8	EX	TENDED TO MA	Y 1	.5, 2020	10	104)			
Form 990-T	Exempt Orga	nization Bus	ine	ss Income T	ax Retur	n'∼ I	OMB No 1545-0687			
	(a	ind proxy tax und	er se	ction 6033(e))	•		0040			
	For calendar year 2018 or other tax ye	ar beginning JUL 1,	20	18 , and ending $$ $$ $$ $$ $$ $$	N 30, 20	<u> 19</u>	2018			
Department of the Treasury	_	Go to www irs gov/Form990T for instructions and the latest information. Open to Public Inspection for								
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). 501(c)(3) Organizations Only									
A Check box if	Name of organization (Name of organization (
address changed	3 77 3 3 77 3 60 3	int ATLANTA COMMUNITY FOOD BANK, INC. 58-1376648								
B Exempt under section							8-1376648 ated business activity code			
X 501(C (23) 408(e) 220(e)	Tues (Nulliber, Street, and root	m or suite no. If a P.O. box E LOWERY BL	•				nstructions)			
						\dashv				
408A530(a)	ATLANTA, GA	ovince, country, and ZIP or 30318-665		n postar code						
Book value of all assets	F Group exemption num		<u> </u>	•			<u></u>			
77,046,3			oration	501(c) trust	401(a) trust	Other trust			
H Enter the number of the	organization's unrelated trades or	businesses. 🕨	1	Describe	the only (or first) t	ınrelated				
trade or business here		-		If only one	, complete Parts I-\	/ If more	than one,			
describe the first in the b	ank space at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedul	e M for each additio	nal trade	or			
business, then complete										
	the corporation a subsidiary in an		nt-subsi	diary controlled group?		Ye	es X No			
	nd identifying number of the pare	nt corporation				404	000 0000			
	► DEBRA SHOAF Trade or Business Inc	come		(A) Income	one number (B) Expense		(C) Net			
		,	Г	(A) illcolle	(D) Expense		(O) NET			
 1a Gross receipts or sale b Less returns and allow 		c Balance	1 _C							
2 Cost of goods sold (S] C Dalarice	2		-		i			
3 Gross profit Subtract	•		3			-				
4a Capital gain net incon			4a	_						
b Net gain (loss) (Form	4797, Part II, line 17) (attach Fori	n 4797)	4b							
c Capital loss deduction	for trusts		4c							
5 Income (loss) from a	partnership or an S corporation (a	ittach statement)	5							
6 Rent income (Schedu	le C)		6	_	-					
	ed income (Schedule E)		7		<u> </u>					
	alties, and rents from a controlled	=	8		_					
	a section 501(c)(7), (9), or (17) on (17) on (17) on (17) on (17) on (18), or (17) on (18), or (18), o	organization (Schedule G)	10		 					
10 Exploited exempt acti11 Advertising income (\$\frac{3}{2}\$	· · · · · · · · · · · · · · · · · · ·		11							
= ,	structions; attach schedule)		12	- :	<u> </u>					
13 Total. Combine lines	•		13	0.						
	ns Not Taken Elsewhe	re (See instructions fo	r lımıta	ations on deductions)						
(Except for a	contributions, deductions mus	t be directly connected	with t	he unrelated business	s income)					
14 Compensation of off	cers, directors, and trustees (Sch	, , , , , , , , , , , , , , , , , , , ,				14				
15 Salaries and wages		l RE	CE	IVED		15				
16 Repairs and mainten	ance			၂ပ္ပ		16				
17 Bad debts	dla\ /aaa .maku.mkama\	DE 1884	C 3	0 2019		17_				
•	dule) (see instructions)	<u> </u>		RS		18 19				
	ons (See instructions for limitation	rules)	: n =	N. UT		20				
21 Depreciation (attach	•	110103)		-21-						
, ,	umed on Schedule A and elsewhe	re on return		22a		22b				
23 Depletion						23				
•	rred compensation plans					24				
25 Employee benefit pro	grams					25				
26 Excess exempt expe	• •					26				
27 Excess readership co	•					27_				
28 Other deductions (at	•					28	0.			
	dd lines 14 through 28	a loog doduction Cultima	t line Of) from line 10		29	0.			
	axable income before net operatin	-				30				
	erating loss arising in tax years bi axable income. Subtract line 31 fr	-	iy i, 2U	, io (see monucuons)		32	0.			
	axable income. Subtract line 31 fr					1 32	Form 990-T (2018)			

Ga

10/11/330-	1 (2010)	AIDANIA COMMONII		٠ يا		20-13	70040)		raye z
Part	111 7	Total Unrelated Business Ta	xable Income							
33	Total	of unrelated business taxable income cor	nputed from all unrelated trades of	r businesses (se	e instructions)		_33			0.
34	Amou	ints paid for disallowed fringes					34			
35	Dedu	ction for net operating loss arising in tax	years beginning before January 1,	2018 (see instru	ictions)		35			
36	Total	of unrelated business taxable income bef	ore specific deduction. Subtract fir	e 35 from the s	um of					
	lines :	33 and 34				444	36			
37	Speci	fic deduction (Generally \$1,000, but see I	ine 37 instructions for exceptions)			- 4	37		1,00	00.
38	38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,									
		the smaller of zero or line 36		,	,	2	<i>P</i> [] ₈			0.
Part	V 1	ax Computation			· · · · · · · · · · · · · · · · · · ·		, 4			
39		uzations Taxable as Corporations. Mult	ioly line 38 by 21% (0.21)				▶ 39			0.
40	•	Taxable at Trust Rates. See instruction		on the amount	on line 38 from	.				
70		Tax rate schedule or Schedule D		on the amount	on mic 00 mon		▶ 40			
41		tax. See instructions	(101111 1041)				► 41			
42	-	ative minimum tax (trusts only)				•	42			
		n Noncompliant Facility Income. See in	rtructions	•						_
43		Add lines 41, 42, and 43 to line 39 or 40	• •				43			0.
Part V		ax and Payments	, willchever applies		•		44			<u> </u>
		n tax credit (corporations attach Form 1	119: trusta attach Form 1116\		45a		· -			
			ino, musis attach rollin 1110)				┥			
b		credits (see instructions)			45b					
C		al business credit. Attach Form 3800		-	45c					
a		for prior year minimum tax (attach Form	1880 i Gr 8827)	•	45d		┥			
e		credits. Add lines 45a through 45d					45e			
46		act line 45e from line 44			—		46			0.
47		taxes. Check if from: Form 4255		Form 88	66 U Othe	IT (attach schedule				_
48		tax. Add lines 46 and 47 (see instruction					48			0.
49		net 965 tax liability paid from Form 965-		k), line 2	11		49			0.
50 a	-	ents: A 2017 overpayment credited to 20	118	-	50a					
b		estimated tax payments			50b					
C		eposited with Form 8868			50c					
		in organizations. Tax paid or withheld at s	source (see instructions)		50d		⊣ ∣			
е		p withholding (see instructions)		•	50e		_			
f	Credit	t for small employer health insurance pre	miums (attach Form 8941)		50f		_			
g		credits, adjustments, and payments:	Form 2439		<u> </u>					
	Ш	Form 4136	Other	_ Total 🕨	50g		_			
51	Total	payments. Add lines 50a through 50g	<u>.</u>		•		51			
52		ated tax penalty (see instructions), Check				-	52			
53		ue. If line 51 is less than the total of lines				. •	▶ 53			
54		ayment. If line 51 is larger than the total		unt overpaid		•	▶ 54			
55		the amount of line 54 you want: Credited				Refunded 🕨	55			
Part '	VI S	Statements Regarding Certa	in Activities and Other	Informatio	n (see insti	uctions)				
56	At any	time during the 2018 calendar year, did	the organization have an interest i	n or a signature	or other autho	rıty			Yes	No
	over a	financial account (bank, securities, or ot	her) in a foreign country? If "Yes,"	the organization	may have to f	ile				
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts, If "Yes," enter	the name of the	foreign countr	у				
	here	>								X
57	Durin	g the tax year, did the organization receiv	e a distribution from, or was it the	grantor of, or tr	ansferor to, a t	foreign trust?				X
		s," see instructions for other forms the or			•	· ·		• 1		
58		the amount of tax-exempt interest receive	-	▶ \$						
	Un	der penalties of perjury, I declare that I have exam	nined this return, including accompanying	schedules and sta	tements, and to t	he best of my know	wledge and b	elief, It Is true		
Sign	CO	rect, and complete Declaration of preparer (other	r than taxpayer) is based on all information	CHIEF F	TNANCI	ÄL ı				
Here		LYNNA ONO	CKT 12/12/19 L	OFFICER				5 discuss this r shown belov		ıth
		Signature of officer	Date	Title		-)? X Ye	·	No
		Print/Type preparer's name	Preparer's signature	Da	te	Check	ıf PTII			,
Date		rypo proparor o namo	i ropurer a signature	ا ا		self- employ		•		
Paid		KRISTEN LEWIS	KRISTEN LEWIS	h a	2/11/19			01274	136	
Prepa	31 CI	Firm's name ► WARREN AVE		μ.	.,,			5-408		7
Use (July		OURSE PARKWAY,	CIITME 6	0.0	Firm's EIN	- 4	7-400	= + 3	<u></u>
		Firm's address ► ATLANTA,		DOTIE 0	0 0	Dhane	770	30 <i>C</i> 1	100	
		THE PROPERTY IN A PARTIE IN THE PARTY IN THE	<u>GA 30320</u>			Phone no.	<u> </u>	<u>396-1</u> :	TUU	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	
2 Purchases	2		7	Cost of goods sold Si	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
 Other costs (attach schedule) 	4b		_	property produced or a	acquire	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Propo	erty)	
1. Description of property								
(1)								
(2)								<u></u>
(3)								<u> </u>
(4)		_				1		
		red or accrued				3(a) Deductions directly	connected	with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an		
(1)		<u> </u>						
(2)								
(3)								
(4)								
Total	0.	Total			0.	(h) Total daduations		
(c) Total income Add totals of columns		iter			^	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0
here and on page 1, Part I, line 6, colum Schedule E - Unrelated Del		Income (see	netri	ctions)	0.	Part I, tine 6, column (B)	<u> </u>	
Concadie E - Officialed Del	ot-i ilianoeu	moone (see	Instru	Ctions)	Τ	3 Deductions directly conn	ected with	or allocable
			2	Gross income from		to debt-finance	ed property	y
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(1	Other deductions (attach schedule)
(1)			+		 			
(2)		·	┪			·		·
(3)								
(4)		-						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property h schedule)	(Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deductions umn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%	ĺ	· -		
(3)				%				
(4)				%				
						Inter here and on page 1, Part I, line 7, column (A)		er here and on page 1, rt I, line 7, column (B)
Totals				•		0.		0.
Total dividends-received deductions	ncluded in columi	n 8		•		•		0.

- 1	٥,	~	_
	га	u	e

Schedule F - Interest,	Annuitie	s, Royalt	ies, and		From Co Controlled O			itions	(see ins	truction	s)
			ŀ			Ť .		Γ_			
1 Name of controlled organizat	ion	2 Emp Identific numb	ation		elated income instructions)		al of specified nents made	include	t of column 4 t ad in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)			-								
(2)											
(3)			•								
(4)											
Nonexempt Controlled Organi	zatione	L									
					4 6 . 1		40.5.1.1.1			44.5	
7. Taxable Income		nrelated incom ee instructions		y rotar	of specified payr made	nents	10 Part of column the controllingross	mn 9 that ing organ s income	is included ization's	11 Dec	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)	<u> </u>										
_(4)	<u> </u>										
							Add colun Enter here and tine 8, 4		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)/7	'). (9) or (17) Ord	anization				•
(see insti				(0)(1	,, (o _j , o _i (, ৩.৬	,				
,	ription of inco	me			2 Amount of	ıncome	3 Deduction	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)							(41,441,144,144,144,144,144,144,144,144,				(cor o pros cor 4)
(2)								-			
(3)											
(4)					r						
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income				-
1 Description of exploited activity	2 G unrelated incom- trade or t	business e from	3. Exp directly co with pro- of unre- business	onnected duction elated	4. Net incomfrom unrelated business (cominus columinus columinus compute through	I trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	<u> </u>				<u> </u>						
(3)	1		<u>-</u>		 						
								-			
_(4)	Enter her page 1 line 10,	, Parti, col (A)	Enter hero page 1, fine 10, o	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisin	na Incon	0 • ne (see in	struction	<u> </u>	L						0.
Part I Income From		•		•	netshilos	Racie					·
rare income from		ais riept		1 a Oon.	Solidated	Da313					
1 Name of periodical		2 Gross advertising income		Direct rtising costs	4 Advert or (loss) (c col 3) If a ga cols 5 th	of 2 minus ain, computi	5. Circulati		6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-					
(2)					7						
(3)	- 		- 		7						
(4)	-		+-	·	\dashv						
(7)			+-		+		 				
Totals (carry to Part II, line (5))	•).	0	•						0. Form 990-T (2018

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.				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)	<u> </u>	0.	0.	-			0.

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

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

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