITE 550, AUSTIN, TX 78		rem,	كاننند	` Т	יעד,	ر ننه ۷		PROVIDER FOR			101	3,4	QΩ
20112 000, HOBILIN, 1A 70	, , , ,							TIOATDIK LOK	CM DOTH	<del>                                     </del>		, ±	<i>-</i> 0 •
2 Total number of independent contractors (	ncludina hut n	ot lir	nite	d to	thos	se li	L sted	above) who received m	nore than				
		111				110		, ++++0 10001400 H		<ul> <li>(1) (1) (1) (1) (1) (1)</li> </ul>			

\$100,000 of compensation from the organization

#### MOBILE LOAVES & FISHES SUPPORT CORPORATION Form 990 (2021) SUPPORT Part VIII Statement of Revenue

Page 9

		Check if Schedule O c	ontains	a response	or note to any lin	e in this Part VIII			
				•		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ats sta	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
ĬŽ,º		Fundraising events							
a #		Related organizations		1d	1,806,942.				
B, C		Government grants (contri			, ,				
Sig	f	All other contributions, gifts, g							
le E	•	similar amounts not included		1f					
호텔	~	Noncash contributions included in		1g \$					
Σ.Ε.	_					1,806,942.			
9		Total. Add lines 1a-1f			Business Code	1,000,342.			
					Busiliess Code				
jce	2 a								
le el	b								
e e	С								
Re Ja	d			·					
Program Service Revenue	е								
-	f	All other program service r							TO LES POR PROPERTY AND PROPERTY OF THE PROPERTY OF THE
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	-						
İ		other similar amounts)				736.			736.
	4	Income from investment of	f tax-exe	mpt bond p	roceeds 🕨				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	14,510.					
	b	Less: rental expenses	6b	594,541.					
l	С	Rental income or (loss)	6c	-580,031.					
Ì	d	Net rental income or (loss)			<b>&gt;</b>	-580,031.	-580,031.		
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e le		and sales expenses	7b						100 mg
e l	С		7c						
Re		Net gain or (loss)			<b>&gt;</b>			3	
ther Revenue		Gross income from fundraisin							
₹		including \$	•	of .					
		contributions reported on	line 1c).	-					
		Part IV, line 18							
,	h	Less: direct expenses							
		Net income or (loss) from f			<b>&gt;</b>		and the second second	(100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 )	The state of the s
		Gross income from gaming							
	0 4	Part IV, line 19	_						
	h								
		Net income or (loss) from (	amina s		<b>I</b>				
		Gross sales of inventory, le			<b>P</b>				
	10 a	and allowances		1					
İ	h								
		Less: cost of goods sold							
		: Net income or (loss) from s	sales Of I	iventory	Business Code				
sa	44 -	OTHER INCOME			900099	500.			500.
Miscellaneous Revenue	11 a			······································	300033	500.			500.
le la	b								
Re	C								
Σ	d					-			
l	12	Total. Add lines 11a-11d			<b>P</b>	500. 1 228 147	-580 031		1 236
	7/)	TOTAL LEVERING SEE INSTRUCTION	115		EBs.	1 440 147	- 200 031	. 17	4 4.30

Form 990 (2021)

Part IX	Statement c	of Functional	Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oti	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	<u> </u>			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal			22 22	
С	Accounting	20,800.		20,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				*****
g	Other. (If line 11g amount exceeds 10% of line 25,	44 546	2 442	4 550	2 005
	column (A), amount, list line 11g expenses on Sch O.)	11,716.	3,143.	4,578.	3,995.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a					
b		· · · · · · · · · · · · · · · · · · ·			
C					
d	-				
		20 E1C	2 1 / 2	25 270	2 005
25	Total functional expenses. Add lines 1 through 24e	32,516.	3,143.	25,378.	3,995.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		l		

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X		<del>,</del>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,164,917.		2,839,390.
	2	Savings and temporary cash investments			713,443.	2	626,121.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Description of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	15,732,476.			
	b	Less: accumulated depreciation	10b	418,600.	12,872,244.	10c	15,313,876.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,462,786.	15	2,316,197.	
B-00-1-10-10-1	16	Total assets. Add lines 1 through 15 (must equ			19,213,390.	16	21,095,584.
	17	Accounts payable and accrued expenses			144,291.	17	895,988.
	18	Grants payable				18	
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
jab		controlled entity or family member of any of the				22	1.14
	23	Secured mortgages and notes payable to unre			46 406 006	23	46 455 006
	24	Unsecured notes and loans payable to unrelate	ed third p	oarties	16,136,306.	24	16,157,236.
	25	Other liabilities (including federal income tax, page 1)	-				
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	00 650		0 506
		of Schedule D			88,650.		2,586.
	26	Total liabilities. Add lines 17 through 25			16,369,247.	26	17,055,810.
ģ		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			
ű	-	and complete lines 27, 28, 32, and 33.			0 044 140		4 020 774
ala	27	Net assets without donor restrictions			2,844,143.	27	4,039,774.
g B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
þ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or e		T-		30	
et A	31	Retained earnings, endowment, accumulated i			2 0 4 4 1 4 2	31	1 020 771
ž	32	Total net assets or fund balances		E	2,844,143.	+	4,039,774.
	33	Total liabilities and net assets/fund balances			19,213,390.	33	21,095,584.

Form **990** (2021)

Pa	TXI 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	1,22	<u>8,1</u>	<u>47.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,19 2,84				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
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	4,03	9,7	74.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X 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 th	e 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 Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2021)		

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

▶ Attach to Form 990 or Form 990-EZ.

MOBILE LOAVES & FISHES

SUPPORT CORPORATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 85-2872559

Pa	rt I	Reason for Public	Charity Status. (	All organizations must c	omplete th	nis part.) S	See instructions.		
The -	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organiz					•	the l	nospital's name,
		city, and state:	•						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned i	n
•		section 170(b)(1)(A)(iv). (C		nego er armenen, em le	a 0, 0p0,a	, 9			•
6		A federal, state, or local go	•	nental unit described in	section 17	70/61/41/41	(v)		
7	Ħ	An organization that norma	=					lnuh	lic described in
•		section 170(b)(1)(A)(vi). (C	-	ittat part of its support t	Tom a gov	errinentai	unit or from the general	pab	no described in
8		A community trust describe	•	1)(A)(vi) (Complete Part	F 11 \				
9		An agricultural research org				ad in coniu	inction with a land-grant	colle	ana
9		or university or a non-land-							-ge
		university:	grant college or agric	ulture (see instructions).	Line the	name, on	y, and state of the coney	je oi	
10		An organization that norma	Illy receives (1) more	than 22 1/20/, of its supp	nort from		one membership foce of	nd a	roce receipts from
10		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con		(less section of reax) in	oi ii busii le	sses acqu	illed by the organization	aite	1 June 30, 1973.
11		An organization organized		ivaly to tast for public sa	foty Soo	caction 50	)O(a)(4)		
	X	An organization organized						a nur	noses of one or
12.		more publicly supported or							
		lines 12a through 12d that	<del>-</del>					טטו וכ	K trie box orr
а	X	Type I. A supporting orga						, aivi	na
u		the supported organization							
		organization. You must o			a majority v	or the direc	ctors or trustees or the c	Jupp	orting
b		Type II. A supporting org	•		tion with it	e cupport	ed organization(e), by ha	wina	
b	<b></b>	control or management o	•			• •		_	
		organization(s). You mus			arne perse	nis triat ot	ontrol of manage the sup	port	.cu
С		Type III functionally inte			in connec	tion with :	and functionally integrate	ed w	ith
·		its supported organizatio						ca w	т.,
d		Type III non-functionally						izatio	nn/e)
u		that is not functionally int							
		requirement (see instruct		* -	-		•	.100110	555
е		Check this box if the orga	•	•	•				
·		functionally integrated, or					r type i, type ii, type iii		
f	Ente	er the number of supported of		nany integrated support	ing organiz	Lation.			1
		vide the following information	-	ed organization(s)				٠ ـــــ	
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(\	i) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	supp	port (see instructions)
MO.	BIL	E LOAVES &		above (see mondenone)			**************************************	<u> </u>	·······
FI	SHE	S, INC.	74-2956081	7	Х		0.		
						erste ergensster ist one		<u> </u>	

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019(d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 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 ...... 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) 6 Public support, Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 ..... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (	Gifts, grants, contributions, and						
r	membership fees received. (Do not						
i	nclude any "unusual grants.")						
r f	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 bus- ness under section 513						
i	Fax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
f	The value of services or facilities furnished by a governmental unit to						
	he organization without charge				1		
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
<b>b</b> A fr	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				\$5000 Coloradores (1900)	Filed Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6					, , , , , , , , , , , , , , , , , , , ,	
10a (	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ьl	Inrelated business taxable income						
a	less section 511 taxes) from businesses acquired after June 30, 1975						
11 N e v	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	ret eecond third	fourth or fifth tox	Voor on a section !	501(a)(3) arganizati	
		-			•	our(c)(3) organization	
	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I			column (fl)		15	%
	Public support percentage from 2020					16	<del></del>
	tion D. Computation of Investigation					1.51	
	nvestment income percentage for 20			ne 13. column (fl)		17	%
	nvestment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a	•		•		•	
b 3							
19	33 1/3% support tests - 2020. If the ine 18 is not more than 33 1/3%, che	_				•	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 disqualified 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

	Yes	No
1	X	
2		Х
За		Х
3b		
3c		
4a		Х
4b		
4c		
5a		X
5b		
5с		***************************************
6		X
7		X
8		Х
9a		X
9b		x
9c		Х
		Х
10a		- 23

Pa	rt IV Supporting Organizations _(continued)			
	(common)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Villa State	
	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?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	aniensi.	
·	detail in Part VI.	11c	4430444	X
Sec	tion B. Type I Supporting Organizations	1 110	<u> </u>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		169	140
٠	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		Х	190/2003
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	22	(Sastana)
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			v
500	supervised, or controlled the supporting organization.	2		Х
360	tion C. Type II Supporting Organizations		r	<del>г</del>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		İ
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test, Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	***************************************	1.0000000000000000000000000000000000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	ten ker(ES)	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	30	Verdiller	wydyfaindd
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	9,465,6	apped
ט	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	1000 (1995)	i krativičiti

### MOBILE LOAVES & FISHES SUPPORT CORPORATION

Schedule A (Form 990) 2021

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations			
1						
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.			
Section A - Adjusted Net Income (A) Prior Year (B) Cur (opt						
1	Net short-term capital gain					
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	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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	Chack have if the current year is the organization's first as a non-function	allyintage	atad Tuna III aummenting avec	prinction (acc		

Schedule A (Form 990) 2021

instructions).

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га	Type in Non-Functionally integrated 50s	(a)(a) Supporting Orga	amzanons (continued)	<del>, , , , , , , , , , , , , , , , , , , </del>
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3	
4	Amounts paid to acquire exempt-use assets		4_	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

#### MOBILE LOAVES & FISHES SUPPORT CORPORATION

85-2872559 Page 8 Schedule A (Form 990) 2021 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

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

MOBILE LOAVES & FISHES

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

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

	SU	JPPORT CORPORATION	85-2872559				
Organiz	zation type (check o	ne):					
Filers o	f:	Section:					
Form 99	00 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	00-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General							
37							
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'					
Special	Rules						
	sections 509(a)(1)	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F	nd that received from any one				
		line 1. Complete Parts I and II.	oim 330, rait viii, iiie m,				
		n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a					
	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) filling 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \limits_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\t						
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F. 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				

Name of organization MOBILE LOAVES & FISHES SUPPORT CORPORATION

Employer identification number

85-2872559

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if ad	ditional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MOBILE LOAVES & FISHES, INC.  9301 HOG EYE ROAD  AUSTIN, TX 78724	\$1,806,942.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

85-2872559

SOPPOR	RT CORPORATION	] 85	0-28/2559
Part II	Noncash Property (see instructions). Use duplicate copies 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

\$

Name of organization

Employer identification number

MOBILE LOAVES & FISHES SUPPORT CORPORATION

85-2872559

te duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and	(c) Use of gift  (e) Transfer of	Relationship of transferor to transferee  (d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name address of	(e) Transfer of	aift
manareree a manie, audress, ar	nd ZIP + 4	Relationship of transferor to transferee
(h) Purnose of gift	(c) Use of gift	(d) Description of how gift is held
(b) I dipose of gilt	(o) Ose of gift	(d) Description of now gire is free
Transferee's name, address, ar	(e) Transfer of 9	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of	gift
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(e) Transfer of Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

85-2872559

MOBILE LOAVES & FISHES Name of the organization SUPPORT CORPORATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year 2 Aggregate value of centributions to during year) 3 Aggregate value of centributions to 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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor or dovisors 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 conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization assevered "Yes" on Form 990, Part IV, lino 7.  1 Purposed) of conservation assements held by the organization (helds all that apply).  1 Purposed) of conservation assements held by the organization of preservation of a historically important land area Preservation of land for public use (for example, recreation or education). Preservation of a conservation assement in Preservation of a conservation assement on the last day of the tax year.  2 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to a contribution of the form of a conservation easement to a contribution of the form of a conservation easement to a contribution of the form of a conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  4 Number of states where property subject to conservation easements is holded?  5 Does the organization have a written policy regarding the periodic mentioring, inspection, handling of violations, and enforcing conservat			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value at each of year  5 Did the organization inform all donors and donor advisors in writing that the asseta held in donor advisor from the property author to the organizations property, subject to the organizations are 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 henefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Part II   Conservation Easements. Complete if the organization anawered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of hand for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space  2 Complete line 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Teld at uniform of conservation easements and a certified historic structure istance in the National Register  3 Number of conservation easements microbled in (s) acquired after 7/25/05, and not on a historic structure istance in the National Register  1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    3 Number of conservation easements make the foliation of the conservation easements in the day of the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year    4 Nurreer of states where property subject to conservation easements is located    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement	1	Total number at end of 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 inform all donors and donor advisors in writing that the 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 conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit?  Part III   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 of a detail that apply).  1 Preservation of land for public use (for example, recreation or education)   Preservation of a certified historically important land area	2			
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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charizable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mempresable private benefit?  Part III   Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.  1 Purpose(q) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of a part   Preservation of pone space.  2 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Total number of conservation easements   2a	3	T-		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefits?  Part III   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1   Purpose(y) of conservation easements held by the organization (check) all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of perservation of a certified historic structure   Preservation of perservation of a certified historic structure   Preservation of perservation of a certified historic structure   Preservation of a certified by conservation easements   Part III   Purpose(y)   Preservation   P	4			
are the organization's property, subject to the organization's exclusive legal control?	5	· · · · · · · · · · · · · · · · · · ·	riting that the assets held in donor advised fu	nds
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 conferring impermissible private benefit?		•	•	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?    Part    Conservation Easements. Complete    the organization answered "Yes" on Form 980, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).	6			
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of pen space   2 Complete lines 2 a through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Relid at the End of the Tax Year   2		-		•
Part III   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(g) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Protection of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   It is a total number of conservation easements   2a   It is a total number of conservation easements   2b   It is a total number of conservation easements on a certified historic structure included in (a)   2c   It is a total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   2d   It is a total experiment of the conservation easements is located   Possible of the property subject to conservation easements is located   Possible of the property subject to conservation easements is located   Possible of the property subject to conservation easements in located   Possible of the property subject to conservation easements in located   Possible of the property subject to conservation easements in contact   Possible of the property subject to conservation easements in located   Possible of the property subject to conservation easements in contact   Possible of the property subject to conservation easements in contact   Possible of the property subject to conservation easements in contact   Possible of the property subject to conservation easements in contact   Possible of the property subject to conservation easements in the revenue and expense sta		• •		
Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space	Pa			
Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space	1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
Preservation of natural habitat			· ·	torically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization assements.  b if the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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, not port in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public ex			, , , , , , , , , , , , , , , , , , , ,	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization assements.  b if the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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, not port in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public ex		Preservation of open space		
day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Set and ovolunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Part III.   Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's inaccounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If If the organization shall the text of the footnote to the properties that describes the organization in Part XIII the text of the footnote to the properties that describes the elems.  Tomplete if the organization answered "Yes" on Form 990, Part IV, line 8.  If If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue	2	·	ed conservation contribution in the form of a c	conservation easement on the last
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easement is 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 easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f)(f)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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, nor to report in its revenue sta		· · · · · · · · · · · · · · · · · · ·		
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c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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 ▶  ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  ↑ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XII, line 1  (	b			2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds?	С	-		2c
Ilisted in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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 easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the flootnote to its financial statements that describes these items:  b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included	d			
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No    Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No    Staff and volunteer in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No    Part XIII, describe how the organization reports conservation easements of section 170(h)(4)(B)(i)    In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu				2d
year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) and section 170(h)(4)(B)(li)?  I Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X    If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to	3			inization during the tax
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S	5	, , , , , , , , , , , , , , , , , , , ,		
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Part III organization between the organization research in furtherance and expenses statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  Figure 1. The first part of the part of the part of the part of the part of the part of			=	Yes No
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S	6	Staff and volunteer hours devoted to monitoring, inspecting, h		
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a Revenue included on Form 990, Part VIII, line 1	2			
		the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
	а	Revenue included on Form 990, Part VIII, line 1		• \$
	b			

# MOBILE LOAVES & FISHES SUPPORT CORPORATION

Schedule D (Form 990) 2021

85-2872559 Page **2** 

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simil	ar Asse	ets(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	at make s	ignificant	use of its	3	
	collection items (check all that apply):		,	•	ŭ					
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progr	am				
b	Scholarly research	е			<u> </u>					
С	Preservation for future generations						**************************************			
4	Provide a description of the organization's c	ollections and explai	n how th	ev further t	he organizat	ion's exe	mpt purpa	ose in Par	rt XIII.	
5	During the year, did the organization solicit of	•		-	-					
	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV   Escrow and Custodial Arran								***************************************	
	reported an amount on Form 990, Pa			3						
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for d	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, <b>,</b>								Amount	
С	Beginning balance						1c			***************************************
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII									<b>=</b> "
	t V Endowment Funds. Complete								***************************************	
		(a) Current year		ior year	(c) Two yea			ears back	(e) Four v	ears back
10	Beginning of year balance	(a) canoni you	(~)	.o. you,	(5)		(4)		(0) )	
										<del></del>
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								ļ	
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for tl	ne organiz	ation	<b>,</b>	
	by:								Y	es No
	(i) Unrelated organizations								. 3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?					. 3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	cumulate	ed	(d) Book	/alue
		basis (investr	nent)		(other)	dep	oreciation			
1a	Land			1,96	0,010.				1,960	,010.
	Buildings				9,729.		99,5	76.	4,890	
	Leasehold improvements				0,451.	2	247,2	20.	8,203	
	Equipment				2,286.		71,8			,482.
	Other									
	Add lines 1a through 1e (Column (d) must 6		V ookum	n /B) line 1	1001	TO A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T		1	5.313	876

MOBILE LOAV	ES & FISHES		
Schedule D (Form 990) 2021 SUPPORT COR	PORATION	85-	-2872559 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		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. (Col. (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. (Col. (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.	
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			2,316,197
(2)			
(3)			****
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	2,316,197
Part X Other Liabilities.		E.J.	
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) Federal income taxes			
(2) INTERCOMPANY			2,586
(3)			_,
(4)			
(5)			
(6)			

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... X

2,586.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(7) (8) Schedule D (Form 990) 2021

	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per I	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Table and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same		1 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		7.
С	Recoveries of prior year grants		7
d	Other (Describe in Part XIII.)		7
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	4b	
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
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	1 _ 1	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	4b	
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
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt 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 ad	lditional information.	
PAI	RT X, LINE 2:		
TH	E MOST SIGNIFICANT TAX POSITIONS OF THE OF	RGANIZATION IS I	rs assertions
THZ	AT IT IS EXEMPT FROM INCOME TAXES AND ITS	DETERMINATIONS (	OF WHETHER ANY
AM(	OUNTS ARE SUBJECT TO UNRELATED BUSINESS IN	NCOME TAX (UBIT)	• MANAGEMENT
HA	DETERMINED THAT THE ORGANIZATION HAD NO	UBIT LIABILITY	FROM UNRELATED
BU	SINESS ACTIVITIES DURING THE YEAR ENDED DE	ECEMBER 31, 2021	AND 2020. ALL
SI	NIFICANT TAX POSITIONS HAVE BEEN CONSIDER	RED BY MANAGEMEN	r and it has
DE'	TERMINED THAT IT IS MORE LIKELY THAN NOT	THAT ALL TAX POS	ITIONS WOULD BE

SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.

# MOBILE LOAVES & FISHES 85-2872559 Page 5 Schedule D (Form 990) 2021 SUPPORT CO Part XIII Supplemental Information (continued) SUPPORT CORPORATION

## **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

MOBILE LOAVES & FISHES

**Questions Regarding Compensation** 

**Employer identification number** 85-2872559 SUPPORT CORPORATION

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? X b Any related organization? 6b 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 X 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 X 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

85-2872559

Schedule J (Form 990) 2021

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 and/or 1099-MISC compensation	and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMBER FOGARTY	(i)	1	0.	0.		• 0	0	0
PRESIDENT	(ii)	128,291.	1,031.	0	6,825.	16,008.	152,155.	
	Ξ							
	(ii)						-	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2021

Page 3

85-2872559

Schedule J (Form 990) 2021 SUPPORT CORPORATION 85–2872559

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. MOBILE LOAVES & FISHES SUPPORT CORPORATION

										Schedule J (Form 990) 2021

# SCHEDULE O (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. MOBILE LOAVES & FISHES

**Employer identification number** 85-2872559

SUPPORT CORPORATION FORM 990, PART VI, SECTION A, LINE 6: MOBILE LOAVES & FISHES, INC IS THE SOLE MEMBER OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: MOBILE LOAVES & FISHES, INC APPOINTS A MAJORITY OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE BYLAWS ARE SUBJECT TO APPROVAL BY MOBILE LOAVES & FISHES, INC. FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS SENT TO THE BOARD FOR REVIEW PRIOR TO THE BOARD MEETING. A DETAIL REVIEW OF THE TAX RETURN INCLUDING AN EXTENSIVE PRESENTATION OF THE TAX RETURN BY THE PREPARING CPA WILL BE MADE TO THE BOARD OF DIRECTORS. AFTER THE REVIEW, THE BOARD MUST APPROVE THE FILING WITH INTERNAL REVENUE SERVICE. THEN, A FINAL COPY OF THE TAX RETURN IS SENT TO THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE AND CONSENT FORM AND SUBMIT FOR REVIEW. THIS POLICY IS PERIODICALLY REVIEWED DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 13 & 14:

AS A SUPPORTING ORGANIZATION, WE FOLLOW THE SUPPORTED ORGANIZATION'S

WRITTEN WHISTLEBLOWER POLICY AND THE WRITTEN DOCUMENT RETENTION AND

MOBILE LOAVES & FISHES

SUPPORT CORPORATION Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

85-2872559

9 0 0			
(j) (k)  General or Percentage managing ownership  yes No			
(j) General or F managing partner? Yes No			
Code V-UBI amount in box 20 of Schedule Ft-1 (Form 1065)			
(h) Disproportionate allocations? Yes No			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	ction (b)(13) rolled fity?	S						 		
	512 E	Yes							 	
(F)	Percentage 512(b)(13) controlled entity?									
1	Share of end-of-year									
(£)	Share of total income									
(e)	Type of entity (C corp, S corp,	or trust)								
(p)	Direct controlling Type of entity (C corp., S corp.,									
(3)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2021

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 85-2872559

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► Go to www.irs.gov/Form990 for instructions and the latest information. MOBILE LOAVES & FISHES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. SUPPORT CORPORATION Name of the organization

Direct controlling End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a)	(q)	(c)	(p)	(e)	(f)	(g)	100
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	control	(c) Ya)
of related organization		foreign country)		status (if section	entity	entity	٠.
				501(c)(3))		Yes	8 8
MOBILE LOAVES & FISHES, INC 74-2956081							
9301 HOG EYE ROAD STE, 950							
AUSTIN, TX 78724	HOMELESS OUTREACH	TEXAS	501(C)(3)	LINE 7			×
	-	+					

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

Schedule R (Form 990) 2021

# MOBILE LOAVES & FISHES SUPPORT CORPORATION Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	> · · · · · · · · · · · · · · · · · · ·			<del>1</del> 2	×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		**************************************		1b		×
c Gift, grant, or capital contribution from related organization(s)				1c	×	
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				¥		×۱
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				į		×
j Lease of facilities, equipment, or other assets to related organization(s)				tj.		×
k   ease of facilities equipment or other assets from related organization(s)				<b>*</b>		×
	anization(s)			=	<u> </u>	×
	anization(s)			투	<u> </u>	×
	ion(s)			두		×
o Sharing of paid employees with related organization(s)				10		×
						Þ
p Reimbursement paid to related organization(s) for expenses				욘		را با به
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				۲		⋈
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved		
1) MOBILE LOAVES & FISHES, INC.	۵	1,806,942.	ACTUAL CASH			
2) MOBILE LOAVES & FISHES, INC.	Ą	14,510.	,510. ACTUAL CASH			
3)						
4}						
5)						
(Q						
22163 11-17-21			Schedule R (Form 990) 2021	3 (Form	990) 2	202

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Schedule R (Form 990) 2021 SUPPORT CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(c)	(a) (b)	<b>(£)</b>	(a)	3	0	8	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predomi (related	윤 T	Share of end-of-year	-r 2	Cod	seneral or nanaging partner?	Percentage ownership
		country)	sections 512-514)	income	assets	Yes No	(Form 1065)	Yes No	

Schedule R (Form 990) 2021

## MOBILE LOAVES & FISHES SUPPORT CORPORATION

Schedule R	(Form 990) 2021 Supplemental Info		CORPORATION		85-2872559 Page 5
Part VII	<b>.</b>				
	Provide additional inform	nation for respons	es to questions on Schedu	ıle R. See instructions,	
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