2939308605409 1906

Form 990-T	** AMENDED RETO						* * I	OMB No 1545-0687
Faiii 330-1	(and proxy tax under section 6033(e))							
	For calendar year 2018 or other tax y					N 30, 201	ا و.	2018
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.							
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)						(Emp	oyar identification number loyees' trust, see actions)
B Exempt under section	Print THE D.C. CENTRAL KITCHEN, INC.						52-1584936	
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions. Type A 2 F. 2 N.D. CMD First No.						E Unrel	ated business activity code nstructions)
408(e) 220(e)	425 2ND STREET NW							
408A530(a) 529(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								
	80 . G Check organization type		oration	15	01(c) trust	401(a)		Other trust
	organization's unrelated trades or		1 —		_	the only (or first) un		
	REPEAL OF SECT					complete Parts I-V.		
business, then complete	ank space at the end of the previo	us sentence, complete Pa	ırts ı an	ia II, comple	te a Schedule	M for each addition	iai trade	e or
	the corporation a subsidiary in an	affiliated aroun or a narer	nt-eube	idiani contro	alled group?	N I	Ye	s No
	nd identifying number of the pare		เเ-อนบอ	idiai y Contro	nicu group?		16	3 NU
	► GLENDA COGNE				Telepho	one number > 2	02-	234-0707
	Trade or Business In			(A) in	come	(B) Expenses		(C) Net
1a Gross receipts or sale	<u> </u>					<u> </u>		
b Less returns and allow	vances	c Balance	1c					
2 Cost of goods sold (S	chedule A, line 7)	Λ.	2					
3 Gross profit. Subtract	line 2 from line 1c		3					
4a Capital gain net income (attach Schedule D)								
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								
c Capital loss deduction			4c					
· · ·	partnership or an S corporation (a	ttach statement)	5					
6 Rent income (Schedul		•	6 7			· · · · · · · · · · · · · · · · · · ·		
7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					-			
 Interest, annuities, royalties, and rents from a controlled organization (schedule f). Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). 			8					
	•					7		
11 Advertising income (S			11					
12 Other income (See ins	tructions; attach schedule)		12					
13 Total. Combine lines			13		0.	=		
	ns Not Taken Elsewhe							
	ontributions, deductions mus		J WILL	tne unrelat	ea business	income.)		
·	cers, directors, and trustees (Sch	edule K)					14	
15 Salaries and wages		1000	א ד		•	-	15 16	
16 Repairs and mainten17 Bad debts	ance .	102	ťД	\bigcirc			17	
	dule) (see instructions)					•	18	
19 Taxes and licenses	idic) (see ilisa dedolis)	** *	•				19	
	• • • • • • • • • • • • • • • • • • • •							
21 Depreciation (attach	·		•		21	•		
22 Less depreciation cla	imed on Schedule A and elsewhe	re on return		•	22a		22b	
23 Depletion	••						23	
24 Contributions to deferred compensation plans						24		
25 Employee benefit programs						25		
26 Excess exempt exper				••			26	
27 Excess readership co	The state of the s	•					27	
28 Other deductions (attach schedule)						28	0.	
29 Total deductions. Add lines 14 through 28						29	0.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						30	<u> </u>	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30						32	0.	
	r Paperwork Reduction Act Notic		<u>.</u>				1. 72	Form 990-T (2018)

Form 990-	T(2018) THE D.C. CENTRAL KITCHEN, INC. 52-	158493	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
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	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
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	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	<u>.</u>
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	0.
Part \			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	· · · · · · · · · · · · · · · · · · ·		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	edule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments		
C	Tax deposited with Form 8868 50c 2, 6	93.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions) . 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 501		
g	Other credits, adjustments, and payments: Form 2439		
		14.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	. 51	2,807.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,807.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	5 5	2,807.
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	!?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
	Under panalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	rny knowledge ar	nd belief, it is true,
Sign	$\frac{1}{2}$	May the IRS	discuss this return with
Here	10/28/20 CFO		r shown below (see
	Signature of officer Date Title)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check L	ıf PTII	V
Paid	RICHARD J. LOCASTRO, self-emp		
Prepa	CPA CPA		00288314
Use (Inim's name GELMAN, ROSENBERG & FREEDMAN Firm's	in ▶ 5	2-1392008
JJ0 (4550 MONTGOMERY AVE SUITE 800N		
	Firm's address ▶ BETHESDA, MD 20814-2930 Phone	10. (301) 951-9090
000744 0	1.00.10		Form 990-T (2018)

FOOTNOTES

STATEMENT

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AMENDED RETURN:

THE FOLLOWING LINES CHANGED DUE TO THE REPEAL OF SECTION 512(A)(7): PART II, LINES 20, 28, 29, 30, 32 PART III, LINES 33, 34, 36, 38 PART IV, LINES 39, 44 PART V, LINES 46, 48, 52-55

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		TOUOMA
ESTIMATED TAX PENALTY		114.
TOTAL INCLUDED ON FORM 9	990-T, PAGE 2, PART V, LINE 50G	114.

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