Return of Organization Exempt From Income Tax

OMB No. 1545-0047

29493 1 21 1 1 9 0 2

OMB No. 1545-0047

2019

2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Form (Rev January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2019 c	alendar year, or tax year beginning , and ending			τ ,	
В	Check if app	plicable	C Name of organization			D Employe	er identification number
	Address cha	ange	ETOWAH COMMUNITY FOOD BANK, I	INC			
\Box	Name chang	nge .	Doing business as		Room/suite		843618
片		·	Number and street (or P O box if mail is not delivered to street address) POST OFFICE BOX 1175	E Telephor	ne number 492-8263		
님	Initial return Final return		230	492-0203			
\sqcup	terminated		City or town, state or province, country, and ZIP or foreign postal code GADSDEN AL 35902			- 0	45 100
	Amended re	etum	F Name and address of principal officer		T	G Gross rec	zepts\$ 45,100
\Box	Application	pendina	JANELL SMITH		H(a) is this a gro	up return for s	subordinates? Yes X No
	триососи.		P.O. BOX 1175		H(b) Are all sub	ordinatos inc	June Yes No
			GADSDEN AL 35902	TY	1		(see instructions)
	-			1 507	∤ ′		(
÷	Tax-exemp Website:		X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	Wa) Carre		
<u>-</u>	Form of org	 -	X Corporation Trust Association Other ▶	1. v	H(c) Group exert ear of formation: 1		M State of legal domicile AL
*****	art		Immary		ca di formation. 4		I M State of legal conflictic ZZZZ
	T		scribe the organization's mission or most significant activities:				
7	1		IDE FOOD FOR INDIVIDUALS IN NEED.				•
\ <u>ट</u>							
Œ				*****		• •	
~~	2 C	heck th	is box if the organization discontinued its operations or disposed of m	one than 25	% of its net ass	ets.	
يق	1		of voting members of the governing body (Part VI, line 1a)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	8
⊃ಜ್ಞ	1		of independent voting members of the governing body (Part VI, line 1b)			4	8
3	1		nber of individuals employed in calendar year 2019 (Part V, line 2a)	•		5	0
12			nber of volunteers (estimate if necessary)		• •	6	0
څخ			elated business revenue from Part VIII, column (6) dine 12:013 014 7	 ጌሽ	••••	7a	0
Activities & Governance			ated business taxable income from Form 990-T, line 39			7b	0
อ้	 				Prior Yea		Current Year
•	8 C	ontribut	ions and grants (Part VIII, line 1h) SEP 2 3 2020	[_	47	7,184	45,100
Ĕ	9 Pr	rogram	service revenue (Part VIII, line 2g)	10 L			0
Revenue	10 In	vestme	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 70) KANDAO CTY, N				0
œ	11 0	ther rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 To	otal reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47	7,184	45,100
	13 G	irants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Be	enefits (paid to or for members (Part IX, column (A), line 4)		0		
8	15 Sa	alaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		21	L,641	22,314
Expenses	16a Pr	rofessio	nal fundraising fees (Part IX, column (A), line 11e)				0
ğ	b To	otal fund	draising expenses (Part IX, column (D), line 25) ▶	0	<u> </u>		· <u>· · · · · · · · · · · · · · · · · · </u>
ш	17 0	ther exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		17	7,955	10,256
	18 To	otal exp	enses. Add lines 13~17 (must equal Part IX, column (A), line 25)	L		,596	32,570
	19 R	evenue	less expenses. Subtract line 18 from line 12			7,588	12,530
Net Assets or Fund Balancon		-4-1-	ote (Ded V. Kee 46)	}-	Beginning of Cur		End of Year 64, 980
880 880	20 10		ets (Part X, line 16)	· · ·		2,450	64,980
1 1	21 10		ilities (Part X, line 26)		E -	2,450	64 000
	art II		s or fund balances. Subtract line 21 from line 20			2,450	64,980
			perjury, I declare that I have examined this return, including accompanying schedules	and statemen	ate, and to the his		and adaptated to the
			perjury, i declare that i have examined this return, including accompanying scriedules complete. Declaration of preparer (other than officer) is based on all information of while				lowledge and belief, it is
	_ `						
Sig	an	S	ignature of officer			Date	·
He			JANELL SMITH (MILL SWILL)	EXECUT	IVE DIR	ECTO	.
	-	T	ype or print name and title				- •
		Pnn/Type	preparer's name P Preparer's signature	4 .	_/ Date	Check	f PTIN
Pai	d ∫r	DAVID	M. CHESNUT Daved Ch	benet	07/07/	20 self-em	ployed P01395360
Pre	namer	Firm's nar	DOMAID M. CAUCHY C ACCOCTAMEC	PC		m's EIN ▶	63-0961527
Use	e Only ☐		364 SUTTON BRIDGE RD			•	
		Firm's add	ress A RAINBOW CITY, AL 35906-3217		Pi	none no	256-543-3707
May			s this return with the preparer shown above? (see instructions)				X Yes No
			action Act Notice, see the separate instructions.		D		Form 990 (2019)

Form 990 (2019). ETOWAH COMMUN	NITY FOOD BANK, INC	63-0843618	Page 2
_	n Service Accomplishments		
	ontains a response or note to a	ny line in this Part III	
1 Briefly describe the organization's mis THE MISSION OF THE F		יו יישב שוואכסעיי י	IN ETOWAH COUNTY.
THE MISSION OF THE E	OOD BANK IS TO TEE	D THE HUNGRI".	IN EIOWAN COUNTY.
2 Did the organization undertake any sig	inificant program services during the ye	ar which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services of	an Sahadula O		Yes X No
•	on schedule O , or make significant changes in how it i	conducts, any program	
services?	, or mane eigenmeant energes in new ic	action of all programs	Yes X No
If "Yes," describe these changes on Se	chedule O		
4 Describe the organization's program s	ervice accomplishments for each of its	three largest program services	s, as measured by
	c)(4) organizations are required to repor	t the amount of grants and all	ocations to others,
the total expenses, and revenue, if any	, for each program service reported		
4a (Code) (Expenses \$	23,569 including grants) (Revenue \$
, , ,			OF PROVIDING FOOD FOR
INDIVIDUALS WHO ARE	IN NEED. UNITED WAY	ALLOCATIONS A	ND LOCAL DONATIONS ARE
USED TO BUY FOOD FOR	THE PROGRAM AND EN	ABLE IT TO BE I	DISTRIBUTED.
4b (Code) (Expenses \$	4,900 including grants of	of \$) (Revenue \$
FEDERAL EMERGENCY MA	NAGMENT AGENCY FUND	S USED TO BUY I	FOOD FOR THE PROGRAM.
4c (Code) (Expenses \$	including grants of	of \$) (Revenue \$
N/A			
<u> </u>			
4d Other program services (Describe on S	Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	28,469		

63-0843618

P	art 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_1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ĺ
	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 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.0		
• •	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	complete Schedule D, Part VI	11a		X
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	·	أمممأ	1	X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		
f	,	445		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		v
	Schedule D, Parts XI and XII	12a		X
D	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		_ <u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u> </u>
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ĺ	
	Part IX, 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 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>_x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		T	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

5	3	_	ሰ	Ω	Δ	3	6	1	Ω

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Pa	art 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	ŀ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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 Schedule L, Part I	25Ь		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1200		
	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	1		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		[
	complete Schedule N, Part II	32		_ <u>X</u> _
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 Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>_X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1 1	3.7	
- P-	19? Note: All Form 990 filers are required to complete Schedule O	38_	X	
ra	Statements Regarding Other IRS Filings and Tax Compliance Check if School Is O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V		V	L.
4-	Fates the number consider a Pay 2 of Form 1000 Fates 0 of ant analysis lie	[Yes	No
1a h	· · · · · · · · · · · · · · · · · · ·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	ŀ	x
DAA	reportable garming (garmbing) withings to prize willilers.		- 990	
				()

Pa	art 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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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_		
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 to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
12a	1,7,7	12a		
ь	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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans 13b			
C 140	Enter the amount of reserves on hand Did the encount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15		
46	If "Yes," see instructions and file Form 4720, Schedule N		ŀ	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O		ո 990	(2040

AL 35902

JANELL SMITH

GADSDEN

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records >

P.O. BOX 1175

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any		x, unk ficer a	Pos check ess pe nd a c	erson	than or is both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(11.27.000 11.100)	(0.2.000	related organizations
(1) REBECCA BASKIN	· 									
	0.00							_	_	_
SECRETARY	0.00	X			╙	$\perp \downarrow$		0	0	0
(2) MISHAELA BROOKS				Ì						
	0.00								_	
MEMBER	0.00	X		<u> </u>	<u> </u>	\vdash		0	0	0
(3) KELLY CLARK			1							
	0.00					1			_	
MEMBER	0.00	X	├ ─		-	\vdash		0	0	0
(4) CASSANDRA JOHNS	0.00									
DDECTDENM	0.00	x		1	l	1 1		o	o	o
PRESIDENT (5) REV. WILLIAM MC	TNNEY	^	-	┢	-	╁╌┤				
(9) CEV. WILLIAM MCI	0.00		ļ							
MEMBER	0.00	x						0	o	0
(6) FELTON PARKER	0.00	122	-	 	一	1				
(0)1221011 2122211	0.00									
MEMBER	0.00	x						o	o	0
(7) JAMIE SLEDGE			_	 						
(,, - , - , - , - , - , - , - , - , - ,	0.00									
MEMBER	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Part VII S	ection A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	d Employees (continued)			
	A) and title	(B) Average hours per week (list any	Average hours per week (list any Position						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	o com fr	(F) ated am f other pensation om the	on
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organ related (ization organiza		
	—												
	<u> </u>												
-													
	continuation she	ets to Part VII, S	Sect	ion A	١.			> > >					
2 Total number		icluding but not l	ımıte	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 of			_
		-			ctoo	kov	, omi	alov.	ee, or highest compensate			TY	es N
employee o 4 For any indi	n line 1a? If "Yes," ividual listed on line	complete Schede 12 complete Schede 12 complete 12 comp	<i>dule</i> of re	J for	suci able	h ind	<i>lividu</i> ipens	<i>ial</i> satio	on and other compensation complete Schedule J for su	from the	_3		X
individual 5 Did any per		a receive or acc	rue (comp	ens	atıor	n fron	n an	y unrelated organization or		5		K K
	endent Contractons us table for your fix		ensa	ited i	nder	end	ient c	conti	ractors that received more	than \$100,000 of			
compensati		zation Report co (A) business address	omp	ensa	tion	for t	he ca	lend	dar year ending with or with	in the organization's tax ye (B) tion of services	ar	((C) ensation
	Name and	business address						-	Descrip	tion of services		Сотре	ensation
					_		-			333			-
												<u>. </u>	
					_								
													
received mo	er of independent or ore than \$100,000								se listed above) who	0			100
DAA												Form 🖫	90 (20

Pa	rt V	Stateme Check if	ent o f Sch	f Revenue edule O con	tains a	a respo	nse or no	te to any line in th	nis Part VIII		
					_	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated camp	aigns		1a						
šrai our	b	Membership due	es		1b						
s, A	С	Fundraising eve			1c						
Sift ar	d	Related organiza	ations		1d						
s, C	е	Government grants (co	ntributio	ns)	1e]			
P.S	f	All other contributions,									
but the		and similar amounts no			1f		45,100				
들이	g	Noncash contributions	ıncluded	in lines 1a-1f	1g	\$]			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	1a-11	·			>	45,100			
							Business Cod	e			
9	2a										
કું _	b										
Sen	С										
ram	d										
Program Service Revenue	е										
<u>. </u>	f	All other program	n serv	rice revenue						<u> </u>	
	g	Total. Add lines	2a-21	F			<u> </u>	<u> </u>		<u> </u>	.,
	3	Investment inco	me (ın	cluding dividen	ds, inte	rest, and					
		other similar am	ounts))			>				
	4	Income from inv	estme	ent of tax-exemp	t bond	proceeds	s •				
	5	Royalties					<u> </u>	-			
				(ı) Real		(11)	Personal				
	6a	Gross rents	6a								
	b	Less rental expenses	6b								
	С	Rental inc or (loss)	6с								
	d	Net rental incom	e or (loss)			<u> </u>				
	7a	Gross amount from sales of assets		(i) Securitie	s	(1	ı) Other	_			
		other than inventory	7a					_			
ne	þ	Less cost or other									
ven		basis and sales exps	7b					4			
Re	С	Gain or (loss)	7c								
ther Revenue	d	Net gain or (loss					<u> </u>				
ō	8a	Gross income from	i fundra	aising events							
		(not including \$									
		of contributions rep		on line 1c)							
		See Part IV, line 18			8a			4			
		Less direct expe			8b			<u> </u>			
		Net income or (events						
	9a	Gross income from	-	ig activities				İ			
		See Part IV, line 19			9a			4			
		Less direct expe			_9b_			ļ			
		Net income or (I			ivities	<u> </u>					
	10a	Gross sales of II									
		returns and allow			10a			-{			
		Less cost of go			10b						
_	С	Net income or (I	oss) fi	rom sales of inv	entory		Business Code				
Sn							Business Code				
nec	11a						-	-		 	
ella.	b						<u> </u>				
Miscellaneous Revenue	C	A II - 41	_							 	
Σ		All other revenue		114							
		Total. Add lines					<u> </u>	45,100	0	0	0
	12	Total revenue.	<u>see ir</u>	ISHUCHONS				13,100			

Part IX **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a resp			nplete column (A)	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Rb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,		Ţ		
	trustees, and key employees	17,400	15,660	1,740	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,200	3,780	420	<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	714	643	71	
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	300		300	
	Lobbying				·
_	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 Schedule O)				
	Advertising and promotion	5.65		E C E	<u> </u>
13	Office expenses	565		565	
14	Information technology				
15	Royalties				
16	Occupancy	76	76		
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials		···		
20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses Itemize expenses not covered				·····
27	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	FOOD PURCHASES	8,171	8,171		
b	INSURANCE	343	0/2/2	343	
c	PEST CONTROL	300		300	
d	TELEPHONE	240		240	
	All other expenses	261	139	122	
25	Total functional expenses. Add lines 1 through 24e	32,570	28,469	4,101	0
26	Joint costs. Complete this line only if the	==,	= - /	-,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 52,450 64,980 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 52,450 64,980 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here ▶ |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 51,930 63,360 27 Net assets without donor restrictions 27 520 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 64,980 64,980 52,450 32 Total net assets or fund balances 52,450 Total liabilities and net assets/fund balances 33

Form 990 (2019)

orn	n 990 (2019) ETOWAH COMMUNITY FOOD BANK, INC 63-0843618				Pa	ge 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			45,	100
2	Total expenses (must equal Part IX, column (A), line 25)	2			32,	570
3	Revenue less expenses Subtract line 2 from line 1	3			12,	530
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			52,	450
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			64,	980
Pa	ert XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?		İ	2b		X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		İ	i		
-	the audit, review, or compilation of its financial statements and selection of an independent accountant?		ŀ	2c	\mathbf{x}	
	If the organization changed either its oversight process or selection process during the tax year, explain on		ŀ			
	Schedule O		ĺ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		j	1		
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ŀ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3ь		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

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 chantable 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

2019

Open to Public Inspection

Name of the organization

ETOWAH COMMUNITY FOOD BANK, INC

Employer identification number 63-0843618

Pa	irt i	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this part) See instruction	ons				
The o	orga	nization is not	a private foundation because	se it is (For lines 1 through 12, o	check on	y one box	()					
1	\bigcap	A church, co	nvention of churches, or ass	ociation of churches described	ın sectio	n 170(b)(1)(A)(i).	C4				
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ))		$\mathcal{D}^{\mathcal{G}}$				
3	\sqcap	A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)	(iii).	/				
4	П	-	•	-			=' '='	nospital's name,				
		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										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	_	-	(b)(1)(A)(iv). (Complete Part	•	·	, ,						
6				overnmental unit described in s	ection 17	70(b)(1)(<i>A</i>	\)(v).					
7	П			substantial part of its support fro				С				
	_	described in	section 170(b)(1)(A)(vi). (C	omplete Part II)								
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	: II)							
9		An agricultur	al research organization des	cribed in section 170(b)(1)(A)(i	x) operat	ed in con	junction with a land-grant colle	ge				
		or university	or a non-land-grant college	of agriculture (see instructions)	Enter the	name, c	ity, and state of the college or					
	_	university										
10	X	-	·	1) more than 33 1/3% of its supp			, ,	oss				
				npt functions—subject to certain			•	,				
			•	nd unrelated business taxable in 0, 1975 See section 509(a)(2).	•		•					
11		-	*	exclusively to test for public safe								
12	H	_	=	exclusively for the benefit of, to	-			ses				
_	ш	-	- ·	cations described in section 509	•		· · · · · · · · · · · · · · · · · · ·					
		Check the bo	x in lines 12a through 12d th	nat describes the type of suppor	ting orgai	nization a	nd complete lines 12e, 12f, an	d 12g				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	l by its su	pported o	organization(s), typically by givi	ng				
			- '.'	ver to regularly appoint or elect		of the di	rectors or trustees of the					
		supportin	ig organization. You must c	omplete Part IV, Sections A a	nd B.							
	b			pervised or controlled in connec								
			- · · · · · · · · · · · · · · · · · · ·	ting organization vested in the s	same pers	sons that	control or manage the support	ed				
	_		• • • • • • • • • • • • • • • • • • • •	Part IV, Sections A and C.			and for about the substant of	11-				
	С			upporting organization operated tructions) You must complete				ntn,				
	d	_	· -	 A supporting organization ope 								
			• •	e organization generally must sa	-		•	ess				
		_ :	,	nust complete Part IV, Section		-						
	е		•	eived a written determination fro n-functionally integrated support			s a туре і, туре іі, туре ііі					
	f		mber of supported organizati									
	g			ne supported organization(s)				L				
(1)		e of supported	(II) EIN	(iii) Type of organization	(iv) Is the d	organization	(v) Amount of monetary	(vi) Amount of				
		anization	, ,	(described on lines 1–10	listed in you	ar governing	support (see	other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
			<u></u>		Yes	No						
(A)					ŀ	}						
			 			ļ						
(B)												
				· · · · · · · · · · · · · · · · · · ·	-			<u> </u>				
(C)												
(D)		 —			<u> </u>							
(E)												
otal												

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2019

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.

500	tion A. Public Support	quality under th	ie tests listeu t	below, please c	omplete Part			
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Iolai	
1	received (Do not include any "unusual grants ")	40,320	44,080	41,404	47,184	45,100	218,088	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_ 	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	40,320	44,080	41,404	47,184	45,100	218,088	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Sac	tion B. Total Support	<u> </u>	1	<u> </u>			218,088	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	40,320	44,080	41,404	47,184	45,100	218,088	
10a	Gross income from interest, dividends,	40,320	44,080	41,404	47,184	45,100	218,088	
	payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)	40,320	44,080	41,404	47,184	45,100	218,088	
14	First five years. If the Form 990 is for the						210,000	
	organization, check this box and stop her	_	,	,		X-7X-7	▶ □	
Sec	tion C. Computation of Public Su		ige					
15	Public support percentage for 2019 (line 8	, column (f), divided	by line 13, colum	n (f))		15	100.00%	
16	Public support percentage from 2018 Scho					16	100.00%	
Sec	tion D. Computation of Investme	nt Income Perc	entage					
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))						%	
18	Investment income percentage from 2018	Schedule A, Part III	, line 17			18	%	
19a	33 1/3% support tests—2019. If the orga						_ হিচ া	
_		17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b		1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
20	line 18 is not more than 33 1/3%, check the		_			=		
20	Private foundation. If the organization did	a HOL CHECK & DOX OF	інн е 14, 132, 0Г І	an, check tills box	and see motification	nio ein	- _	

Part IV **Supporting Organizations**

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

Section A.	All Supporting Organizations	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)	
	and Bill you checked 126 of Part I, complete Sections A and C. If you checked 126 of Part I, complete	

ect	on A. All Supporting Organizations	T	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
•	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	[1]		
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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a	1	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
С	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	3c	1	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			•••••
44	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
U	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	4b	1	
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
V.	answer (b) and (c) 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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9с		
l0a	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 10b below	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2019 ETOWAH COMMUNITY FOOD BA	NK, INC	63-0843	618 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov 20, 1	1970 (explain in Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting organization	ns must comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 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 Portion of operating expenses paid or incurred for production or	_		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u></u>
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		<u>-</u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functionally integrated	grated Type III	supporting organization (s	ee

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos				
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organizations				
	(provide details in Part VI) See instructions				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			(:::)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2019		•		
	From 2014	H'1. '.''HHH'' ' ` ''HH-		HILL	
	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e			***************************************	
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount			,,,,,	
<u>i</u>	Carryover from 2014 not applied (see instructions)				
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	**************************************	
4	Distributions for 2019 from				
	Section D, line 7 \$		<u></u>		
a	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount		,		
С	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2019, if				
	any Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI See instructions	HIP 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
6	Remaining underdistributions for 2019 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2020. Add lines 3j				
ρ	and 4c				
8	Breakdown of line 7 Excess from 2015		······································	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2015 Excess from 2016				
	Excess from 2017	· · · · · · · · · · · · · · · · · · ·	······································		
	Excess from 2018				
	Excess from 2019		**************************************		

Schedule A (Form 990 or 990-EZ) 2019

ETOWAH COMMUNITY FOOD BANK, INC

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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)

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SCHEDULE O (Form 990 or 990-EZ) 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 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ETOWAH COMMUNITY FOOD BANK, INC

63-0843618

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 WILL BE REVIEWED BY THE BOARD

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTATION WILL BE PROVIDED UPON REQUEST