

**Return of Organization Exempt From Income Tax**

**2016**

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization ALABAMA CHILDHOOD FOOD SOLUTIONS INC and ending AL  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) 205 OLD HOME PLACE  
 City or town ALPINE State AL ZIP code 35014  
 Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**D** Employer identification number 45-4817150

**E** Telephone number (256) 207-8048

**G** Gross receipts \$ 1,304,412

**F** Name and address of principal officer:  
JAMES E JONES JR, 205 OLD HOME PLACE, ALPINE, AL 35014

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other  L Year of formation: 2012 M State of legal domicile: AL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: OPERATION OF CHARITABLE FOOD BANK TO MEET THE NEEDS OF CHILDREN AND OTHERS IN THE COMMUNITY AND BEYOND.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<b>2</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<b>8</b>
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>5</u>	
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	886,901	1,294,936
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,314	8,328
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	925,215	1,303,264
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	40	165
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	914,578	1,261,077
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	914,618	1,261,242
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,597	42,022
<b>20</b> Total assets (Part X, line 16)		
<b>21</b> Total liabilities (Part X, line 26)	81,168	123,190
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	81,168	123,190

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: James E Jones Jr. Date: 2-17-17  
 Type or print name and title: \_\_\_\_\_

Print/Type preparer's name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Morton W Moody 2/21/2017 Check  if self-employed PTIN: P00622776  
 Firm's name: Morton W Moody, CPA Firm's EIN: 63-0887389  
 Firm's address: 119 7th Ave SW, Childersburg, AL 35044 Phone no.: (256) 378-7989

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)