

# Return of Organization Exempt From Income Tax

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning _____, and ending _____																																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ALABAMA CHILDHOOD FOOD SOLUTIONS INC</b></td> <td rowspan="2"><b>D</b> Employer identification number 45-4817150</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td rowspan="2"><b>E</b> Telephone number (256) 207-8048</td> </tr> <tr> <td colspan="2">205 OLD HOME PLACE</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>ALPINE</td> <td>AL</td> <td>35014</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: JAMES E JONES JR. 205 OLD HOME PLACE, ALPINE, AL 35014</td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. (see instructions)         </td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>G</b> Gross receipts \$ 1,365,902</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ N/A</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: 2012 <b>M</b> State of legal domicile: AL</td> </tr> </table>	<b>C</b> Name of organization <b>ALABAMA CHILDHOOD FOOD SOLUTIONS INC</b>		<b>D</b> Employer identification number 45-4817150	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (256) 207-8048	205 OLD HOME PLACE		City or town	State	ZIP code	ALPINE	AL	35014	Foreign country name	Foreign province/state/county	Foreign postal code	<b>F</b> Name and address of principal officer: JAMES E JONES JR. 205 OLD HOME PLACE, ALPINE, AL 35014		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 1,365,902	<b>J</b> Website: ▶ N/A		<b>H(c)</b> Group exemption number ▶	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2012 <b>M</b> State of legal domicile: AL
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	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.		
	<b>2</b>	Check this box <input type="checkbox"/> 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)	<b>3</b>	2
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,294,936	1,325,817
	<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)	8,328	36,202
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,303,264	1,362,019
<b>Expenses</b>	<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)	165	1,282
	<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)	1,261,077	1,307,905	
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,261,242	1,309,187	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	42,022	52,832	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	123,190	176,022
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	123,190	176,022

**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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Morton W Moody		3/7/2018		P00622776
	Firm's name ▶ MORTON W MOODY, CPA	Firm's EIN ▶ 63-0887389		Phone no. (256) 378-7989	
Firm's address ▶ 119 7TH AVE SW, CHILDERSBURG, AL 35044					

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