Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A For the 2021 calendar year, or tax year beginning SEP 1, 2021 and ending AUG 31, Check if applicable: C Name of organization D Employer identification number Address change COASTAL BEND FOOD BANK Name Ichange 74-2234089 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 826 KRILL STREET 361-887-6291 termin-123,686,515. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended CORPUS CHRISTI, TX 78408-2515 H(a) Is this a group return Applica-F Name and address of principal officer: BEATRIZ HANSON _Yes LX No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) [4947(a)(1) or l If "No," attach a list. See instructions J Website: ► WWW.COASTALBENDFOODBANK.ORG **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > L Year of formation: 1982 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: TO COLLECT AND WAREHOUSE FOOD Activities & Governance WHICH HAS BEEN DONATED BY CONCERNED BUSINESSES AND ORGANIZATIONS AND Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) <u>18</u> Number of independent voting members of the governing body (Part VI, line 1b) 51 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 11357 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 39,8<u>22,364</u>. Contributions and grants (Part VIII, line 1h) 26,503,822. 900,720. 920,419. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 627,919. 2,453,142. 384,721. 266,071. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,735,724 30,143,454. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,342,585 1,445,793. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)

130,730. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,294,093. 24,845,805. 26,636,678. 26,291,598. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,099,046. 3,851,856. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28,051,573. 20 Total assets (Part X, line 16) 64,746,425. 34,303,149. 21 79,021. Total liabilities (Part X, line 26) 孪 27,972,552. 30,443,276. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and confoldts. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. auson Sign BEATRIZ HANGON PRESIDENT & CEO Here Type or print name and title Date Print/Type preparer's name LUPE VALDEZ Preparer's signature Paid ₽00708353 Firm's name GF VALDEZ, P.C. Preparer Firm's EIN ▶ 200842060 Use Only Firm's address ▶ 5430 HOLLY ROAD SUITE 1 Phone no. 361-991-1650 CORPUS CHRISTI, TEXAS 78411 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Page **2**

Ра	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO COLLECT AND WAREHOUSE FOOD WHICH HAS BEEN DONATED BY CONCERNED
	BUSINESSES AND ORGANIZATIONS AND DISTRIBUTE IT TO SOCIAL AGENCIES
	WHICH FEED THE NEEDY
	MITCH THE MEET
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 25,519,370 · including grants of \$) (Revenue \$
	COASTAL BEND FOOD BANK PROVIDES FOOD TO A NETWORK OF MORE THAN 144
	AGENCY PARTNERS SUCH AS FOOD PANTRIES, SHELTERS, SENIOR CENTERS AND
	FEEDING AGENCIES IN 11 COUNTIES THROUGHOUT SOUTH TEXAS. IN ADDITION,
	THE CBFB OFFERS SEVERAL DIRECT-SERVICE PROGRAMS SUCH AS THE KIDS'
	BACKPACK PROGRAM, DIABETES HAND ON, AND MOBILE PANTRY PROGRAM. IN THE
	2021/2022 YEAR DISTRIBUTED 13,238,236 POUNDS OF FOOD.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 25,519,370.

Part IV Checklist of Required Schedules

			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
	If "Yes," complete Schedule A	1	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for					
	public office? If "Yes," complete Schedule C, Part I	3		X		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x		
•	Schedule D, Part III					
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?					
40	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	40		x		
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10				
11	as applicable.					
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
а	0.414	11a	Х			
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X		
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110				
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in					
	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	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		Х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a	Х			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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			٦,		
	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	40		X		
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X		
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х			
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10				
13	complete Schedule G, Part III	19		x		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х		

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7,7
04 -	Schedule J	23		X
24 a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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 year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7,7
	Schedule L, Part I	25b		Х
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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule <i>in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	1	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		_V	
0.5	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Α_	_
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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36	х	
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
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 authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х					
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	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							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g							
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7 <u>9</u> 7h		Х					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!							
Ū	sponsoring organization have excess business holdings at any time during the year?	8							
9									
а									
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	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 Enter the amount of reserves on hand 13b								
C 1/1-2		14a		Х					
 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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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								
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
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	77						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37						
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
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?	45-	Х						
	The organization's CEO, Executive Director, or top management official	15a	X						
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	-22						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
iva		16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	and the same of th	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	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) avail:	able					
	for public inspection. Indicate how you made these available. Check all that apply.	_ or my	, availe						
X Own website Another's website Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	DIANA MURILLO - 361-887-6291								
	826 KRILL STREET, CORPUS CHRISTI, TX 78408								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check mother box, unless person officer and a direct				than	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BEATRIZ HANSON	40.00							105 500	•	
EXECUTIVE DIREC				Х				125,592.	0.	0.
(2) GREG HATTON	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(3) DIANE GONZALEZ-CIBRIAN	5.00								•	0
BOARD MEMBER		Х						0.	0.	0.
(4) LORI DELLINGER	5.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(5) BRONWYN MOENCH	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(6) TERESA FLORES	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(7) SANDRA BURNS	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(8) CAROL HOUSTON	5.00								•	
PRESIDENT	<u> </u>	Х						0.	0.	0.
(9) ROGER BATEMAN	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID WEATHERSTON	5.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(11) MIKE LAKHPATY	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(12) KEVIN LASSAHN	5.00								•	•
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(13) MATTHEW MANNING	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(14) RAMON PINEDA	5.00								•	•
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(15) MICHELLE BRASELTON	5.00	٠,,							_	_
SECRETARY	F 00	Х						0.	0.	0.
(16) ROBERT CAGLE	5.00	٠,,							_	_
BOARD MEMBER	F 00	Х						0.	0.	0.
(17) PATRICK MCVAY	5.00	\ _{7.7}							^	_
TREASURER		Х						0.	0.	0. Form 990 (2021)

Form 990 (2021) COASTAL 1	BEND FO	DD	BZ	INA	ζ				74-22	234	089 F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	t (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		than o	ne	Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss pe	rson i	is both or/trust	an	'	compensatio		amount	
	week (list any	\vdash	l a		10010	I	,	from	from related		othe	
	hours for	lirecto				_		the organization	organization (W-2/1099-MIS		compens from th	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	,0/	organiza	
	organizations	truste	al tru:		yee	ımpeı		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		and rela	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer				organizat	ions
	line)	Indi	Insti	Officer	Keye	High emp	Former					
(18) BRANTLEY WHITE	5.00	l										•
PRESIDENT-ELECT	F 00	Х						0.		0.		0.
(19) MARISA TELGE-MASUR	5.00	X						0.		0.		0.
BOARD MEMBER		^				\vdash		0.		٠.		<u> </u>
		1										
						\vdash						
		1										
		-										
		1										
1b Subtotal					<u> </u>		<u> </u>	125,592.		0.		0.
c Total from continuation sheets to Part V							•	0.		0.		0.
d Total (add lines 1b and 1c)							>	125,592.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportab	e		
compensation from the organization												<u> </u>
											Yes	No
3 Did the organization list any former officer,												37
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su												v
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5	Х
Section B. Independent Contractors	piete concaur	00,	01 00	ucii	pero						<u> </u>	
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	rs f	that received more than	\$100,000 of com	pens	ation from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or wi	thi	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address						_	Description of s	ervices	С	ompensation	on
ALPHA DOG MARKETING	NT COE	1 2									107 5	07
8001 S 13TH ST, LINCOLN,	NE 000.	L Z					4	FUNDRAISING			127,7	0/•
							\dashv					
							\dashv					
2 Total number of independent contractors (i	•	ot li	mite	d to	tho	_	tec	d above) who received m	nore than			

		(===:/			ND	FOOD BAN	K		74-	223408	39 Page 9
Pa	rt VII										
		Check if Schedule O	contair	ns a resp	onse	or note to any lin	e in this Part VIII (A)	(B)	(C	<u></u>	(D)
							Total revenue	Related or exempt	Unrel	ated Re	venuè éxcluded
								function revenue	business		rom tax under ctions 512 - 514
SS	1.0	Federated campaigns		1a							7.0010-012-011
ant											
Ω.E		Membership dues Fundraising events									
iffts ar A											
a,e		Government grants (contr				7,450,871.					
Sil		All other contributions, gifts,				7 - 7 - 7					
the	•	similar amounts not included				19,052,951.					
Öğ	а	Noncash contributions included in			\$	19,909,841.					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f					26,503,822.				
	Business Code										
e,	2 a	HANDLING FEES & REI	MB				642,050.				642,050.
e Żi	b DISASTER RELIEF					262,982.				262,982.	
Program Service Revenue	С	MISCELLANEOUS					15,387.				15,387.
ran ev	d										
ρ. P.	е										
ه ا	f	All other program service	revenu	ie							
	g						920,419.				
	3	Investment income (include				1					
		other similar amounts)					251,268.				251,268.
	4	Income from investment of tax-exempt bond proceeds				. 1					
	5	Royalties	·····								
			<u> </u>	(i) Rea	ai	(ii) Personal					
	6 a		6a								
		Less: rental expenses Rental income or (loss)	6b 6c								
		Net rental income or (loss)									
		Gross amount from sales of	$\overline{}$	(i) Secur	ities	(ii) Other					
	, a	assets other than inventory	. ⊢	92,923		` '					
	h	Less: cost or other basis	74	_,,	•	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ě	~	and sales expenses	7b 9	92,435	488.	1,101,068.					
Je J	С	Gain or (loss)	7c	487	942.	1,713,932.					
Re		Net gain or (loss)					2,201,874.	2,201,874.			
Other Revenu		Gross income from fundraisi									
퓽		including \$		of							
		contributions reported on	line 1	c). See							
		Part IV, line 18			8a	272,576.					
		Less: direct expenses			8b	6,505.					
	С	Net income or (loss) from		-		>	266,071.				266,071.
	0 -	Grace income from gamin	a aatis	ition Co	ا ہ	1 1					

12 To

Miscellaneous Revenue

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions

Part IV, line 19

and allowances

b Less: direct expenses
 c Net income or (loss) from gaming activities
 10 a Gross sales of inventory, less returns

9b

10a 10b

Business Code

30,143,454.

2,201,874.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		. ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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,	105 500	25 650	05 014	
	trustees, and key employees	125,592.	37,678.	87,914.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 016 040	061 255	254 002	
7	Other salaries and wages	1,216,248.	861,355.	354,893.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	102 052	60 640	24 204	
10	Payroll taxes	103,953.	69,649.	34,304.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	01 104	01 104		
С	Accounting	21,194.	21,194.		
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 (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	20 427	12 242	12 242	2 042
13	Office expenses	29,427.	13,242.	13,242.	2,943
14	Information technology				
15	Royalties	45,833.	4E 022		
16	Occupancy		45,833.	2 024	
17	Travel	6,048.	3,024.	3,024.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			+	
20	Interest				
21	Payments to affiliates	177,916.	154,300.	23,616.	
22	Depreciation, depletion, and amortization	323,911.	217,020.	106,891.	
23	Other expenses. Itemize expenses not covered	343,311.	211,020•	100,091•	
24	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 0.) FOOD DISTRIBUTIONS	22,375,242.	22,375,242.		
a b	GRANT EXPENSES	648,858.	648,858.	+	
-	OUTREACH EXPENSES	227,886.	227,886.		
q	REPAIRS	208,550.	208,550.		
d	All other expenses	780,940.	635,539.	17,614.	127,787
	Total functional expenses. Add lines 1 through 24e	26,291,598.	25,519,370.	641,498.	130,730
25 26	Joint costs. Complete this line only if the organization			011,100	_50,750
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WING SOF 96-2 (AGC 936-120)				Form 990 (2021

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			561,326.	1	28,978,318
	2	Savings and temporary cash investments			1,368,377.	2	1,695,656
	3	Pledges and grants receivable, net			2,923,242.	3	1,655,701
	4	Accounts receivable, net			23,864.	4	50,430
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	etion 4958(c)(3)(B)		6		
2	7	Notes and loans receivable, net		Г		7	20,641,037
Assets	8	Inventories for sale or use			2,421,183.	8	795,049
Ë	9	Prepaid expenses and deferred charges			50.	9	50
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,731,172.			
	b	Less: accumulated depreciation	10b	1,061,564.	2,857,002.		1,669,608
	11	Investments - publicly traded securities			17,795,203.	11	2,470,208
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			101,326.	15	6,790,368
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	28,051,573.	16	64,746,425
	17	Accounts payable and accrued expenses			50,042.	17	62,484
	18	Grants payable			18		
	19	Deferred revenue		28,977.	19	23,744	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	er offic	er, director,			
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	0.1.100.110
_	23	Secured mortgages and notes payable to unrela				23	34,199,443
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	2		17 470
		of Schedule D			2.		17,478
	26	Total liabilities. Add lines 17 through 25			79,021.	26	34,303,149
Ş		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
2		and complete lines 27, 28, 32, and 33.			10 064 241		20 050 624
ala	27			······	19,964,241.		20,959,624
<u>2</u>	28	Net assets with donor restrictions			8,008,311.	28	9,483,652
Ę		Organizations that do not follow FASB ASC 9	58, che	eck here			
<u>-</u>		and complete lines 29 through 33.					
SIS.	29	Capital stock or trust principal, or current funds				29	
SS(30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			27 072 552	31	20 442 000
ž	32	Total net assets or fund balances			27,972,552.	32	30,443,276
	33	Total liabilities and net assets/fund balances			28,051,573.	33	64,746,425

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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 Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Both consolidated and separate basis

1

2 3

4

5

6

8

10

consolidated basis, or both: X Separate basis

Part XI Reconciliation of Net Assets

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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a	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
l	Total revenue (must equal Part VIII, column (A), line 12)	1		,14				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		, 85				
Ļ	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,97				
5	Net unrealized gains (losses) on investments	5	-1	, 38:	1,1	32.		
6	Donated services and use of facilities	6						
,	Investment expenses 7							
3	Prior period adjustments 8							
)	Other changes in net assets or fund balances (explain on Schedule O)							
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	30	, 44	443,276.			
a	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
	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 Schedul	e O.						
a	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	d 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?								
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							

Form 990 (2021)

Х

Х

2c

SCHEDULE A

(Form 990)

Total

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization COASTAL BEND FOOD BANK 74-2234089 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,681,799.	19,251,817.	27,672,477.	39,660,012.	26,419,601.	134,685,706.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21,681,799.	19,251,817.	27,672,477.	39,660,012.	26,419,601.	134,685,706.
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.						134,685,706.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	21,681,799.	19,251,817.	27,672,477.	39,660,012.	26,419,601.	134,685,706.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	93,890.	112,828.	155,170.	466,933.	251,268.	1,080,089.
9	Net income from unrelated business	7 7 7 7 7 7	,				
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							135,765,795.
12	Gross receipts from related activities,	etc (see instruction	one)			12	200,700,700,
13	First 5 years. If the Form 990 is for the	•		fourth or fifth tax	vear as a section F		
.0	organization, check this box and stor	. la aua				001(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I			column (f))		14	99.20 %
15	Public support percentage from 2020					15	99.27 %
16a	33 1/3% support test - 2021. If the o						x and
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		*	-	•		
h	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	•				•	. 570 0.
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
	i invate iounidation. Il the organizatio	an alla flot officiol a	557 OH III G 10, 100	a, 100, 17a, 01 17k	, or look trills box a	ina occinonacion	·

Schedule A (Form 990) 2021

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

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

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization'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	1					
3 received from disqualified person	s					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	<u>.</u>		
	9b		
	9с		
	10a		
	.54		
	10b		
dule	A (Forr	n 990)	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8 <i>A</i>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d T	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	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
S	see instructions).	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	Enter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 li	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

2021

OMB No. 1545-0047

Name of the organization Employer identification number

COASTAL BEND FOOD BANK 74-2234089 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 General Rule or a Special Rule. Note: 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 1/3% 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. 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

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

COASTAL BEND FOOD BANK

74-2234089

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	H E BUTT GROCERY PO BOX 839944 SAN ANTONIO, TX 78283-3944	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WALMART 4833 SPID CORPUS CHRISTI, TX 78411	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VARIOUS VARIOUS CORPUS CHRISTI, TX 78411		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TEXAS DEPARTMENT OF AGRICULTURE 1700 N CONGRESS, 11TH FLOOR AUSTIN, TX 78701	\$6,195,691.	Person Payroll Noncash X (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
123452 11-1			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

COASTAL BEND FOOD BANK

74-2234089

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD		
		\$3,033,744.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$315,546.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		\$8,364,860.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD		
		\$ 6,195,691.	08/31/22
(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
		\$	
100450 11 1			Calcadula B (Farm 000) (0004)

Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 74-2234089 COASTAL BEND FOOD BANK Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

COASTAL BEND FOOD BANK

Employer identification number 74-2234089

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered Tes on Tollin 556, Fartiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	.,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	· —	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	,		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		I I
2	listed in the National Register Number of conservation easements modified, transferred, re		
3	year	eleased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_			Tanon sassinonio daning and year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	-	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul	•	•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance 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 tre	-	ain, provide
_	the following amounts required to be reported under FASB A		• •
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining (Collections of A	rt, Histo	rical Tr	easures, c	or Othe	r Similar <i>I</i>	Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	any of the	following tha	t make si	gnificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗌 Lo	an or exc	hange progra	am					
b	Scholarly research	е	· 🗌 01	her							
С	Preservation for future generations										
4	Provide a description of the organization's of	collections and explai	n how the	y further t	he organizati	on's exem	npt purpose	in Part X	III.		
5	During the year, did the organization solicit										
	to be sold to raise funds rather than to be m	naintained as part of t	the organiz	zation's c	ollection?				′ es		No
Pai	t IV Escrow and Custodial Arrar	ngements. Comple	ete if the o	rganizatio	n answered '	'Yes" on I	orm 990, Pa	art IV, line	e 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for co	ntribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?							🔲 ነ	′ es		No
b	If "Yes," explain the arrangement in Part XIII										
								Α	mount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?	🔲 🕯	/es		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	kplanation	has been	provided on	Part XIII]
Pai	t V Endowment Funds. Complete	if the organization ar	swered "\	es" on F	orm 990, Part	IV, line 10	٥.				
	•	(a) Current year	(b) Prid	or year	(c) Two year	s back (d) Three years	back (e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g,	column (a	a)) held as:	•		•			
а	Board designated or quasi-endowment	•	%	•							
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
За	Are there endowment funds not in the poss		ation that	are held a	and administe	red for th	e organizatio	n			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz								3b	Ì	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fu	nds.				_			
Pai	t VI Land, Buildings, and Equipr	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Bool	value	—— Э
		basis (investr	ment)	basis	(other)	depi	reciation				
1a	Land			1,02	6,295.			1	,020	5,2	95.
	Buildings										
	Leasehold improvements										
	Equipment			1,70	4,877.	1,0	61,564	•	64	3,3	13.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e		X, column	(B), line	10c.)		>	1	,669	9,6	08.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COASTAL BENI Part VII Investments - Other Securities.	Y LOOP DWIN	74-	2234089 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives	(b) Book value	(e) Wellied of Valdation. Cool of Cha	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) 5
CONCEDUCATION IN DESCRIPTION	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			6,482,144
(2) ASSETS HELD FOR LATER USE (3) OPERATING LEASE RIGHT-OF-U	TOP ACCEMO		17,478
(=)	DE ASSETS		1/,4/0
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		6,790,368
Part X Other Liabilities.	13.)		0,150,500
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 110 01 111. 000 1 01111 990, 1 att X, illie 20.	(b) Book value
(1) Federal income taxes			(a) Book value
(2) OPERATING LEASE OBLIGATION	IS		17,478
(0)			_,,_,

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE OBLIGATIONS	17,478.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,478.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" on Form 990, Pa	·	_	L 00 FC0 200
1	Total revenue, gains, and other support per audited financial stateme	nts	. 1	28,762,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 201 120		
а	Net unrealized gains (losses) on investments		_	
b	Donated services and use of facilities		_	
	Recoveries of prior year grants		_	
	Other (Describe in Part XIII.)	<u> </u>		1 201 120
	Add lines 2a through 2d			-1,381,132.
3	Subtract line 2e from line 1		3	30,143,454.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)	5 V Dot	30,143,454.
Par	rt XII Reconciliation of Expenses per Audited Financ	-	r Rell	arn.
	Complete if the organization answered "Yes" on Form 990, Pa		 	26,291,598.
1	Total expenses and losses per audited financial statements		1	20,291,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
_	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
			_	_
	Add lines 2a through 2d			0. 26,291,598.
3	Subtract line 2e from line 1		3	20,291,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b		_	
		•	٠,	0.
	Add lines 4a and 4b			26,291,598.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Int XIII Supplemental Information.	, iiile 18.)	. 5	20,271,370.
ines				
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization

COASTAL BEND FOOD BANK

Employer identification number

74-2234089 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 COASTAL BEND FOOD BANK 74-2234089 Page 2 Part II 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 SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (total number) (event type) 272,576 272,576. 1 Gross receipts 2 Less: Contributions 272,576. 272,576. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 6,505. 9 Other direct expenses 6,505. 10 Direct expense summary. Add lines 4 through 9 in column (d) 266,071 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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 (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990) 2021

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain:

b If "Yes," explain:

132082 10-21-21

Schedule G	(Form 990)	COASTAL BE	END FOOD	BANK	74-2234089	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)				
		,				
-						
-						
-						
•						
_						

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

COASTAL BEND FOOD BANK

Employer identification number
74-2234089

Par	rt I Types of Property							
		(a)	(b) Number of	(c)	n	(d)		
		Check if applicable	contributions or	Noncash contribution amounts reported of		lethod of determin ash contribution a	•	c
		арріїсавіс		Form 990, Part VIII, lin		asir contribution at	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	4	19,909,84	41.			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, lines 1	through 28, tha	tit		
	must hold for at least three years from the date	of the initia	al contribution, and	l which isn't required to	be used for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard co	ntributions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell non	ıcash			
	contributions?			·		32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) i	s checked,			
	describe in Part II.							
НΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	0		Schedule M (Forr	n 000)	2021

Schedule M (Form 990) 202

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

COASTAL BEND FOOD BANK

Employer identification number 74-2234089

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISTRIBUTE IT TO SOCIAL AGENCIES WHICH FEED THE NEEDY
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - THE BOARD REVIEWS THE TAX RETURN PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
A CERTIFICATE REGARDING CONFLICTS OF INTEREST FORM IS SIGN BY EACH DIRECTOR
ON THE BOARD EACH YEAR. THE COASTAL BEND FOOD BANK DOCUMENTS ANY DECISIONS
RELATED TO TRANSACTIONS INVOLVING A CONFLICT ON INTEREST IN THE MONTHLY
MINUTES.
FORM 990, PART VI, SECTION B, LINE 15:
ALL EMPLOYEES RECEIVE A YEARLY EVALUATION ON THEIR PERFORMANCE BY THEIR
MANAGERS AND THE EXECUTIVE DIRECTOR RECEIVES EVALUATION BY THE BOARD
PRESIDENT. COMPENSATION REGARDING EXECUTIVE DIRECTOR, IS DETERMINED BY THE
BOARD OF DIRECTORS FOR APPROVAL. ALL OTHER EMPLOYEES ARE DETERMINED BY THE
EXECUTIVE DIRECTOR, WHICH IS THEN PRESENTED TO ALL THE BOARD OF DIRECTORS
FOR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

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

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 74-2234089 COASTAL BEND FOOD BANK

Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 3	33.				
(a)	(b)	(c)	(d)	(e))	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		controlling ntity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-exe	mpt	
(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	(f) Direct controlling entity	conti	rolled
				501(c)(3))		Yes	No
CBFB HOLDINGS INC - 88-1932536 826 KRILL ST	SUPPORT COASTAL BEND FOOD				COASTAL BEND FOOD		
CORPUS CHRISTI, TX 78408	BANK COASTAL BEND FOOD	TEXAS	501C3	509A3 TYPE 1	BANK	(f) controlling entity (g) Section 512(b)(13) controlled entity? Yes No	
	\dashv						

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

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

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash	+	
	1											
	1											
										\vdash	_	
	-											
										Ш		
	1											
	1											
										_		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	tion b)(13) rolled tity?
		country)		or tracty				Yes	No
									
	-								
								L	<u> </u>

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		<u> </u>			
b Gift, grant, or capital contribution to related organization(s)				1b	Х				
c Gift, grant, or capital contribution from related organization(s)				1c		X			
d Loans or loan guarantees to or for related organization(s)				1d	X				
e Loans or loan guarantees by related organization(s)				1e		X			
f Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)				1 g		X			
h Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
I Performance of services or membership or fundraising solicitations for related orga				11		X			
m Performance of services or membership or fundraising solicitations by related orga				1m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		X			
o Sharing of paid employees with related organization(s)									
						X			
p Reimbursement paid to related organization(s) for expenses									
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1									
r Other transfer of cash or property to related organization(s)									
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 w									
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) CBFB HOLDINGS INC	D	27,699,443.	LOAN CARRYING VALUE (NMT	C)					
(2) CBFB HOLDINGS INC	В	3,746,236.	CAPITAL CONTRIBUTION (CA	SH)					
(3) CBFB HOLDINGS INC	R	4,843,258.	FIXED ASSET LISTING (COST)						
(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, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or Peging ov	(k) ercentage wnership
	_	,	30000110 0 12 0 11)	Yes	No			Yes	No	((6)111 1000)	Yes	NO	
	-												
	-												
	- - -												
	-												
	-												
]									Cabadula			