OMB No. 1545-0047 2022

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending

Open to Public Inspection

В	Check i	if applicable:	C Name of organization	, and onding	Control Manager Control State Control	755	
	7	s change	Mohile T	oaves & Fishes, Inc.		D Employ	er identification number
	1		Doing business as	Daves & Fishes, Inc.			
L	Name o	change	Number and street (or P.O. box if mail is not delive	vered to street address)			2956081
	Initial re	eturn	9301 Hog Eye Road Ste	950	Room/suite		one number
	Final re		City or town, state or province, country, and ZIP of	or foreign postal code		312-	-328-7299
	l termina		Austin	TX 78724			
	Amende	ed return	F Name and address of principal officer:	IA 10124		<b>G</b> Gross re	ceipts\$ 105,541,281
	Applicat	tion pending	Alan J. Graham		H(a) Is this a g	roup return for	subordinates? Yes X No
			9301 Hog Eye Road	G+- 0F0			
			Austin		H(b) Are all su		
-	т			TX 78724	If "No	o," attach a list	. See instructions
<u>+</u>		empt status:		nsert no.) 4947(a)(1) or 527			
<u>J</u>	Websit		ww.mlf.org		H(c) Group ex	emption numb	er
K		f organization:	X Corporation Trust Association	Other	L Year of formation:	2000	M State of legal domicile: T2
<b>!</b>	<sup>3</sup> art I		mmary				
	1	Briefly des	scribe the organization's mission or mos	t significant activities:			
Se		To p	rovide food and clothing	g and promote dignity to	our homeles	s brot	hers
Governance		and s	sisters in need.				
err				***************************************			
Š	2	Check this	s box if the organization discontinue	ed its operations or disposed of more than	25% of its not asso		
જ	3	Number of	f voting members of the governing body	(Dart \ // line 4 = \		1	11
Activities &	4	Number o	f independent voting members of the go	verning body (Part VI, line 1b)	*************	3	10
viťi	5	Total num	ber of individuals employed in calendar	year 2022 (Part V, line 2a)		4	
cti	6	Total num	ber of volunteers (estimate if necessary				119
٩	7a	Total unre	lated business revenue from Part VIII, c	-1(0) "		And the second second	29160
	h	Net unrela	ted business taxable income from Forms	olumn (C), line 12			0
		TTOT UTITOID	tica basilicas taxable lilcolle llotti Follii	990-T, Part I, line 11		7b	0
ø.	8	Contributio	ons and grants (Part VIII, line 1h)		Prior Ye		Current Year
ď			ontide revenue (De-t VIII III e )				100,262,225
Revenue			t income (Part VIII, column (A), lines 3,	4 and 7d)	•	9,241	2,265,377
å	11	Other reve	enue (Part VIII, column (A), lines 5,	4, and 7d)	9	5,794	723,881
	12	Total rever	and and lines 8 through 11 (must save	c, 9c, 10c, and 11e)	9	9,800	176,533
	13 (	Grante and	d similar amounts raid (Dat IX	Il Part VIII, column (A), line 12)	34,13		
	14	Renefite no	pid to or for mombars (Part IX, column	(A), lines 1–3)	1,81	0,442	754,062
	15	Calarias a	aid to or for members (Part IX, column (	A), line 4)			0
Expenses	160	Drofossion	ol fundaciona fa a (Day IV)	Part IX, column (A), lines 5–10)	4,38	7,008	5,778,708
Jen	h-	Total funda	al fundraising fees (Part IX, column (A), aising expenses (Part IX, column (D), lir	line 11e)			0
Ä	47 /		aising expenses (Part IX, column (D), lir	ne 25) 1,318,520			
	17	Other expe	enses (Part IX, column (A), lines 11a–11	d, 11f-24e)	7,12	0,383	8,777,164
	18	ı otal expei	nses. Add lines 13–17 (must equal Part	IX, column (A), line 25)	13,31		15,309,934
_ v	19 H	Revenue le	ess expenses. Subtract line 18 from line	12	20,81	6,473	88,118,082
its o	20 7	Total asset	in (Dort V. line 40)		Beginning of Cur		End of Year
Net Assets or Fund Balances	24 7		s (Part X, line 16)		62,32		165,380,195
Net/ und/	21 1		ties (Part X, line 26)			1,375	15,691,821
	art II		or fund balances. Subtract line 21 from	line 20	61,57	0,210	149,688,374
			nature Block				
tru	ider per	nalties of pe	rjury, I declare that I have examined this retu	rn, including accompanying schedules and state	ements, and to the be	est of my kno	owledge and belief, it is
	c, cone	I and con	iplete. Declaration of preparer former than off	icer) is based on all information of which prepar	er has any knowledg	e.	
0:		0:1	officer 08E81C87C9294EA				10/11/2023
Sig		Signature of				Date	
Her	е	Alan		CEO			
			t name and title				
Б		Print/Type p	reparer's name	Preparer's sig@triginal Signed By	Date	Check	if PTIN
Paid	1	Ronald H	H. Reynolds, CPA	RONALD H REVNOLDS	09/12	/23 self-emp	··
	arer	Firm's name		nke PC			74-2516372
Use	Only		6850 Austin Ce	nter Blvd Ste 100	Fi	rm's EIN	13-2310312
		Firm's addres	Austin, TX 78	731-3184			512_206 244
May	the IRS		his return with the preparer shown abov	e? See instructions	P	none no.	512-206-3141
For F	aperwo	ork Reduct	ion Act Notice, see the separate instruction	ons.			X Yes No
DAA							Form <b>990</b> (2022)

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Form **990** (2022)

P	art III		gram Service Accom O contains a response		in this Part III	
	lo pro	escribe the organization	s mission: nd clothing ar		gnity to our ho	meless brothers
	*********					
2	prior Fo	organization undertake a m 990 or 990-EZ? describe these new ser	ny significant program servi	ces during the year which	n were not listed on the	Yes X No
3		organization cease conc	ucting, or make significant c	hanges in how it conduct	s, any program	Yes X No
4	Describe		ram service accomplishmen		rgest program services, as mea	
			501(c)(4) organizations are , if any, for each program se		nount of grants and allocations t	o others,
6 2 3 3 4	empower in the second of motors of motors of the second of	ers community to is to proty to our hodwich, Mobils a week, 36 ther life-sure than 29,1 s & Fishes i	ies into a lif vide food and meless brother e Loaves & Fis 5 days a year staining items 60 volunteers	clothing, curs and sister to provide for the cour home and over 6 m	altivate communi es in need. Deli ruck volunteers food, clothing, eless neighbors. million meals se	homeless. MLF's ty and promote vering more than hit the streets 7 hygiene products With the support
]	oegin 51-ac housi Texas stapl model	ning of a joure master pland a sup ng and a sup . Since 2005 e of Mobile	urney home for anned communit portive commun , this transfor Loaves & Fishe try lifting ho	the homeles by that provi nity for the ormative resi es and has be	ss. Community Fildes affordable, chronically homedential programs acome the larges	eless in Central
]	women talen Mobil relat oppor garde	who are comes to to earn and t	ing out of chi dignified ind ishes volunted h our friends rently availab	conic homeles come. In addi ers to serve as they deve ole through (	ssness to use th tion, the progr alongside and b	cam empowers ouild enduring Micro-enterprise include
4	d Other p	rogram services (Descri	pe on Schedule O.)			
	(Expens		including grants o	of \$	) (Revenue \$	
4	a Tatal w		12 211	פטני		

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 X 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 X "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a 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 X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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 X Schedule D, Parts XI and XII 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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	1		
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	<del> </del>
<b>2</b> -14	\$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 Schedule K. If "No." go to line 25o			37
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	<del> </del>	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	-	<del> </del>
	to defease 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	<del> </del>	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	<del> </del>	<del> </del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	<u> </u>	† <u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ł	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
l.	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	ļ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
00	conservation contributions? If "Yes," complete Schedule M			37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-32 If "Vas " complete Schodule D. Dort I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	<u></u>	
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in hex 2 of Form 1000 Faton 0 if not an all all		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 286  1b 1			
C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and			
3	reportable gaming (gambling) winnings to prize winners?	4-	x	
	The state of the s	1c	<b>4</b> 2	

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	119	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	int)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accoun	ts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	**********	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7с	*************	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	е			<b>/</b>
_	sponsoring organization have excess business holdings at any time during the year?		8		000000000
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	**********	800000000
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12		-		
b aa	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:		-		
11	Cycle income from wanthous an about helders				
a b	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources		-		
Ŋ					
12a		)	12a		000000000
b	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.		-		
a	ls the organization licensed to issue qualified health plans in more than one state?		13a	*********	200000000
-	Note: See the instructions for additional information the organization must report on Schedule O.			*******	
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a	Did the examination receive any neumants for indeed topping condition during the few years?		14a		X
b	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 of				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	***************************************			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	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	1a	11		163	NO
ıu	If there are material differences in voting rights among members of the governing body, or	14	<del></del>	-		
	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	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
-	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		• • • • • • • • • • • • • • • • • • • •			
Ü	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	 12		4	х	<del></del> -
5	Did the experimentary become aware during the year of a significant dispersion of the experimentary's page to 0			5		x
6	Did the examination have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		• • • • • • • • • • • • • • • • • • • •	<b>—</b>		
<i>i</i> a	and ar mara mambara of the governing hady?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			10		
IJ	stackholders or nersons other than the gaverning hadro			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			/ B		
	The actions had Q	-	_	8a	X	 
a h	Each committee with outhority to get an habelf of the gaylarging hady?			8b	X	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			90	21	<del> </del>
Ð	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Inte				L	_ 22_
000	tion B.1 Oncles (This decilon B requests information about policies not required by the inte	mair	GVEITUE OC	ue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	NO
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Iva		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			11a	X	<del> </del>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	g me ic	инт	IIIa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			420	X	 
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	96 10 00	milicis?	120	27	<del></del>
С	de earlier and Oak and de Oak and Malancia and ana			120	х	
13	Did the organization have a written whistleblower policy?			12c	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approval by			14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_				15a	X	
a b	Other afficers on her complete on a file announce time			15a		х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• • • • • • •		100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
Iva	with a tayable entity during the year?			16a	 	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			104		
D	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?			46h		!******* 
500	etion C. Disclosure			16b	l	L
			<del>,</del>			
17 18						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	GCHOH	00 I (C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)					
40		unnt	lla.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	eest po	ilicy,			
20	and financial statements available to the public during the tax year.	und -				
20	State the name, address, and telephone number of the person who possesses the organization's books and recensenus Chin 9301 Hog Eye Rd Ste 950	ภันร์				
	enus Chin 9301 Hog Eye ka Ste 950 Ustin TX 787	2.4	E1/	2-32	0_7	200

# 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(2) Alan J. Graham     40.00       CEO     0.00     X     X     284,949     0     29,76       (3) Amber Fogarty     40.00     X     144,967     0     22,03       (4) Venus Chin     40.00     X     96,020     0     12,38       (5) Larry Smith     1.00     X     96,020     0     12,38       Board Chr (09-12/22)     0.00     X     X     0     0       (6) Clint Bybee     1.00     X     X     0     0       Treasurer     0.00     X     X     0     0       (7) Neal Nolan     1.00     X     0     0       (8) Larry Smith     1.00     0     0       Dir. (01-09/22)     0.00     X     0     0       (9) Brian McClure     1.00     0     0       Director     0.00     X     0     0       (10) Jeff Serra     1.00     0     0       Director     0.10     X     0     0	Check this box if neither the orga	anization nor an	y rela	ated	orga	niza	tion c	om	pensated any current offic	er, director, or trustee.	
(1)Alan J. Graham		Average hours per week (list any hours for related organizations below	bo: off	x, unle icer a	Pos check ess pe nd a d	ition more rson i lirecto	s both r/truste	an :e)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from related organizations (W-2/ 1099-MISC/	Estimated amount of other compensation from the organization and
Board Chr (01-08/22)   0.00   X   X   X   0   0		dotted line)	, w	6			sated				
(2) Alan J. Graham       40.00       X       X       284,949       0       29,76         (3) Amber Fogarty       40.00       X       X       144,967       0       22,03         (4) Venus Chin       40.00       X       96,020       0       12,38         (5) Larry Smith       1.00       X       96,020       0       12,38         (6) Clarry Smith       1.00       X       X       0       0         (6) Clint Bybee       1.00       X       X       0       0         (7) Neal Nolan       1.00       X       X       0       0         (8) Larry Smith       1.00       X       X       0       0         (9) Brian McClure       1.00       X       0       0       0         Director       0.00       X       0       0       0         Director       0.00       X       0       0       0         Director       0.10       X       0       0       0	• •		x		x				o	0	0
CEO		40.00									
(3) Amber Fogarty	CEO		×		x				284,949	o	29,763
Pres (01-08/22)	**************************************										1111
(4) Venus Chin       40.00       X       96,020       0       12,38         (5) Larry Smith       1.00       0 <t< td=""><td>D (01-09/22)</td><td></td><td></td><td></td><td>v</td><td></td><td></td><td></td><td>144 067</td><td>0</td><td>22 030</td></t<>	D (01-09/22)				v				144 067	0	22 030
Director of Finance   0.00   X   96,020   0   12,38		0.10	^		Δ	<b></b>			144,967	0	22,030
1.00					x				96,020	0	12,381
Board Chr (09-12/22) 0.00 X X 0 0 0 (6) Clint Bybee 1.00	(5) Larry Smith	4 00									
1.00	Board Chr (09-12/22)		x		x				o	o	0
Treasurer 0.00 X X 0 0 0 0 (7) Neal Nolan 1.00 Secretary 0.00 X X 0 0 0 0 (8) Larry Smith 1.00 Dir. (01-09/22) 0.00 X 0 0 0 (9) Brian McClure 1.00 Director 0.00 X 0 0 0 0 (10) Jeff Serra 1.00 Director 0.10 X 0 0									1		
1.00   X   X   0   0   0			x		х				C	0	0
Secretary       0.00 X       X       X       0       0         (8) Larry Smith       1.00       0       0       0         Dir. (01-09/22)       0.00 X       0       0         (9) Brian McClure       1.00       0       0         Director       0.00 X       0       0         (10) Jeff Serra       1.00       0       0         Director       0.10 X       0       0	(7) Neal Nolan	1 00									
1.00   0   0   0   0   0   0   0   0   0	Secretary		x		x				C	o	0
Dir. (01-09/22)     0.00 X     0       (9)Brian McClure     1.00       Director     0.00 X     0       (10)Jeff Serra     1.00       Director     0.10 X     0	(8) Larry Smith										
(9)Brian McClure  1.00 Director 0.00 X 0 0 (10)Jeff Serra 1.00 Director 0.10 X 0 0	Dir (01-09/22)	.1	· X							0	o
1.00   0   0   0   0   0   0   0   0   0		0.00	22	<del> </del>		<del> </del> -					
1.00 Director 0.10 X 0 0			x						C	0	0
Director 0.10 X 0	(10)Jeff Serra										
(11) Bruce Agness	P		x						C	0	0
	(11)Bruce Agness	1 00									
1.00   0   0   0   0   0   0   0   0   0	Director		X							o o	0

Part VII Section A. Officers	, Directors, Tra	5166	s, n	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo	o not o x, unic	Pos check ess pe nd a d	rson i irecto	s both r/trust	an ee)	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	Estimal of	(F) ted amount other pensation	t
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organi	om the zation and rganization	18
(12) J.P. Patterso												
Director	1.00	x						o	o			0
(13) Brian Tochman	1.00											
Director (14) Sherwynn Patt	0.10	X						0	0		<del></del>	0
Director	1.00	x						0	0			0
(15) Michelle Brig	rand											
Dir (12/15-12/31/22)	1.00	x						o	0			0
(16) Norman Whitch	er											
Dir (12/15-12/31/22)	1.00	x						0	0			0
												-
1b Subtotal				I				525,936			64,	174
c Total from continuation sheed d Total (add lines 1b and 1c)								525,936			64,	17/
Total number of individuals (in reportable compensation from	cluding but not li	mite	d to <b>2</b>	those	e list	ed a	bove	e) who received more than	\$100,000 of			
3 Did the organization list any fo employee on line 1a? If "Yes,"	ermer officer, dire	ectoi	r, trus	stee,	key	emp	oloye	ee, or highest compensated	i	3	Yes	No X
4 For any individual listed on line organization and related organ	e 1a, is the sum lizations greater	of re than	porta \$15	able ( 0,00	com 0? <i>li</i>	pens "Ye	atio s," c	omplete Schedule J for suc		3	x	
5 Did any person listed on line 1 for services rendered to the or		rue c	comp	ensa	ation	fron	n an	y unrelated organization or		5	22	X
Section B. Independent Contracto  1 Complete this table for your five			tod i	ndon	ond	ont o		potors that received more t	h \$400,000 -f			
compensation from the organize	zation. Report co	mpe	ensa	tion f	or th	ie ca	lend	lar year ending with or with	in the organization's tax ye		(0)	
Vesta Modular	(A) business address			1	.00		lora	Descript on Center, Ste. 9	(B) Ion of services		(C) Compensat	lon
Southfield	MI	4	80			· .		Construction			517	,334
Platinum Cottages, I Malakoff	TX	7	51		977	0 8		31 W Construction			367	,282
												····
Total number of independent or received more than \$100,000 certains.	contractors (inclu	ding	but	not li	imite	ed to	thos	se listed above) who				

Ç

Pa	rt V			f Revenue edule O conta	ains a	resnoi	ase or note	e to any line in thi	s Part VIII		
		Official	0011	sadio o dona	,	ТСОРО		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated camp	aigns		1a						
3rai our	b	Membership due			1b						
S, C	С	Fundraising eve	nts		1c		709,885				
Giff	ď	Related organiz			1d						
ns, imi	е	Government grants (co			1e		37,728				
Contributions, Gifts, Grants and Other Similar Amounts	Ť	All other contributions, and similar amounts no			1f	99	,514,612				
J. j.	g	Noncash contributions	included	in							
ont nd (	_	lines 1a-1f			1g		,961,018				
OB	h	Total. Add lines	1a–1f		· · · · · · ·			100,262,225			
	0-						Business Code 900099		1 720 027		
/ice	2a	CF! Housin					900099				*
Sen	b	Micro-Ente	. F				900099				
am	c d	CF! Rental Workshops					900099		102,291		
Program Service Revenue	u e						300033	102,231	102,251	- 314.0074	
<u>7</u>	f	All other program		ice revenue					1200		
	a	Total. Add lines						2,265,377			]
_	3	Investment inco									
		other similar am		_				732,326			732,326
	4	Income from inv								· · · · · · · · · · · · · · · · · · ·	,
	5	Royalties		•		•					
		•		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	_d	Net rental incom	e or (I	oss)							
	7a	7a Gross amount from sales of assets (i) Securities			(ii	i) Other					
		other than inventory	7a	1,666,	515		10,663				
ıue	b	Less: cost or other									
ver		basis and sales exps.	7b	1,675,			9,956				
ther Revenue		Gain or (loss)	7c		152	<u> </u>	707	***************************************			
her	d	Net gain or (loss	s)		·····			-8,445			-8,445
δ	8a	Gross income from	i tundra	ising events							
		(not including \$		709,885							
		of contributions rep		n line			162 124				
	h	1c). See Part IV, lin Less: direct exp	•		8a 8b		163,124 156,313				
		Net income or (I						6,811			6,811
		Gross income fr		-	vents	<del> </del>		0,011			0,011
	Ja	activities. See P	_	-	9a		33,535				
	h	Less: direct exp			9b		5,450				
		Net income or (I					<del></del>	28,085			28,085
		Gross sales of i	•								
		returns and allow		•	10a		393,995				
	b	Less: cost of go			10b		265,879				
	ı	Net income or (I			ntory .			128,116	128,116		
Ω							Business Code				
eor re	11a	Reimbursem	ents			,		13,521			13,521
Miscellaneous Revenue	b										
scel Sev	С								*		
Mis		All other revenu									
		Total. Add lines						13,521			
	12	Total revenue.	See in	structions				103,428,016	2,393,493	. 0	772,298

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

3

Sec	tion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a resp	complete all columns. All o conse or note to any line ir	ther organizations must co. h this Part IX	mplete column (A).	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(c)	<del> </del>
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garran orparioss	expenses
	and domestic governments. See Part IV, line 21	754,062	754,062		
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	590,110	219,784	166,802	203,524
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	4,237,958	3,239,849	534,537	463,572
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	108,716			9,580
9	Other employee benefits	481,916		63,337	9,580 57,141
10	Payroll taxes	360,008	259,645	51,610	48,753
11	Fees for services (nonemployees):				
а	Management				
b		119,897	119,897		
С	Accounting	34,275		34,275	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	( 0				
	(A) amount, list line 11g expenses on Schedule O.)	900,000	846,308	14,720	38,972
12	Advertising and promotion	144,325		5,634	101,470
13	Office expenses	341,002	300,055	21,785	19,162
14	Information technology	380,738	279,690	52,128	48,920
15	Royalties				
16	Occupancy	2,402,941	2,261,579	90,257	51,105
17	Travei	16,453	13,957	1,279	1,217
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	104 07			
19	Conferences, conventions, and meetings	194,377	153,795	20,291	20,291
20	Interest	6,990	6,990		
21	Payments to affiliates	1 000 000			
22	Depreciation, depletion, and amortization	1,900,962	1,831,007	35,174	34,781 9,079
23	Insurance	125,526	107,223	9,224	9,079
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.)  Community First Supplies	745 750	700 004	22 222	
a	Food Distributed	745,753	700,364	22,603	22,786
b	Micro-Enterprise	391,879	354,061	19,447	18,371
d	Trailer Expense	367,808	367,808		
a e		231,782	231,782	04 001	
е 25	All other expenses	472,456 15,309,934	277,859	24,801	169,796
26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	10,309,934	12,811,383	1,180,031	1,318,520
•	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)				
DAA	Tollowing GOT 30-2 (AGO 300*120)				

7

		Check if Schedule O contains a response or note	to any lin	e in th	is Part X	<u></u>	****		
			·		-11.		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing					14,000,98		6,896,774
	2	Savings and temporary cash investments					9,291,40	9 2	
	3	Pleages and grants receivable, net					8,666,24	7 3	
	4	Accounts receivable, flet					94,16		578,444
	5	Loans and other receivables from any current or former	officer, di	rector,					,
		trustee, key employee, creator or founder, substantial co	ontributor,	or 35°	%				
		controlled entity or family member of any of these perso						5	
	6	Loans and other receivables from other disqualified pers	sons (as c	lefined					
ets		under section 4958(f)(1)), and persons described in sect	ion 4958	(c)(3)(E	3)			6	
Assets	7	Notes and loans receivable, net		,			12,874,81	0 7	12,879,560
	8	Inventories for sale or use					70,59		76,429
	9	Prepaid expenses and deferred charges					90,02	5 9	89,112
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a		,523				
		Less: accumulated depreciation	10b	9	,466	<u>,594</u>	16,060,40	3 10c	66,056,999
	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						14	
	15	Other assets. See Part IV, line 11					1,172,94	1 15	16,544,354
-	16	Total assets. Add lines 1 through 15 (must equal line 33	<u>)</u>				62,321,585		165,380,195
	17	Accounts payable and accrued expenses					605,674	1 17	452,912
	18 19	Grants payable			18				
ļ	20	Toy overant hand list litter		35,072	2 19	28,886			
İ	21	Tax-exempt bond liabilities						20	
,,		Escrow or custodial account liability. Complete Part IV of	Schedul	e D				21	
Liabilities	22	Loans and other payables to any current or former officer							
ig		trustee, key employee, creator or founder, substantial co	ntributor,	or 35%	ó				
Ë:	23	controlled entity or family member of any of these person	ıs 					22	
	24	Secured mortgages and notes payable to unrelated third	parties					23	
- 1		Unsecured notes and loans payable to unrelated third pa Other liabilities (including federal income tax, payables to	rties					24	
		parties, and other liabilities not included on lines 17-24).	related t	nira	,			ŀ	
		of Schedule D	Complete	Рап х			110 606		4 7 44 4 4 4
	26	Total liabilities. Add lines 17 through 25					110,629	25	
		Organizations that follow FASB ASC 958, check here	X				751,375	26	15,691,821
S		and complete lines 27, 28, 32, and 33.	47						
Suc		Not as a standard of the stand					20 046 006		00 044 000
gg	28	Net assets with donor restrictions  Net assets with donor restrictions	• • • • • • • • • • • • • • • • • • • •	• • • • • • •			39,046,826	27	93,344,380
밀		Net assets with donor restrictions Organizations that do not follow FASB ASC 958, chec	k here	1			22,523,384	28	56,343,994
표		and complete lines 29 through 33.	v nere [						
9		Capital stock or trust principal, or current funds							
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund	• • • • • • •	• • • • • • • • • •			29	
92	31	Retained earnings, endowment, accumulated income, or	other fun					30 31	
As									
~ I	32	Total net assets or fund balances					61,570,210	32	149,688,374

Form 990 (2022)

#### SCHEDULE A (Form 990)

11:

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Schedule A (Form 990) 2022

Open to Public Inspection

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

Name of the organization

Mobile Loaves & Fishes, Inc.

Employer Identification number

74-2956081 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or ...... 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Total

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.)

Sec	tion A. Public Support							***************************************
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,834,810	11,130,638	14,803,241	32,409,471	100,262	2,225	178,440,385
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 5	Total. Add lines 1 through 3  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)	19,834,810	11,130,638	14,803,241	32,409,471	100,262	2,225	178,440,38 <u>5</u> 58,556,388
6	Public support. Subtract line 5 from line 4							119,883,997
	tion B. Total Support	J						22370037331
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
7	Amounts from line 4	19,834,810	11,130,638	14,803,241	32,409,471	100,262		178,440,385
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38	336		131,353		2,326	884,000
9	Net income from unrelated business activities, whether or not the business is regularly carried on		TOWA A A SAME					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,006	110,820	29,190	8,951	1.3	,521	172,488
11	Total support. Add lines 7 through 10							179,496,873
12	Gross receipts from related activities, etc.						12	10,485,391
13	First 5 years. If the Form 990 is for the or			•				
Sec	organization, check this box and stop her tion C. Computation of Public Su		300					
14				(0)			44	
15	Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch	, column (t) alvided	i by line 11, colum	n (1))			14 15	66.79%
	33 1/3% support test—2022. If the organ				23 1/20/ or more	hook this	15	92.10%
IVa	box and <b>stop here.</b> The organization qual			Hon				X
b	33 1/3% support test—2021. If the organ				5 is 33 1/3% or m	ore check		
	this box and <b>stop here.</b> The organization			nization				
17a	10%-facts-and-circumstances test—202				a			
	10% or more, and if the organization mee	-						
	Part VI how the organization meets the fa							
	organization							
b	10%-facts-and-circumstances test-202	21. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line		·····
	15 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances	test, check this box	x and <b>stop here.</b> E	Explain		
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	ganization qualifie	s as a publicly sup	ported		
18	organization Private foundation. If the organization die	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	е		_
	instructions							

Υ,

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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	***************************************					
8	Public support. (Subtract line 7c from						
800	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(-) 0040	420040		T	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1.44			
С	Add lines 10a and 10b			***			
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				·		
1.4	and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her				, ,		
Sec	tion C. Computation of Public St		tage				····
15	Public support percentage for 2022 (line 8			an (f))		15	%
16	Public support percentage from 2021 Sch	edule A. Part III. lir	ne 15	''' ('))	• • • • • • • • • • • • • • • • • • • •	16	
Sec	tion D. Computation of Investme	nt Income Per	centage				70
17	Investment income percentage for 2022 (I			3, column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part II	L line 47			امدا	%
19a	33 1/3% support tests—2022. If the orga			14, and line 15 is	 more than 33 1/39		
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2021. If the orga	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	nis box and <b>stop h</b> e	ere. The organizat	on qualifies as a p	oublicly supported o	organization	
20	Private foundation. If the organization di	d not check a box o	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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.
- 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).
- 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).
- 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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 ]		
*************	***********	
2		
	***********	
3a		<del></del>
3b	***********	***************************************
***********	**********	200000000000000000000000000000000000000
3c		
	***********	
4-		
4a	2000000000000	200000000000000000000000000000000000000
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<u> </u>	t IV Supporting Organizations (continued)		<del></del>
11 a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11a 11b	No
<u> </u>	provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations		
		Yes	No
2	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officertors, 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,	ne or ïicers, ported	
	supervised, or controlled the supporting organization.	2	400000000000000000000000000000000000000
Secti	on C. Type II Supporting Organizations		
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Secti	on D. All Type III Supporting Organizations		Т
*****		T v	T No.
2	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? 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).	1	No
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	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.	·	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	
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	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a b	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3h	p

Part V Type III Non-Fu	nctionally Integrated 509(a)(3) Suppor	ting Organiza	tions	rage (
1 Check here if the organize	ition satisfied the Integral Part Test as a qualifying	trust on Nov. 20.	1970 (explain in Part VI)	See
instructions. All other Ty	pe III non-functionally integrated supporting organi	zations must com	olete Sections A through I	=
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year
1 Net short-term capital gain				(optional)
2 Recoveries of prior-year distr	ibutions	1	1.1	
3 Other gross income (see inst		3		
4 Add lines 1 through 3.	(doctorio)			
5 Depreciation and depletion	W	4		
	s paid or incurred for production or collection	5		<u> </u>
	ement, conservation, or maintenance of			
property held for production of				
7 Other expenses (see instruct		6 7		
	act lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amo		0	(A) Prior Year	(B) Current Year (optional)
	of all non-exempt-use assets (see			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
instructions for short tax year	or assets held for part of year):			
a Average monthly value of sec	curities	1a		
<b>b</b> Average monthly cash balance	······································	1b		
c Fair market value of other not	n-exempt-use assets	1c		1
d Total (add lines 1a, 1b, and 1		1d		****
e Discount claimed for blockag	e or other factors			
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness app	licable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exemp	t 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 distri		7		71.
8 Minimum Asset Amount (ad	d line 7 to line 6)	8		
Section 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 pri	or year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3	3.	4		*****
5 Income tax imposed in prior y		5		
6 Distributable Amount. Subtr	act line 5 from line 4, unless subject to			
emergency temporary reduction	on (see instructions).	6		
	ear is the organization's first as a non-functionally		supporting organization	
(see instructions).	<u> </u>	- 7,	, , , , , , , , , , , , , , , , , , , ,	

Schedule A (Form 990) 2022

	Type in them I directionally integrated coctains	appointing organiza	,		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		3	* ***
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	nils in <b>Part VI</b> )		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 organizations	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>		10	
		(i)	(ii)		(iii)
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	•	Distributable
			Pre-2022	3000000	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required– <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
-	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			<b>***</b>	
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			<b>\   </b>	
	Remainder. Subtract lines 4a and 4b from line 4.			∭	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
····	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022			᠁	

B, lines 1 and 2; Part IV, Section A, lines 1, 2, 3 B, lines 1 and 2; Part IV, Section C, line 1; 3a, and 3b; Part V, line 1; Part V, Section lines 2, 5, and 6. Also complete this part for	; Part IV, Section B, line 1e; Part	on D, lines 2 and 3; F : V, Section D, lines {	Part IV, Section E, lir 5, 6, and 8; and Part	nes 1c, 2a, 2b,
Part II, Line 10 - Other Income	Detail			
Reimbursements	\$	52,421		
Insurance Proceeds	\$	120,067		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	••••			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

### 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

2022

Employer identification number

Mobile Loaves		74-2956081					
Organization type (check one	a):						
Filers of:	Section:						
Form 990 or 990-EZ	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 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is c Note: Only a section 501(c)(7) instructions.	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See					
General Rule							
or more (in money or p	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
contributor, during the contributions totaled meduring the year for an each	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

11.9

Mobile Loaves & Fishes, Inc.

Employer identification number 74-2956081

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1	·	\$ 9,921,839	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
2		\$ 5,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
3		\$ 5,000,000	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				
4		\$ 3,000,000	Person X Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ 2,090,050	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				
6		\$ 49,180,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Mobile Loaves & Fishes, Inc.

Employer identification number 74-2956081

(a) N/a			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Stock Donations	\$ <b>1</b> ,007, <b>1</b> 56	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Land	\$ 49,180,000	11/14/22
(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
		\$	

#### **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.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Mobile Loaves & Fishes, Inc. 74-2956081 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_\_\_\_\_\_ Yes 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? 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 Protection of natural habitat Preservation of a certified historic structure 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 a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, 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 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 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)(i) and section 170(h)(4)(B)(ii)? 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. 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, 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 in Form 990, Part X 2 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

Sch	edule D (Form 990) 2022 MODILE Lo	oaves & Fis	hes, Inc.		74-2	956081			Page 2
P	art III — Organizations Maintainin	g Collections of A	Art, Historical Tr	easures.	or Othe	r Similar As	sets	(continue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the follo	owing that m	ake signif	icant use of its		1001111111111	<u></u>
a b			oan or exchange prog						
c		6 □ 0	other						
4		olications and ovalain I	la avve fila avve formulla a million						
7	Provide a description of the organization's c	ollections and explain i	now they further the o	organization's	s exempt p	ourpose in Part			
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	or receive donations of	art, historical treasure	es, or other s	similar				<b>—</b>
P	art IV Escrow and Custodial Arr	angemente	it of the organization	s collection?				Yes	No
200000000	Complete if the organization 990, Part X, line 21.		on Form 990, Par	t IV, line 9	, or repo	orted an amo	ount o	n Form	
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or	other assets	not				
	included on Form 990, Part X?			- 11111 0.0001				Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:						
								Amount	
	Beginning balance	********************				1c			
d	Additions during the year					1d			
-	Distributions during the year					1e			
	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escrow or custo	odial account	liability?			Yes	No
ci ce	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	lanation has been pro	vided on Pa	rt XIII				
<b>₩</b> ₩	Endowment Funds.		E 000 B		_				
	Complete if the organization								
10	Decimal of the sales and	(a) Current year	(b) Prior year	(c) Two year		(d) Three years I		(e) Four yea	
la h	Beginning of year balance	164,825	112,579		0,366	84	,727	91	.,567
	Contributions	250	31,600		1,180				
G	Net investment earnings, gains, and	00 005		_					
ام	losses	-22,305	21,942	1.	2,045	16,	, 653	-5	,835
	Grants or scholarships	25,000							
e	Other expenditures for facilities and		1						
£	programs	1 540				***************************************			
,	Administrative expenses	1,540	1,296		1,012		014		.,005
9 2	End of year balance	116,230	164,825	11.	2,579	100,	366	84	,727
	Provide the estimated percentage of the curr	ent year end balance (	line 1g, column (a)) h	eld as:					
	Board designated or quasi-endowment 10	30.00%							
υ υ	Permanent endowment % Term endowment %								
Ü		11 140004							
32	The percentages on lines 2a, 2b, and 2c sho								
Ja	Are there endowment funds not in the posses	ssion of the organization	on that are held and a	dministered t	for the				
	organization by:							Yes	No No
	(i) Unrelated organizations							3a(i) X	
h	(ii) Related Organizations							3a(ii)	X
4	If "Yes" on line 3a(ii), are the related organization in Part VIII the intended organization of the	itions listed as required	on Schedule R?					3b	
Pa	Describe in Part XIII the intended uses of the rt VIII Land, Buildings, and Equi	organization's endowr	nent funds.			·			
***** <b>!</b>		pment. answered "Vee" o	n Form 000 Dow	N. 18 mm 4.4		E 000 B			
	Complete if the organization  Description of property	(a) Cost or other basis							
	personal an property	(investment)	s (b) Cost or other	I .		cumulated		(d) Book value	
12	land				aepr	eciation		0 5 5	400
h	Land Buildings		50,71 15,17		2	000 070	5	0,716,	430
c.	Leasehold improvements		15,11	ر ۲۵4 ر	3,	822,272		1,350,	982
ų	Equipment		0.62	3 000	F	644 200		2 202	
e	Other		9,03	3,909	ວ,	644,322		3,989,	587
otal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part Y	column (B) line 100	<u> </u>				6 OE6	000
	G ( - a.a ) ay made o	, o.i.i. 000, i ait X,	Column (D), IIIIG 100.	<u> </u>			O	6,056,	999

**********	orm 990) 2022 Mobile Loaves & Fishe	es, Inc.	74-2956081	Page :
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11b. See Form 990, P	art X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial of	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)	***************************************			
(C)				
(h)			•	
(H)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Fart VIII	Investments – Program Related.	Earm 000 Dart IV	line 44e Coe Form 000 D	
P.M.	Complete if the organization answered "Yes" on  (a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(a) Book value	Cost or end-of-year	
(1)			Cook of Chia of you	Thanket value
(1)				
(3)				
(4)				
(5)				
(6)				4-44
(7)				
(8)				<del>, ,</del>
(9)				
Total. (Column	n (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, P	art X, line 15.
-	(a) Description		-	(b) Book value
(1)	Right of Use Asset			15,053,442
(2)	Construction in Progre	SS		1,490,912
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)			16,544,354
Part X	Other Liabilities.			10,044,004
	Complete if the organization answered "Yes" on	Form 990 Part IV	line 11e or 11f See Form	990 Part X
	line 25.	ir omi 550, i artiv,	inte Tre of Tri. Gee Form	990, 1 alt X,
1.	(a) Description of liability			(b) Book value
	income taxes			(/
	Liability			15,053,442
	city Deposits		7.44000	145,975
	company			10,606
(5)				
(6)				
(7)			***************************************	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			15,210,023
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization	n's financial statements that repor	ts 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

scne	duie D (Form 990) 2022 MODITE LOAVES & FISHES, INC.	74-29360	ρТ		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn.	•	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		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	2b			
С	Recoveries of prior year grants	2c			
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 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.)			<b>V</b>	
С	Add lines 4a and 4b		4c		
5	(				
Pa	nt XII Reconciliation of Expenses per Audited Financial Stateme		Retur	rn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		1	
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:	1 1			
а	Donated services and use of facilities	2a	_		
b	Prior year adjustments	2b	_		
С	Other losses	2c	_		
d	Other (Describe in Part XIII.)		_		
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	p	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		_		
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		

Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Part V, Line 4 - Intended Uses for Endowment Funds

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 ACF variance power and, therefore, the assets of the fund are irrevocably held and managed by ACF. 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 \$116,230 and \$164,825 at December 31, 2022 and 2021, respectively.

<sup>2;</sup> Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Mobile Loaves &					74-29560	81
<b>Fundraising Activities.</b> Complet Form 990-EZ filers are not require	e if the organizati	ion ar	nswer	ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds throu				Check all that apply.		
a Mail solicitations				ernment grants		
b Internet and email solicitations				ent grants		
c Phone solicitations	g Special fu			_		
d In-person solicitations	g openiane	maraio	ing ove	711.6		
2a Did the organization have a written or oral agreemen	nt with any individual	(includ	ina off	icers directors truste	98	
or key employees listed in Form 990, Part VII) or en  b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization.	tity in connection with	n profe	ssiona	I fundraising services	?	Yes No
sempendated at loads we lood by the organization.			id fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	cust	r have ody or trol of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
		Yes	No			
1						
2		<del> </del>				
3						
4				******		
5						
				71		
6						
7		ļ			200	
'						
8					100/16	
9		-				
0						
otal						
3 List all states in which the organization is registered registration or licensing.	or licensed to solicit	contrib	utions	or has been notified it	is exempt from	
					***************************************	
***************************************					***************************************	
						***************************************
***************************************						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Day to Shine STM Summer Camp None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 819,492 53,517 873,009 2 Less: Contributions .... 709,885 709,885 3 Gross income (line 1 minus 109,607 53,517 163,124 4 Cash prizes 5 Noncash prizes 13,500 13,500 6 Rent/facility costs ..... 52,550 52,550 7 Food and beverages 8 Entertainment 3,780 1,336 5,116 9 Other direct expenses 47,283 37,864 85,147 10 Direct expense summary. Add lines 4 through 9 in column (d) 156,313 11 Net income summary. Subtract line 10 from line 3, column (d) ..... 6.811 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 33,535 33,535 2 Cash prizes Direct Expenses 3 Noncash prizes 5,450 5,450 4 Rent/facility costs ..... 5 Other direct expenses Yes .....% Yes ..... % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 5,450 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 28,085 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Under the Texas Charitable Raffle Enabling Act, a qualified organization may hold up to four raffles per calendar year 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2022 Mobile Loaves & Fishes, Inc. 74-2956081	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
12	formed to administer charitable gaming?	Yes X No
40	Indicate the percentage of gaming activity conducted in:	
13	Indicate the percentage of gaming activity conducted in:	13a %
a	The organization's facility	13b 100.00 %
b	An outside facility	130 100.00 76
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name Wong Chin	
	Name Venus Chin 9301 Hog Eye Road Ste. 950	
		Л
	Address Austin TX 7872	***************************************
15a	Does the organization have a contract with a third party from whom the organization receives gaming	T 37
	revenue?	Yes 🔼 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the	
	amount of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
	7.ddi 000	***************************************
16	Gaming manager information:	
10	Garning manager information.	
	Mana	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes X No
b	and the state of t	
	spent in the organization's own exempt activities during the tax year \$	
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and
40000000	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	nation.
	See instructions.	
SC	h G, Part III, Line 9b - Not Licensed to Operate Explanation	
	All and accordance with the state	
	thout registering with the state.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Sche	edule G (Form 990) 2022

#### **SCHEDULE I** (Form 990)

#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Mobile Loaves & Fi	shes, Inc	•				7	4-2956081
Part I General Information on Grants and	d Assistance						
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate</li> <li>Describe in Part IV the organization's procedures for me</li> </ul>	ince?						X Yes No
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient that	omestic Organ	izations	and Domestic Go				vered "Yes" on Form 990,
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Mobile Loaves And Fishes Support ( 9301 Hog Eye Road Ste 950 Austin TX 78724	85-2872559	501 a3	750,000				Constr. and Ops.
	65-2672555	30103	750,000				
(2)							
(3)							
(4)							
	•						
(5)							
	- 1						
(6)							
	1	ŀ					
(7)							
	·						
(8)							
	1						
(9)							
<ul> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the lin</li> </ul>	4		1 table				

Part III Grants and Other Assistance t	o Domestic Individua	als. Complete if the	organization answere	ed "Yes" on Form 990, Part	IV, line 22.
Part III can be duplicated if addit (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7		***			
Part IV Supplemental Information. Pro	vide the information re	equired in Part I. line	2: Part III. column (b	); and any other additional i	information
Part IV - Additional Information Contributions were to a support of the contribution o	•••••		the continued		
development of the Communi	ty First Villa	ıge.			
			•••••		
		•••••			

#### **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.

Open to Public Inspection

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization

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

Mobile Loaves & Fishes, Inc.

74-2956081

Employer identification number

Pa	rt I 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	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		 
•				
3	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  X Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
9	Description of the second of t	4a		X
a h	Destinate in a reacher representation and the second form a complemental property of the second plane.	4b	<u> </u>	X
		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	The to dry of lines for of not the persons and provide the approache amounts for each from the art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
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		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	

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

74-2956081

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 and/or 10	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Alan J. Graham	276,668	1,597	6,684	12,449	17,314	314,712		
1 CEO (I	-7 <u> </u>		0	0		0	0	
Amber Fogarty (	144,967	0	0	7,603	14,427	166,997	0	
2 Pres (01-08/22) (i	i) <u> </u>	0	0	0	0	0	0	
<u>3</u> (i	i)							
4(i	)							
5	)							
	)							
6 (i	)							
7 (i	)							
8 (ii	)							
9 (ii	• • • • • • • • • • • • • • • • • • • •						••••••	
10 (ii					, , , , , , , , , , , , , , , ,			
11 (ii								
[i] [i] [ii]								
(i) (ii) (ii)								
(i)	•							
(i) 15	•							
(i) 16 (ii)								

Schedule J (Form 990) 2022

#### **SCHEDULE L** (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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Mobile Loaves & Fishes, Inc.

Open To Public Inspection

Employer identification number

74-2956081

Part I	Excess Benefit Transaction Complete if the organization answers												
		···	nship between disq								(d)	Correc	ted?
1	(a) Name of disqualified person		organization		•		(c) Description of tr	ansactio	n		Yes		No
(1)													
(2)													
(3) (4) (5) (6)											ļ	_	
(4)												-	
(5)												_	
	a amount of toy incurred by the organia	etion monogo	o on diagnalifia	d 100									
	e amount of tax incurred by the organizection 4958							\$	;				
3 Enter the	e amount of tax, if any, on line 2, above	e, reimbursed b	by the organiza	tion				\$	;				
								• • •					
Part II	Loans to and/or From Intere	sted Perso	ns.					····					
	Complete if the organization answere				line	38a or Form 990	, Part IV, line 26	; or if th	ne				
	organization reported an amount on					P	,			·		<b>,</b>	·,
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan	(e) Original principal amount	(f) Balance due	(g) In (	default?		oproved oard or		/ritten ement?
					org.?	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			т—		nittee?	-0	1
	·			То	From			Yes	No	Yes	No	Yes	No
(4)													
(1)	***			<del> </del>				<del></del> -	<del> </del>	<del> </del>	┼──		
(2)													
<u> </u>				<u> </u>									
(3)													
(4)		-									<del>                                     </del>		
(5)													
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(10)													
Total						\$							
Part III	Grants or Assistance Benef	iting Intere	sted Persor	ns.					***************************************				
	Complete if the organization answere	ed "Yes" on Fo	rm 990, Part IV	/, line	27.								
	(a) Name of interested person		ship between intere and the organization			(c) Amount of assistance	(d) Type of assistanc	е	(e) F	Purpos	e of ass	istance	)
(1)			****										··········
(2)													
(3)													
(4)								-					
(5)													
(6) (7)													
(8)								-					
(9)	AA		<u> </u>		<u> </u>			$\dashv$					

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharir of org. revenues Yes No							
(1) Tricia	Graham	Spouse of CEO	109,559	Employment	3							
(2) Taylor	Graham	Daughter of CEC			K							
(3) Chris 2	Agness	Son of Brd. Mem			Х							
(4)			······································									
(5)												
(6)												
(7)												
(8) (9) (10)												
(9)												
(10)												
Part V	Supplemental Information.  Provide additional information for responses to	questions on Schedule L (	see instructions).									
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		VF										
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	141-1-1											

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No. 1545-0047

**ZUZZ** Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer Identification number

Mobile Loaves & Fishes, Inc. 74-2956081 Types of Property Part I (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ...... 3 Books and publications ..... 4 5 Clothing and household X 180,142 goods Fair Market Value 5 31,397 Fair Market Value 6 Cars and other vehicles Boats and planes ..... 7 Intellectual property ..... 8 Securities — Publicly traded ..... 15153 X 1,700,586 Fair Market Value 9 Securities — Closely held stock 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous ...... 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other ..... Real estate — Residential ...... 15 Real estate — Commercial 16 X 2 49,180,000 Appraised Value 17 Real estate — Other Collectibles 18 Food inventory ..... X 1 6,715 Fair Market Value 19 Drugs and medical supplies ...... 20 21 Taxidermy Historical artifacts ..... 22 23 Scientific specimens ..... Archeological artifacts 24 Other ( Building Mat. ) 3 539,298 Fair Market Vlaue 25 Other ( Tiny Home ) X 1 317,430 Appraised Value 26 Other ( **Jewelry** ) 2 5,450 27 Fair Market Value 28 Other ( 29 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 3 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 3 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 b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 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. describe in Part II.

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 **2022** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Go to www.irs.gov/Form990 for the lates

Mobile Loaves & Fishes, Inc. Employer identification number 74-2956081

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents During the tax year, the organization amended its bylaws by: -clarifying that the Board of Directors shall have exclusive control over the management, business, and affairs of the organization; -clarifying that a director can be removed by the affirmative vote of a majority of the Board of Directors currently serving; -clarifying that the Chief Executive Officer shall be automatically removed as a director upon termination or resignation; -increasing the number of directors from 11 to 13; -clarifying that the quorum for fundamental business transactions must be three-fourths of the number of directors in office; and -removing the position of Vice President. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 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, Line 12c - Enforcement of Conflicts Policy 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.

Schedule O (Form 990) 2022	Page 2
Name of the organization  Mobile Loaves & Fishes, Inc.	Employer identification number 74–2956081
MODITE HOAVES & FISHES, INC.	74-2930001
Form 990, Part VI, Line 15a - Compensation Pr	rocess for Top Official
Compensation for the organization's CEO is de	etermined on an annual basis by
a salary committee during the budget review p	process. The salary committee
reviews cost of living adjustments. The product	cess also includes the annual
salary survey by total compensation solutions	s not-for-profit compensation
survey, Comp Analyst, and Bluewater Nonproft	Solutions.
Form 990, Part VI, Line 19 - Governing Docume	ents Disclosure Explanation
The organization makes its governing document	ts, conflict of interest
policy, document retention policy, whistleblo	ower policy and financial
statements available to the public through a	
organization also provides a link on its webs	
	1
online copies of the audits and Forms 990.	
***************************************	
, , , , , , , , , , , , , , , , , , , ,	
	Page 1 of 1

### 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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Mobile Loaves & Fishes, Inc.				74-295	6081
Part I	Identification of Disregarded Entities. Complete if the organization	ganization answere	ed "Yes" on Form	990, Part IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II	Identification of Related Tax-Exempt Organizations. Co one or more related tax-exempt organizations during the tax	emplete if the organ	nization answered	 "Yes" on Form 990, F	 Part IV, line 34, becau	use it had
	one of more related tax exempt organizations during the tax	7. your.	(1)	(-1)	1	(g)

(a) Name, address, and EIN of related organization	(D) Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling	Section 5 controlle	12(b)(13) d entity?
		or foreign country)		(if section 501(c)(3))	entity	Yes	No
(1) MLF Support Corporation 9301 Hog Eye Road Ste. 950 85-2872559				-	and the second s		
9301 Hog Eye Road Ste. 950 85-2872559			F04 0	10		l	
Austin TX 78724	Support	TX	501c3	12a	MLF	X	
(2)							
(3)					4 4 4 4 4 4 4 4		
(4)							
(5)		·					

tione Tavable	20.	Partnershin	Complete if th	e organizatio	n answered "Ves	" on Fo	rm QC	On Part IV II	no 34	Page
organizations	treate	d as a partner	ship during the	e organizatio : tax vear.	ii alisweleu Tes	OILLO	1111 98	90, Fait IV, II	11 <del>0</del> 34,	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f)	(g) Share of end-of year assets	Dis	pro- onate oc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownershi
			·			Tes	NO		res No	
								***************************************		
				<u></u>						
tions Taxable related organiz	as a	Corporation s treated as a	or Trust. Com corporation or	plete if the o trust during	rganization answe the tax year.	ered "Ye	es" oi	n Form 990,	Part IV,	1
(b) Primary activi	ity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income			Pero	entage	(i) Section 512(b)(13) controlled entity?
										Yes No
		3 .79 5.34			***	<del> v.</del>				
	tions Taxable organizations (b) Primary activity  tions Taxable related organi: (b)	organizations treated  (b) (c) Primary activity Legal domicile (state or foreign country)   tions Taxable as a related organization:	tions Taxable as a Partnership.  organizations treated as a partner  (b) (c) Legal domicile (state or foreign country)  tions Taxable as a Corporation related organizations treated as a (b) (c) Legal domicile (state or foreign country)	tions Taxable as a Partnership. Complete if the organizations treated as a partnership during the least of the primary activity of the primary activit	ritions Taxable as a Partnership. Complete if the organization organizations treated as a partnership during the tax year.  (b)	related as a Partnership. Complete if the organization answered "Yes organizations treated as a partnership during the tax year.  (b) C Legal domicile (state or foreign country)  (country) Country)  (country) Complete if the organization answered "Yes organizations treated as a partnership during the tax year.  (e) Predominant income (related, excluded from tax under tax un	tions Taxable as a Partnership. Complete if the organization answered "Yes" on Fo organizations treated as a partnership during the tax year.  (b) (c) (d) (e) (e) (e) (foreign domicile (state or foreign country) (state or foreign country	tions Taxable as a Partnership. Complete if the organization answered "Yes" on Form 90 organizations treated as a partnership during the tax year.  (b) C: Legal domicile (state or foreign country)    Primary activity   Legal domicile (state or related and partnership)   Direct controlling entity   Direct controlling entity   Predominant income (related, excluded from tax under sections 512-514)    Primary activity   C: Primary activity   C: Corp. S. corp.   C: Primary activity   C: Primary activity	tions Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, Ii organizations treated as a partnership during the tax year.  (b) (c) (d) (d) (e) Primary activity (b) (agal domicile (state or foreign country))  (c) (e) Primary activity (c) (c) (d) (e) Predominant income (seleted, excluded from tax under sections 512-514)  (e) Predominant income (seleted, excluded from tax under sections 512-514)  (f) (n) (n) Share of total income (seleted, excluded from tax under sections 512-514)  (g) Share of end-of-year assets (g) (a) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	tions Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, organizations treated as a partnership during the tax year.  (b) Clagal omicile (state or foreign country)  (c) Primary sctivity  (d) Clagal omicile (state or foreign country)  (e) Predominant income (related, unrelated, unrelated, unrelated, unrelated, excluded from tax under sections 512-514)  (e) Predominant income (related, unrelated, unrelated, unrelated, unrelated, excluded from tax under sections 512-514)  (e) Predominant income (related, unrelated, unre

(4)

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

I dit v	Transactions with Related Organizations. Complete if the organization a	nsweled les onr	om 990, Partiv, me	34, 35b, 01 36.			
Note: Co	mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	g the tax year, did the organization engage in any of the following transactions with one or more rel						
a Rece	pt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
<b>b</b> Gift, g	grant, or capital contribution to related organization(s)					X	
c Gift, g	grant, or capital contribution from related organization(s)				1c		X
d Loans	s or loan guarantees to or for related organization(s)		***************************************	***************************************	1d		X
e Loans	s or loan guarantees by related organization(s)				1e		X
f Divide	ends from related organization(s)				1f		x
g Sale	of assets to related organization(s)				1g		X
h Purch	ase of assets from related organization(s)				1h		X
I Excha	ange of assets with related organization(s)				1ī		X
j Lease	e of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease	e of facilities, equipment, or other assets from related organization(s)				1k	X	
I Perfo	mance of services or membership or fundraising solicitations for related organization(s)			***************************************	11		X
m Perfo	mance of services or membership or fundraising solicitations by related organization(s)				1m		X
n Sharii	ng of facilities, equipment, mailing lists, or other assets with related organization(s)			•••••	1n		X
o Sharii	ng of paid employees with related organization(s)				10		X
p Reimi	pursement paid to related organization(s) for expenses				1p		X
<b>q</b> Reiml	oursement paid by related organization(s) for expenses	•••••••••••		•••••	1a		X
				• • • • • • • • • • • • • • • • • • • •	-		
r Other	transfer of cash or property to related organization(s)				1r	*******	X
s Other	transfer of cash or property from related organization(s)				1s		x
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this				. ,		•
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining an	nount involv	ed	
		type (a-s)					
(1)	MLF Support Corporation	b	750,000	Actual cash			
				<del>-</del>			
(2)	MLF Support Corporation	k	83,500	Actual cash			
(3)							
(4)							
(5)							
(6)							

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)  Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related,	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f)	(g) Share of end-of-year assets	Disprop alloc	(h) cortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
(1)	<u> </u>	oodinay	3001013 312-314)	Yes	No			Yes	No		Yes	No	
(1)			ĺ			·							
***************************************													
(2)		-		_			,	-				<u> </u>	-
· · · · · · · · · · · · · · · · · · ·													
(3)			-				<u>-</u>	"		· · · · · · · · · · · · · · · · · · ·			
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Schedule R (F	orm 990) 2022 MOD:	<u>lle Loaves</u>	& Fishes,	Inc.	74-2956081	Page t
Part VII	Supplemental Info Provide additional i	ormation. information for res	ponses to ques	tions on Schedule	e R. See instructions.	
		***************************************			The Coo mondonone.	
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#### EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 **2022** 

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

QUZZ
Open to Public
Inspection

<u>A</u>	For the	ne 2022 d	calendar year, or tax year beginning , and ending			***************************************
В	Check if a	applicable:	C Name of organization Mobile Loaves & Fishes		D Employe	r identification number
	Address c	change	Support Corporation			
П	Name cha	ange	Doing business as		85-2	872559
$\Box$				loom/suite	E Telephor	
Н	Initial retur		9301 Hog Eye Road Ste 950  City or town, state or province, country, and ZIP or foreign postal code		512-	328-7299
Ш	terminated					
	Amended	l return	Austin TX 78724 (F Name and address of principal officer:		G Gross red	eipts\$ 833,949
	Application	n nendina	Jeff Serra	H(a) Is this a gro	up return for s	ubordinates? Yes X No
	приодио	on pending	DNS.			
			9301 Hog Eye Road Ste. 950	H(b) Are all sub-		
			Austin TX 78724	If "No,"	attach a list.	See instructions
		mpt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<u>J</u>	Website:		I/A	H(c) Group exer		
	000000000000000000000000000000000000000	organization:	1 100	of formation: 2	020	M State of legal domicile: TX
	art I		ummary			
	1 5		escribe the organization's mission or most significant activities:			
Se		To s	support the charitable activities of Mobile Loaves &	Fishes,	Inc.	
nar	2.00					
Governance			······			
Ĝ	2 0	Check th	is box if the organization discontinued its operations or disposed of more than 25% of	f its net asset	s	
ఠ	3 N	Number o	of voting members of the governing body (Part VI, line 1a)		3	5
ties	4 N	Number of	of independent voting members of the governing body (Part VI, line 1b)		4	4
Activities &	5 T	Fotal nun	nber of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Ac	6 T	Fotal nun	nber of volunteers (estimate if necessary)		6	5
	7a T	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	bN	Net unrel	ated business taxable income from Form 990-T, Part I, line 11		. 7b	0
				Prior Yea		Current Year
ne	8 0	Sontribut	ions and grants (Part VIII, line 1h)	1,806	,942	750,000
Revenue	9 P	rogram	service revenue (Part VIII, line 2g)			83,500
Re			nt income (Part VIII, column (A), lines 3, 4, and 7d)		736	449
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,531	0
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,228	3,147	833,949
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	<b>14</b> B	Benefits p	paid to or for members (Part IX, column (A), line 4)			0
es	<b>15</b> S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
xpenses			nal fundraising fees (Part IX, column (A), line 11e)			0
Exp			draising expenses (Part IX, column (D), line 25)			
ш			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	32	2,516	976,969
	18 T	otal exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,516	976,969
_ Ω	<b>19</b> R	Revenue	less expenses. Subtract line 18 from line 12	1,195		-143,020
Net Assets or Fund Balances	20 T	otal acc		eginning of Curr		End of Year
Asse Bala	20 T	otal liabi	ets (Part X, line 16) ilities (Part X, line 26)	21,095		19,838,405
in et	21 I			17,055		16,228,383
	art II	00	s or fund balances. Subtract line 21 from line 20	4,039	9,114	3,610,022
tru	e, correc	ct. and co	perjury, I declare that I have exambeedship reflyrn, including accompanying schedules and statements omplete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the be	st of my kn	owledge and belief, it is
			Man officer is based on all mormation of which preparer has	arry Knowledge	, T	10/11/2023
Sig	n	Signature				
der		E.			Date	
161	e		Serra Treasurer rint name and title			
				T		- I press
aid		-	The solid signed by	Date	Check	if PTIN
	arer F		H. Reynolds, CPA RONALD H REYNOLDS	09/13/	23 self-em	
	Only	Firm's nam		Fi	rm's EIN	74-2516372
.00	- 1		6850 Austin Center Blvd Ste 100			E40 000
10:		Firm's add		Ph	none no.	512-206-3141
nay	ine IRS	o aiscuss	s this return with the preparer shown above? See instructions			X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-22	
3	candidates for public office? If "Vos." complete Schodule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	ļ	
•	clostian in affect during the tay year? If "Vea" complete Schodule C. Port 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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١.,		-
الد	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44-1	x	
^	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses 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? <i>If "Yes," complete</i>	<u> </u>		
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 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		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?			
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domosto government on Fartix, column (x), interior fest, complete schedule i, Parts i and ii	41	1	42

			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 Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
20	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		
28				
2	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	883838888		
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		-22
Ü	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
00	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? <i>If "Yes,"</i>	<u> </u>		
~_	complete Schodule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	agetions 204 7704 2 and 204 7704 22 If "Ves " complete Schodule D. Bert I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya	34	x	
35a	or IV, and Part V, line 1  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		
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	L	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
+++++++	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
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	
DAA		For	m 990	(2022)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)	· · · · · · · · · · · · · · · · · · ·		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	ns?	····	2b	1	
3a	Did the expenientian have unrelated business many income of \$4,000 as many during the control	• • •		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia		-	4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	nts (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	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did tr					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aboor				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	1?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098	-C? <b>7</b> h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1	1			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	<b> </b>	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					,,,
	excess parachute payment(s) during the year?					X
40	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		ļ
	n rea, compiete form odom.			M0000000000	4.0000000000	400000000000000000000000000000000000000

Form 990 (2022) Mobile Loaves & Fishes 85-2872559 Page 6 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 No Yes 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. 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 2 anv other officer, director, trustee, or key employee? X 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? Х 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 11a 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 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)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 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 Venus Chin 9301 Hog Eye Rd Ste 950

512-328-7299

TX 78724

Austin

# Part VIII 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor an	y rela	ated	orga	niza	tion o	com	pensated any current offic	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle ficer a	Pos check ess pe	erson i firecto	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Amber Fogarty Pres (01-08/22)	0.10 40.00	x		х		α.		0	144,967	22,030
(2) Jeff Serra Treasurer	0.10	x		x				0		0
(3) Brian Tochman Secretary	0.10	x		х				0		0
(4) Elizabeth Hunt Director	0.10	x						0	0	0
(5) Walter Moreau Director	0.10	x						0	0	0
(6) Kevin Shepherd Director	0.10 40.00	x						0		30,804
(7)										
(8)										
(9)										<u> </u>
(10)										
(11)										

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	Average box, un officer a per week					n an :ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
								·		
										Day and the second seco
1b Subtotal									228,764	52,834
<ul> <li>c Total from continuation shed</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (in reportable compensation from</li> </ul>	cluding but not li	mite		<u>, , , , ,</u>				re) who received more than	228,764 \$100,000 of	52,834
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	lule	J for	suc	h inc	divid	ıal			Yes No
<ul> <li>For any individual listed on line organization and related organ individual</li> <li>Did any person listed on line 1</li> </ul>	izations greater	than	\$15	50,00	07 /	f "Ye	s," c	complete Schedule J for suc	oh 	4 X
for services rendered to the or Section B. Independent Contracto	ganization? <i>If "Y</i> <b>rs</b>	es,"	com	plete	Sc.	hedu	ile J	for such person		5 X
Complete this table for your fix compensation from the organi	zation. Report co	ensa ompe	ited i ensa	nde <sub>l</sub> tion	oend for t	ient o	conti	dar year ending with or with	in the organization's tax ye	
	(A) business address						ļ		(B) Ion of services	(C) Compensation
Engen Contracting, I Austin	inc. TX	7	87		118	324		ollyville Rd., St Construction	ce. 202	1 100 041
Sovereign Woodworks	LLC			;	260	1 1	Sar	ratoga Drive		1,180,341
Austin	TX	7	87					Contractor		217,532
McCoy Corp San Marcos	TX	7	86		135			-35 North Construction		121,961
2 Total number of independent or received more than \$100,000								se listed above) who	3	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512-514 (A) Total revenue (C) Unrelated (B) Related or exempt function revenue business revenue 1a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 750,000 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 750,000 h Total. Add lines 1a-1f. **Business Code** 900099 83,500 83,500 2a Lease Program Program Service Revenue f All other program service revenue ..... 83,500 g Total. Add lines 2a-2f..... Investment income (including dividends, interest, and other similar amounts) 449 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other basis and sales exps. 7b 7с c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses ..... 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ...... 10a b Less: cost of goods sold ...... c Net income or (loss) from sales of inventory **Business Code** iscellaneous 11a d All other revenue ..... e Total. Add lines 11a-11d ...... Total revenue. See instructions ..... 833,949 83,500

#### Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
Do 11	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	· · · · · · · · · · · · · · · · · · ·		V	
	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				
С	Accounting	17,600		17,600	
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, column	11 200	11 200		
	(A) amount, list line 11g expenses on Schedule O.)	11,300	11,300		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	8,000	9 000		
16	Occupancy	8,000	8,000	4	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		228,239	228,239		
21	Interest Payments to affiliates	220,200	220,200		
22	Depreciation, depletion, and amortization	711,830	711,830		
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.)				
а					
b					
Ç					***************************************
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	976,969	959,369	17,600	0
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)				

	art 🤈	Balance Sheet  Check if Schedule O contains a response or note	o any	line in this Dart V			
		Officer in deficiency of those of finite	io arry	ille III ulis Fait A	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,839,390	1	406,784
	2	Savings and temporary cash investments			626,121	2	538,950
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these person	າຣ			5	
	6	Loans and other receivables from other disqualified pers					
şţ		under section 4958(f)(1)), and persons described in sect	ion 49	58(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
×	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,216,074			
	b	Less: accumulated depreciation	10b	1,417,164	15,313,876	10c	15,798,910
	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				14	
	15	Other assets. See Part IV, line 11			2,316,197	15	3,093,761
	16	Total assets. Add lines 1 through 15 (must equal line 33	<u>)</u>		21,095,584		19,838,405
	17	Accounts payable and accrued expenses			895,988	17	50,217
	18	Grants payable			18_		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
es	22	Loans and other payables to any current or former office		·			
ilit		trustee, key employee, creator or founder, substantial co		or, or 35%			
Liabilities		controlled entity or family member of any of these persor				22	
_	23	Secured mortgages and notes payable to unrelated third	partie	S		23	
	24	Unsecured notes and loans payable to unrelated third pa			16,157,236	24	16,178,166
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	Comp	ete Part X	0 500		
		of Schedule D	· · · · · ·		2,586	25	1.2.000
	26	Total liabilities. Add lines 17 through 25			17,055,810	26	16,228,383
Ś		Organizations that follow FASB ASC 958, check here	X				
nce	~=	and complete lines 27, 28, 32, and 33.			4 000 004		
alaı	27				4,039,774	27	3,610,022
B	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 958, che	ck her	e 📋			
7.	00	and complete lines 29 through 33.					
ţş	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equipment		d.		30_	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or	·	4 000 774	31	2 610 000	
Š	32	Total liabilities and not exact found belower			4,039,774		3,610,022
	33	Total liabilities and net assets/fund balances			21,095,584	33	19,838,405

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,:	949
2	Total expenses (must equal Part IX, column (A), line 25)	2	97	6,	969
3	Revenue less expenses. Subtract line 2 from line 1	3	-14	3,	020
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,03		
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	-28	6,	732
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	3,61	0,0	022
Pa	irt 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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			j	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Mobile Loaves & Fishes Support Corporation

Employer identification number 85–2872559

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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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 331/3% 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 X 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, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) Mobile Loaves & Fishes Inc. 74-2956081 7 X 0 (B) (C)

Total

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

Schedule A (Form 990) 2022

0

(D)

(E)

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				-		
2	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						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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			was dalam.	•		
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)				12	
13	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop her tion C. Computation of Public S	re					
14	Public support percentage for 2022 (line 6	3, column (f) divide	d by line 11, colum	n (f))			%_
15	Public support percentage from 2021 Sch					15	<u>%</u>
тоа	33 1/3% support test—2022. If the organ				33 1/3% or more, o	heck this	[]
h	box and <b>stop here</b> . The organization qua	•			45 :- 00 4/00/		Ц
b	33 1/3% support test—2021. If the organ this box and stop here. The organization						[]
17a	10%-facts-and-circumstances test—20				Go or 16h and line	44 io	Ц
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
			-	•			
b	organization	21. If the organizati	on did not check a	hov on line 13 1	62 16h or 17a an		L
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
						•	
18	Private foundation. If the organization di	d not check a box	on line 13. 16a. 16	b. 17a. or 17b. ch	eck this box and se	 !A	Ш
	instructions						
					• • • • • • • • • • • • • • • • • • • •		

# 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support				-	y		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
9	Amounts from line 6							
10a	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							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	First 5 years. If the Form 990 is for the or	rganization's first	second third fourt	or fifth tay year	as a section 501/c	)/3\		
• •	organization, check this box and stop her			•	•			
Sec	tion C. Computation of Public S							
15	Public support percentage for 2022 (line 8			nn (f))		Ţ	15	%
16	Public support percentage from 2021 Sch	edule A, Part III, li	ne 15				16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage					
17	Investment income percentage for 2022 (	ine 10c, column (f	), divided by line 13	3, column (f))			17	%
18	Investment income percentage from 2021		U 15 A 77				18	%
19a	33 1/3% support tests—2022. If the orga	ınization did not ch						
	17 is not more than 33 1/3%, check this b							,
b	33 1/3% support tests—2021. If the orga							_
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this b	ox and see instruct			A (Form 000) 2022

#### **Supporting Organizations**

(Complete only if you checked a box on 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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.
- 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).
- 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).
- 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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
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1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11b and 11b allow 11	3,000,000	Supporting Significations (Committee)			
a A person who directly on Indirectly controls, either allow or trugement with the persons described on lines 11b and			FOR THE PARTY OF T	Yes	No
11c below, the governing body of a supported organization? 1 A family member of a person described on line 11a above? 2 A 59% controlled entity of a person described on line 11a for 11b above? If "Yos" to line 11a, 11b, or 11c, provide default Plant VI.  Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, efficient acting in their afficial capacity, or membership of one or more supported organizations have that power for organization or elect at least a malpoid, or the organizations or offices, directors, or truckes at all times during the tax year? If "No," describe in Part VI how the supported organizations or offices, directors, or truckes at all times during the tax year? If "No," describe in Part VI how the supported organizations or offices, directors, or truckes at all times during the tax year, if year, described in Part VI how the supported organizations or organizations or controlled the supporting organization but the tax he supported organizations or the supported organization but the tax he supported organization operated organizations or the tax the supported organizations or the tax year and the supported organizations or the tax year also a majority of the directors or trustees of each of the organizations organizations are supported organizations or management of the supported organizations or the supported organizations or the supported organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations are supported organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizat					
b A family member of a person described or fine 11s above?  A 35% controlled entity of a person described in line 11s or 11b above? If "Yes" to line 11s, 11b, or 11c, 11c    The provide detail in Part VI.  Section B. Type I Supporting Organizations  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 apopilit or elect at least a majority of the organizations officers, directors, or trustees set all times during the lax year? If "No," describe in Part V Inov the supported organizations of cores, directors, or trustees were allocated among the supported organization of powers doing the lax year in the supported organization and what conditions or estanctions, if any, expliced to such powers during the lax year.  2 Did the organization operate for the benefit of any supported organization offers than the supported organization of parts to the benefit of any supported organization offers than the supported organization of parts to the purposes of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations of the supported organizations.  1 Were a majority of the organizations a directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the supported organizations of the supported organizations or the supported organizations or the supported organizations or the supported organizations or the supported organizations or the supported organizations or the supported organizations or the supported organizations or the	а				
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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?  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(s) in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported 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.  Section 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 year (see instructions).  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  1 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's auditivities during the tax year directly furthered their exempt purposes, how the organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization's supported	<u> </u>	don B. All Type in Supporting Organizations		1	r
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Schedule A (Form 990) 2022 Mobile Loaves & Fishes 85-2872559 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 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 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 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

5

Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

5 Income tax imposed in prior year

(see instructions).

Schedule A (Form 990) 2022

- Han	I ype III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets	#		4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in <b>Part VI</b> )		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 organizations	ition is responsive		8	
	(provide details in Part VI). See Instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	white and the second se
		(i)	(ii)		(iii)
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable
			Pre-2022	******	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.			******	
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			*******	
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Forr	n 990) 2022	Mobile	Loaves &	Fishes		85-2872559	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; I 3a, and 3b; Part V	Iformation. Pro	ovide the explaines 1, 2, 3b, 3c C, line 1; Par , Section B, li	anations requ c, 4b, 4c, 5a, rt IV, Section ne 1e; Part V,	ired by Part II, line 106, 9a, 9b, 9c, 11a, 11 D, lines 2 and 3; Part , Section D, lines 5, 6 nformation. (See inst	D; Part II, line 17a or lb, and 11c; Part IV, t IV, Section E, lines s, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Mobile Loaves & Fishes Support Corporation

#### **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

Employer identification number

85-2872559

2022

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, de literary, or ed	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, 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.					
contributor, de	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose, Don't complete any of the parts upless the					

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

14 5

Mobile Loaves & Fishes

Employer identification number 85-2872559

Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Mobile Loaves & Fishes, Inc. 9301 Hog Eye Rd. #950 Austin TX 78724	\$ 750,000	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)
		\$	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.)

#### 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.

Name of the organization Employer identification number Mobile Loaves & Fishes Support Corporation 85-2872559 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year ..... 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? 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? 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 Protection of natural habitat Preservation of a certified historic structure 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. Heid at the End 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) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, 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 3 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)(i) and section 170(h)(4)(B)(ii)? Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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, 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 in Form 990, Part X 2 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

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		1,960,010		1,960,010
b Buildings		5,014,127	133,214	4,880,913
c Leasehold improvements		9,897,998	1,218,778	8,679,220
d Equipment		343,939	65,172	278,767
e Other				<del>""</del>
Total. Add lines 1a through 1e. (Column (d) must eq	15,798,910			

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on		
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuation:
(1) Financial			Cost or end-of-year market value
(1) Closely he	derivatives		
(3) Other	eld equity interests		
(A)			
		***************************************	
(F)			
(G)			
(H)			
	n (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,	ine 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)	THE STATE OF THE S		
(9)			
	n (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. I	ine 11d. See Form 990. Part X. line 15.
	(a) Description		(b) Book value
(1)	Construction in Progres	s	3,083,15
(2)	Intercompany		10,60
(3)			
(4)			
(5)	4444		
(6)			
(7)			
(8)			
(9)	2 (b) much could Farm 000 Park V and (D) the 45 )		2 000 70
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		3,093,76
	Complete if the organization answered "Yes" on	Form 990 Part IV I	ing 11g or 11f See Form 000 Dort V
	line 25.	onn 990, i ait iv, i	ine The Or Thi. See Form 990, Part A,
1.	(a) Description of liability		(b) Book value
	income taxes		(D) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.)	************	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization'	s financial statements that reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements		1	
	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	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 990			
	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a	Donated services and use of facilities	2a		
a	Prior year adjustments	2b		
ن ما	Other (Describe in Part VIII.)	2c 2d		
u	Other (Describe in Part XIII.)	<u>  Zu  </u>	20	
3	Add lines 2a through 2d Subtract line 2a from line 1	• • • • • • • • • • • • • • • • • • • •		
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines As and Ala		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
	rt XIII Supplemental Information.		<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV. lines 1b and 2b: I	Part V. line 4: Part X. line	A
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			
	ant V EIN 40 Bootnote	•		
Tl	ne most significant tax positions of the	organizatio	on are its assert:	ions
tl	nat it is exempt from income taxes and it	ts determina	ations of whether	any
ar	mounts are subject to unrelated business	income tax	(UBIT). Managemen	nt has
ae	etermined that the organization had no UI	BIT Liabilii	ty from unrelated	
h	isinoss activities during the woon anded	Dogombon 2	1 2022 4 2021	7.17
. Di	siness activities during the year ended	December 3.	1, 2022 and 2021.	WTT
۵.	ignificant tay positions have been sonsid	donad ber mar	accompant and it he	n a
	ignificant tax positions have been consid	rered by man	lagement and it ha	1S
de	etermined that it is more likely than not	t that all t	tay nositions wou	ld be
	occurred that it is more likely than ho	Ciiac all	cax posicions wou.	iu be
Sī	ustained upon examination by taxing autho	orities.		
		• • • • • • • • • • • • • • • • • • • •		

Schedule D (F	orm 990) 2022	Mobile Loatal Information	aves & Fi	shes		85-2872559	Page <b>5</b>
Part XIII	Supplemen	tal Information	(continued)				
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#### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. Mobile Loaves & Fishes

Employer identification number

Support Corporation 85-2872559 **Questions Regarding Compensation** 

Pa	art I 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	000000000		1
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	300000000		160000000000
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	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			
	7 Approval by the board of compensation committee			
4	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:			
а	Describe a consumer of a substitution of a subst	4a	*********	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
c	Daulializata la agrazativa agrazant forma an annite transit de la constitución de la cons	4c		X
Ū	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	46		
	The test of the state persons and provide the applicable amounts for each item in a left.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
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		5a	(***********	X
		5b		X
	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30	*******	- 2 <u>1</u>
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:			
а		6a	0000000000	X
b	The organization? Any related organization?	6b		X
	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.		******	
	The straine of the straine and the straine str			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	**********	********	PROCESSORY.
	and the second s	7		x
8	payments not described on lines 5 and 6? If "Yes," describe in Part III			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		x
	in Part III	0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			p:::::::::::::::::::::::::::::::::::::
-	Regulations section 53.4958-6/c)?	ا م ا		1

Schedule J (Form 990) 2022

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.

(A) Name and Title	(i) Base	and/or 1099-MISC and/or 10 (ii) Bonus & incentive compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
V 7	compensation	compensation	(iii) Other reportable compensation	compensation			as deferred on prior Form 990
Amber Fogarty (i) 1 Pres (01-08/22) (ii)	0 144,967	0	0	0 7,603	0 14,427	0 166,997	0
(i)				.,			
2 (ii)	•						
(i)	•						
(i)							
(ii)	•						
. (1)							
5 (ii)	* * * * * * * * * * * * * * * * * * * *						
(i) 6	• • • • • • • • • • • • • • • • • • • •	•••••					
(i)							
7 (ii)	•	,					
(1)	•						
(i)							
g (ii)	•						
(i) 10	•						
(1)							
11 (ii)							
(i)	•						
12 (11)							
13 (ii)	•						•
14.	• • • • • • • • • • • • • • • • • • • •						
[1]							
15 (ii)							
(i) 16 (ii)						***************************************	• • • • • • • • • • • • • • • • • • • •

Rait 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 or any additional information.
•
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# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Mobile Loaves & Fishes	Employer identification number								
Support Corporation	85-2872559								
Form 990, Part VI, Line 6 - Classes of Members or S	tockholders								
Mobile Loaves & Fishes, Inc. is the sole member of the organization.									
Form 990, Part VI, Line 7a - Election of Members an	d Their Rights								
Mobile Loaves & Fishes, Inc. appoints a majority of	······								
modifie hoaves a rishes, inc. appoints a majority of	the Board of Directors.								
Form 990, Part VI, Line 7b - Decisions Subject to A	pproval of Members								
Amendments to the bylaws are subject to approval by	Mobile Loaves & Fishes,								
Inc.									
Form 990, Part VI, Line 11b - Organization's Proces	s to Review Form 990								
The tax return is sent to the Board for review prior									
A detail review of the tax return including an exter									
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 sen	nt to the Board of								
Directors.									
Form 990, Part VI, Line 12c - Enforcement of Conflic	cts Policy								
	•								
Members are required to fill out a conflict-of-inter									
consent form and submit for review. This policy is	periodically reviewed								
during the year.									
Form 990, Part VI, Section B, Line 13 & 14:									

Mobile Loaves & Fishes	85-2872559									
written whistleblower policy and the written documer	nt retention and									
destruction policy.										
Form 990, Part VI, Line 19 - Governing Documents Dis	sclosure Explanation									
The organization makes its governing documents, conf	flict of interest									
policy, and financial statements available to the public through a written										
or oral request. The organization also provides a li	nk on its website that									
directs the public to online copies of the audits ar	nd Forms 990.									
	••••••									
· · · · · · · · · · · · · · · · · · ·										
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······································										
	Page 1 of 1									

#### **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.

Total income

(c) Legal domicile (state

or foreign country)

Department of the Treasury Internal Revenue Service

Part I

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

Primary activity

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

OMB No. 1545-0047-

Open to Public Inspection

(f)

Direct controlling

entity

ame of the organization	Mobile	Loaves	&	Fishes
	Support	t Corpor	ra i	tion

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 85-2872559

(e)

End-of-year assets

(1)							
(2)							
(3)							
(4)							
<u></u>							
(5)							
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the c	organization answ	vered "Yes" on Fo	orm 990, Part IV	, line 34, becaus	e it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controlle	(g) 512(b)(13) ed entity?
(1) Mobile Loaves & Fishes, Inc. 9301 Hog Eye Road Ste. 950 74-2956081				, ,,,,,		Yes	No
Austin TX 78724	Outreach	TX	501c3	7	N/A	<u> </u>	x
(2)							
	•						
(3)							
	-						
(4)							
(5)							
	1						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedu	le R (Form	990) 2022

Part III Identification of Related Organization because it had one or more related or	ons Taxable ganizations t	as a	Partnership. d as a partner	Complete if the ship during the	e organizati tax year.	on answered	"Yes" o	n Foi	rm 9	90, Pa	rt IV, line	34,	-	12
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income		(g) of end-of- r assets	Dis portic	pro- onate	Code amount of Sch	(i) V—UBI in box 20 edule K-1 n 1065)	(j) Genera managi partne	l or Perd ing own r?	(k) centage nership
(1)														
(2)														
(3)	:													
(4)														
Part IV Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification of Related Organization in Security Identification in Security Identification in Security Identification in Security Identification Identifica	ons Taxable lated organiz	as a	Corporation s treated as a	or Trust. Com corporation or	plete if the trust during	organization the tax year	answere	d "Ye	es" c	n Forn	n 990, P	art IV	,	
(a)  Name, address, and EIN of related organization	(b) Primary activit	у	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income	at		(g) hare of -year as		(h) Percent owners	tage	Sec 512( cont en	(i) ction (b)(13) trolled
(1)													Yes	No
·														
2)														
3)											,			
4)												12.41		

# Part V Transactions W

<b>Fransactions With Related Organizations.</b> Con	mplete if the organization answered "Yes	s" on Form 990,	, Part IV, line 34, 35b, or 36
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**********	Tranoactions With Related Organizations. Complete if the organization a	nswered res on r	onn 990, Fait IV, iiile	34, 330, 01 36.						
	E: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations listed	I in Parts II–IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
a	b Girt, grant, or capital contribution to related organization(s)									
C	one, grant, or capital contribution from related digalization(s)									
u	d Loans of loan guarantees to of for felated organization(s)									
е	e Loans or loan guarantees by related organization(s)									
					100000000					
f	Dividends from related organization(s)				1f	1	X			
9	g Sale of assets to related organization(s)									
**	h Purchase of assets from related organization(s)									
•	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)										
					(CONTRACT)					
k	ease of facilities, equipment, or other assets from related organization(s)				1k		X			
I	Performance of services or membership or fundraising solicitations for related organization(s)	• • • • • • • • • • • • • • • • • • • •			11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s)			• • • • • • • • • • • • • • • • • • • •	1m		x			
n ·	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1n		X			
0	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		10		X			
				• • • • • • • • • • • • • • • • • • • •						
р	Reimbursement paid to related organization(s) for expenses				1p		X			
	Reimbursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	10		X			
•				• • • • • • • • • • • • • • • • • • • •	1q					
r	Other transfer of cash or property to related organization(s)				4		X			
s	Other transfer of cash or property from related organization(s)		• • • • • • • • • • • • • • • • • • • •		1r 1s		X			
	the answer to any of the above is "Yes," see the instructions for information on who must complete this	line including covered a	relationships and transaction	on thresholds	15	L				
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amo	unt involv	ed				
		type (a-s)								
(1)	Mobile Loaves & Fishes, Inc.	С	750,000	Actual Cash						
(2)	Mobile Loaves & Fishes, Inc.	j	83,500	Actual Cash						
(3)										
					_					
(4)										
(5)										
(-)			+							
(6)				•						

# 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	unrelated, excluded from tax under	Are all sec 501( organiz	_	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
											ļ		
(5)													
(6)													
(7)													
(8)													
(9)													<del></del>
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(10)													
(11)													

Schedule R (	(Form 990) 2022 Mobile Loaves & Fishes	85-2872559 Pag	<u>је 5</u>
Pan VII	Supplemental Information.  Provide additional information for responses to questions on	Schedule R. See instructions.	
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