2939334104235 9

(and proxy tax under section 6033(e))	
	118
	J 10
	blic Inspection for ganizations Only
A Check box if address changed Name of organization (Check box if name changed and see instructions.) Demployer identify (Employer identify true instructions) Demployers true instructions.)	cation number t, see
B Exempt under section Print THE D.C. CENTRAL KITCHEN, INC. 52-15	84936
X 501(cm/3) or Type Number, street, and room or suite no. If a P.O. box, see instructions.	ss activity code
425 ZND STREET NW	
L 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001 900099	
C Book value of all assets at end of year F Group exemption number (See instructions.)	
5,689,080. G Check organization type \blacktriangleright X 501(c) corporation 501(c) trust 401(a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated	
trade or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one	,
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or	
business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X	No
If "Yes," enter the name and identifying number of the parent corporation.	טאו ר
J The books are in care of ► GLENDA COGNEVICH Telephone number ► 202-234-	0707
	(C) Net
1a Gross receipts or sales	, ,
b Less returns and allowances c Balance la 1c	* -
2 Cost of goods sold (Schedule A, line 7)	~ , , ,
3 Gross profit, Subtract line 2 from line 1c	
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6	
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I) 10	
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule)	
13 Total. Combine lines 3 through 12 13 0.	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages 15	
16 Repairs and maintenance	
17 Bad debts	
Interest (attach schedule) (see instructions) 18	
19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 2 20	1,425.
21 Depreciation (attach Form 4562)	1,4254
22 Less depreciation claimed on Schedule A and eisewheld on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employeethereft programs	
24 Contributions to deferred compensation plans CGDEN	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J)	
28 Other deductions (attach schedule) SEE STATEMENT 3 28	500.
29 Total deductions. Add lines 14 through 28	1,925.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	<u>-1,925.</u>
by bootstori for the operating loss arising in ax years beginning on or after buriedly 1, 20 to (see instructions)	-1,925.
	990-T (2018)

Form 990-1	(2018) THE D.C. CENTRAL KITCHEN, INC.	52-158	4936	Page 2
Part I	Total Unrelated Business Taxable Income		•	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-1,925.
34	Amounts paid for disallowed fringes		34	15,748.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	13,823.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	13,823.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			· -
	enter the smaller of zero or line 36		38	12,823.
Part I	V Tax Computation			· · · · · · · · · · · · · · · · · · ·
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	2,693.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	Í		·
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	•	41	.,
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	2,693.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800 45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	•	46	2,693.
47		tach schedule)	47	2,055.
48	Total tax. Add lines 46 and 47 (see instructions)	lach schedule)	48	2,693.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	2,033.
	Payments: A 2017 overpayment credited to 2018		45	
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c	2,693.	{. ′ 	
	`	2,000	ł′	
	Foreign organizations: Tax paid or withheld at source (see instructions) 8 ackup withholding (see instructions) 50e		1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	· · · · · ·	· ·	
	Other credits, adjustments, and payments: Form 2439			
y				
E 1	Total payments. Add lines 50a through 50g Total payments. Add lines 50a through 50g		51	2,693.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	114.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	114.
54			54	111.
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refu	adad F	55	
Part \			33_	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	10(15)		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			7.7
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				ı x
E 7	here	an trust?		$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the received the proposition may have to the	gii ii ustr		<u>^</u>
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	a bast of my know	wledge and bel	ef. it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	9		
Here	11/13/19 \ CFO		•	uss this return with
	Signature of officer Date Title		e preparer show structions)?	_ `_
		heck r		
	PICHARD I LOCACIDO	elf- employed		
Paid	CDA (Rechard & Adeast) 11/13/2019	en- employed	Pnng	288314
Prepa	IFER CEL MAN DOCEMBERG & EREEDMAN	Firm's EIM 🛌		1392008
Use C	Only 4550 MONTGOMERY AVE SUITE 800N	Firm's EIN 🕨	J4	1372000
		Phone no. (301)	951-9090
823711 01	· · · · · · · · · · · · · · · · · · ·	10 (m 990-T (2018

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	valuation ► N/A			
1° Inventory at beginning of year	1		_	Inventory at end of year			6
2 Purchases	2	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3	from line 5. Enter here and in Part I,				Part I,	
4a Additional section 263A costs			1	line 2		·	7
(attach schedule)	4a		8	with respect to	Yes No		
b Other costs (attach schedule)	4b		1	property produced or a	•	•	<u> </u>
5 Total. Add lines 1 through 4b	5		1	the organization?	•	,,	
Schedule C - Rent Income	(From Real	Property and	d Pe	rsonal Property I	Lease	ed With Real Prop	erty)
(see instructions)	•					•	
1. Description of property							
(1)							
(2)				-			
(3)	-	-					
(4)		•					
	2. Rent receive	ed or accrued				0/-10	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	ersona	sonal property (if the percenta Il property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstrı	uctions)			
				2. Gross income from		3. Deductions directly conne to debt-finance	ected with or allocable d property
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
/1\			 			· · · · · ·	
(1) (2) -			╁─		-		
(3)			╁				
(4)			+				
4. Amount of average acquisition	5. Average	adjusted basis		6. Column 4 divided		7. Gross income	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to inced property h schedule)		by column 5	,	reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)		•		%			
(4)				%			
						inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0.	0.
Total dividends-received deductions in	cluded in columi	n 8				>	0.
							Form 990-T (2018)

Schedule F - Interest,	Annuitie	s, Roya	lties, aı					zatio	ns (see ins	structio	ons)
6 .				Exempt	Controlled O	rganizat	ions				
1. Name of controlled organiza	tion	2. Em identifi num	cation		related income a instructions)	4. To pay	tal of specified ments made	of specified ints made included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)								╁			
(3)		<u> </u>						<u> </u>			
						-		 		-	
(4)		<u> </u>				1		<u> </u>			
Nonexempt Controlled Organi	1						г:.				
7. Taxable Income		inrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of colu- in the controll gross		nization's	11. c	Deductions directly connected with income in column 10
(1)			-	<u> </u>				-			
				 						 	
(2)										├	· · · · · · · · · · · · · · · · · · ·
(3)	 			ļ						├	
(4)	<u> </u>			L							
							Add colur Enter here and line 8, 4		e 1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme	ent Inco	me of a	Section	501(c)(7) (9) or	(17) O	rganization				
	ructions)	ille oi a	Section	1 30 1(0)(<i>i j</i> , (9), Oi	(17) 0	gamzanoi	•			
(555 1150					1		3. Deduction	ne	1		5. Total deductions
1. Desc	ription of inco	me			2. Amount of	Income	directly conne	ected	4. Set-	asides schedule)	and set-asides
					-		(attach sched	dule)	(attach s	scriedulej	(col 3 plus col 4)
(1)									<u> </u>		
(2)											
(3)							I		I	-	
(4)											
					Enter here and	on page 1,			·	ų.	Enter here and on page 1,
					Part I, line 9, co	olumn (A)			. *		Part I, line 9, column (B)
Takala						^	'				
Totals					<u> </u>	0.			•		<u>- 0.</u>
Schedule I - Exploited (see instru	•	Activity	y Incom	ie, Othe	r Inan Ad	ivertis	ing Incom	В			
1. Description of exploited activity	2. 0 unrelated incom	Gross I business ie from business	directly of with proof un	penses connected oduction related is income	4. Net incor from unrelate business (c minus colum gain, comput through	d trade or olumn 2 in 3) If a le cols 5	5. Gross income from activity is not unrelabusiness income	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											· · · · · · · · · · · · · · · · · · ·
	1	•			 - -	-	<u> </u>				
(2)											
(3)					ļ		ļ				
(4)							<u> </u>		<u> </u>		
		re and on I, Part I,		ere and on 1, Part I,	j,						Enter here and on page 1,
	line 10,	col (A)	line 10	, col (B)]' ^				•		Part II, line 26
Totals -		0.		0.			-		• .		0.
Schedule J - Advertisi	ng Inco	me (see	instructio	ns)							
Part I Income From					solidated	Basis	· · · · · · · · · · · · · · · · · · ·				***************************************
T dat 1	. 0110410	Jaio I Iop		u •••	.oonaatot	- Daoid					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c	tising gain of 2 minus jain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			\rightarrow						 		+
				 	- · ; ́	• ,			-		\dashv
(2)					- ,		<u> </u>	-			⊣ ` ა
(3)			\longrightarrow		⊣ ′.		. • . [-
(4)					٠, ٠	-					
Totals (carry to Part II, line (5))	<u> </u>		0.	C).						0.
											Form 990-T (2018

Form 990-T (2018) THE D.C. CENTRAL KITCHEN, INC. 52-15849 Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	医多见公室 (98)	""。"数据的基础是 "	Mary Color	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	MAR ARCHI	Mark All States		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

F ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1	
INGE BENEFITS			
CONTRIBUTIONS	STATEMENT	2	
METHOD USED TO DETERMINE FMV	AMOUNT		
CONTRIBUTIONS N/A			
LINE 20	45,99)5.	
OTHER DEDUCTIONS	STATEMENT	3	
	AMOUNT		
	50	00.	
LINE 28	50	00.	
	BUSINESS ACTIVITY INGE BENEFITS CONTRIBUTIONS METHOD USED TO DETERMINE FMV N/A LINE 20 OTHER DEDUCTIONS	BUSINESS ACTIVITY INGE BENEFITS CONTRIBUTIONS STATEMENT METHOD USED TO DETERMINE FMV AMOUNT N/A 45,99 LINE 20 OTHER DEDUCTIONS STATEMENT AMOUNT 50	

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017		
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS 45,995		
	TRIBUTIONS AVAILABLE 45,995 ICOME LIMITATION AS ADJUSTED 1,425		
EXCESS 100	CONTRIBUTIONS 44,570 08 CONTRIBUTIONS 0 CONTRIBUTIONS 44,570 CSS CONTRIBUTIONS 44,570		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	1,4	25
TOTAL CON	TRIBUTION DEDUCTION	1,4	25