** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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 for instructions and the latest information.

OMB No. 1545-0047

ΑI	For the	2017 calendar year, or tax year beginning $JUL~1~,~2017$ and ending	JUN 30, 2018								
В	Check if applicable	C Name of organization	D Employer identif	ication number							
	Addres										
	Name change		58-1	1376648							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s									
	Final return/	732 JOSEPH E LOWERY BLVD NW		404-892-9822							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	110 011 00-							
	Amend return	ATLANTA, GA 30318-0038	H(a) Is this a group	return							
	Application	F Name and address of principal officer: DEBKA SHOAF	for subordinate	for subordinates? Yes X No H(b) Are all subordinates included? Yes No							
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes											
				a list. (see instructions)							
		e: ▶ WWW.ACFB.ORG	H(c) Group exempti								
			/ear of formation: 1979	M State of legal domicile: GA							
P	_	Summary	IIINGED DV EN	CACTAC							
ě	1 !	Briefly describe the organization's mission or most significant activities: TO FIGHT EDUCATING, AND EMPOWERING OUR COMMUNITY.	HUNGER BY EN	GAGING,							
au	. :	· _									
Governance	3	Check this box (If the organization discontinued its operations or disposed of models with the first continued its operations or disposed of models.)									
é	4	Number of voting members of the governing body (Fart VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)									
م س	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
Activities &	6	Total number of volunteers (estimate if necessary)									
Ęį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.							
_₹	b	Net unrelated business taxable income from Form 990-T, line 34		0.							
			Prior Year	Current Year							
o	8	Contributions and grants (Part VIII, line 1h)	140,975,072.								
nue	9	Program service revenue (Part VIII, line 2g)	3,166,882.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,719,122.								
ш.	י יוין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	239,483.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,100,559.								
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,764,960.								
		Benefits paid to or for members (Part IX, column (A), line 4)	9,986,792								
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	449,903.	705,047.							
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 2,759,940.	445,505	703,047.							
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,492,200.	12,517,657.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		143,054,620.							
	19	Revenue less expenses. Subtract line 18 from line 12	1,406,704.								
Net Assets or	3		Beginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)	37,003,930.								
t As	21	Total liabilities (Part X, line 26)	3,089,072.								
	22	Net assets or fund balances. Subtract line 21 from line 20	33,914,858.	34,043,635.							
	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		ly knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer rias arry knowledge.								
Sig	n	Signature of officer	Date								
Her		▶ DEBRA SHOAF, CHIEF FINANCIAL OFFICER									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid	d	ADAM REPASY ADAM REPASY	01/18/19 self-empl	P01689756							
Pre	parer	Firm's name WARREN AVERETT, LLC	Firm's EIN ▶	45-4084437							
Use Only Firm's address ► SIX CONCOURSE PARKWAY, SUITE 600											
		ATLANTA, GA 30328	Phone no. 7	70-396-1100							
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No							

	990 (2017) ATLANTA COMMUNITY FOOD BANK, INC. 58-1376648 Page 2
Pal	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO FIGHT HUNGER BY ENGAGING, EDUCATING, AND EMPOWERING OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$133,040,902. including grants of \$116,541,658.) (Revenue \$3,067,589. PRODUCT COLLECTION, STORAGE AND DISTRIBUTION
	THE ATLANTA COMMUNITY FOOD BANK (THE FOOD BANK) SERVES AS THE CENTRAL
	DISTRIBUTION CENTER FOR MORE THAN 600 NONPROFIT PARTNER AGENCIES THAT
	PROVIDE FOOD ASSISTANCE IN 29 METRO ATLANTA AND NORTH GEORGIA COUNTIES.
	THESE AGENCIES INCLUDE FOOD PANTRIES, SHELTERS, COMMUNITY KITCHENS AND
	OTHER ORGANIZATIONS OFFERING FOOD FOR PEOPLE WHO STRUGGLE WITH HUNGER
	FROM CHILDREN, FAMILIES AND SENIORS TO THE WORKING POOR. IN AN EFFORT
	TO HELP ITS AGENCIES INCREASE THEIR ABILITY TO PROVIDE MORE FOOD AND
	REACH MORE PEOPLE, THE FOOD BANK ALSO CO-HOSTS MOBILE FOOD PANTRIES
	WITH DESIGNATED AGENCIES. IN ADDITION, THE FOOD BANK OPERATES SEVERAL PROGRAMS THAT ENHANCE ITS MISSION OF FIGHTING HUNGER BY ENGAGING,
4b	2 620 741 2 250 210
TIJ.	(Code:) (Expenses \$ 2,039,741. including grants of \$ 2,330,310.) (Revenue \$ KIDS IN NEED
	THE MICCION OF THE KINC IN NEED DOODAM IC TO DOOMING FREE LEADNING
	THE MISSION OF THE KIDS IN NEED PROGRAM IS TO PROVIDE FREE LEARNING SUPPLIES FOR STUDENTS WHOSE ACADEMIC SUCCESS IS THREATENED BY POVERTY.
	IN FY 2017/18, KIDS IN NEED PROVIDED 457,072 POUNDS OF BRAND NEW SCHOOL
	SUPPLIES TO 4,754 TEACHERS IN 298 LOW-INCOME ELEMENTARY, MIDDLE AND
	HIGH SCHOOLS IN 14 METRO ATLANTA AREA SCHOOL SYSTEMS. AN ADDITIONAL
	53,463 POUNDS OF BRAND NEW SUPPLIES WERE DISTRIBUTED TO VARIOUS
	AGENCIES TO FURTHER BENEFIT THEIR CLIENTS.
4-	(Code:) (Expenses \$ 206 , 239 • including grants of \$) (Revenue \$
4C	EDUCATION, ADVOCACY AND OUTREACH
	THE FOOD BANK OFFERS SEVERAL EDUCATION, ADVOCACY AND OUTREACH PROGRAMS
	INCLUDING EDUCATION OUTREACH, ADVOCACY FOR PUBLIC POLICIES THAT REDUCE
	FOOD INSECURITY, AND BENEFITS OUTREACH. EDUCATION OUTREACH IS AN
	INTRODUCTION TO HUNGER AND POVERTY ISSUES IN THE UNITED STATES AND
	GEORGIA, AND INCLUDES A HUNGER 101 CURRICULUM TO FACILITATE HUNGER
	EDUCATION. THE GOVERNMENT AFFAIRS PROGRAM IDENTIFIES EFFECTIVE
	STRATEGIES FOR COMBATING FOOD INSECURITY AND COORDINATES ADVOCACY
	EFFORTS TO REACH GOVERNMENT REPRESENTATIVES ABOUT ISSUES AFFECTING
	THOSE WHO STRUGGLE WITH HUNGER. BENEFITS OUTREACH WORKERS HELP
	FAMILIES AND INDIVIDUALS BY OFFERING SCREENINGS AND ENROLLMENT SUPPORT

4d Other program services (Describe in Schedule O.)

including grants of \$ 135,886,882.) (Revenue \$

Total program service expenses

Form 990 (2017) ATLANTA COMMUNITY FOOD BANK, INC. Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	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,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
• •	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12		13	21	Х
13 14a	B. 11	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		-22
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16	Х	
1 E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	21	
15		45		х
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X

Form 990 (2017) ATLANTA COMMUNITY FOOD BANK, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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 employees? If "Yes," complete			
	Schedule J	23	Х	
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		
С	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		
25a	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
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	Х	
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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	Х	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) ATLANTA COMMUNITY FOOD BANK, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
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	212			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Advanced in the Financi	ccount	s (FBAR).			
5а	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	ction?		5b		X
	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	e orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices p	ovided to the payor?	7a	X	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is requ	ired			37
	to file Form 8282?	i		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		<u>X</u>
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
^	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		
b 10	Section 501(c)(7) organizations. Enter:			9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	00				
	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.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				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				
С	Enter the amount of reserves on hand	13c				
	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 in Schedule	e O		14b	ليب	
				Form	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a										
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	, , , , , , , , , , , , , , , , , , , ,	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	, , , , , , , , , , , , , , , , , , , ,	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶GA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	/ailable	Э							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	ıal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	DEBRA SHOAF - 404-892-9822 732 JOSEPH E LOWERY BLVD NW ATLANTA GA 30318									

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box			erson is both an		n an	compensation	compensation	amount of
	week				recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ıl trus		ee/	m pen		(44-27 1099-141130)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Ji.	Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) JAMES DALLAS	0.50									
CHAIR		Х		Х				0.	0.	0.
(2) ROBBY KUKLER	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(3) MARGARET "MARJY" STAGMEIER	0.50									
TREASURER		Х		Х				0.	0.	0.
(4) LESLEY T. WAINWRIGHT	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) ADAM NOYES	0.50	l								•
ADVISORY CHAIR	2 5 2	Х						0.	0.	0.
(6) ANDREW STITH	0.50								•	•
DIRECTOR	0 50	Х						0.	0.	0.
(7) BILL LEVISAY	0.50	37							0	0
(8) ELLEN BAILEY	0.50	Х						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(9) ERIC BUSKO	0.50	Λ						0.	0.	<u></u>
DIRECTOR	0.50	Х						0.	0.	0.
(10) F. JOHN CASE	0.50								0.	<u></u>
DIRECTOR	0.50	Х						0.	0.	0.
(11) JEFF WOJTKOWIAK	0.50							•	•	•
DIRECTOR		Х						0.	0.	0.
(12) LIBBY WANAMAKER	0.50									
DIRECTOR		Х						0.	0.	0.
(13) LOUISA D'ANTIGNAC	0.50									
DIRECTOR		Х						0.	0.	0.
(14) MARIO MONTAG	0.50									
DIRECTOR		Х						0.	0.	0.
(15) MARK HOLIFIELD	0.50									
DIRECTOR		Х						0.	0.	0.
(16) MARTHA "MARTI" FESSENDEN	0.50									
DIRECTOR		Х						0.	0.	0.
(17) MARTHA BROOKS	0.50	_						_		_
DIRECTOR		Х						0.	0.	0.

Form 990 (2017)

Form 990 (2017) ATLANTA	COMMUNIT	'Y	FO	עטי) <u>E</u>	SAN	Κ,	INC.	58-13/6	648 Page 8	
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of			
	week		cer an	la a a	irecto	or/trus	tee)	from	from related	other	
	(list any hours for	recto						the	organizations	compensation	
	related	or di	99			sated		organization	(W-2/1099-MISC)	from the	
	organizations	rustee	trust		e e	n be u		(W-2/1099-MISC)		organization and related	
	below	dual t	rtio na	_	nploy	st cor	-			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(18) MARY MOORE	0.50										
DIRECTOR		Х						0.	0.	0.	
(19) MATT MCKENNA	0.50										
DIRECTOR		Х						0.	0.	0.	
(20) MIKE NEWTON	0.50										
DIRECTOR		Х						0.	0.	0.	
(21) MIKE STOGNER	0.50										
DIRECTOR		Х						0.	0.	0.	
(22) MITCH HARRISON	0.50										
DIRECTOR		Х						0.	0.	0.	
(23) NATOSHA REID RICE	0.50										
DIRECTOR		Х						0.	0.	0.	
(24) RAGHU KAKARALA	0.50										
DIRECTOR		Х						0.	0.	0.	
(25) STEPHEN CANNON	0.50										
DIRECTOR		Х						0.	0.	0.	
(26) SUE KOLLORU	0.50										
DIRECTOR		Х						0.	0.	0.	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part V	II, Section A						ightharpoons	1,206,632.	0.	103,147.	
d Total (add lines 1b and 1c)							<u> </u>	1,206,632.	0.	103,147.	
2 Total number of individuals (including but r	not limited to th	റടേ	licta	d ah	OVE	a) wh	o re	ceived more than \$100	000 of reportable		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ONE & ALL, INC., 3500 LENOX ROAD NE, STE	ANALYTICS	
1900, ATLANTA, GA 30326	CONSULTANTS	984,296.
RANDALL PAULSON ARCHITECTS, 85-A MILL		
STREET, STE 200, ROSWELL, GA 30075	ARCHITECTS	535,834.
PENSKE TRUCK LEASING COMPANY	EQUIPMENT LEASING &	
P.O. BOX 532658, ATLANTA, GA 30353	REPAIR	395,764.
TOYOTA FORKLIFTS OF ATLANTA, 1540 BLAIRS		
BRIDGE RD, LITHIA SPRINGS, GA 30122	EQUIPMENT LEASING	337,875.
TC ATLANTA DEVELOPMENT, INC		
P.O. BOX 840718, DALLAS, TX 75284	CONTRACTOR	217,858.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 16		
\$100,000 of compensation from the organization		

Form 990 ATLANTA	COMMUNIT	'Y	FC	OD) B	AN	Κ,	INC.	58-137	6648
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(с	heck				ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week	_)yee		the	organizations	compensation
	(list any	or director				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	ee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	Key employee Highest compensated employee Former			organizations	
	below	ndividual trustee	Institutional trustee	_	Key employee	stco	-E			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) TODD MCMULLEN	0.50									
DIRECTOR		Х						0.	0.	0.
(28) KYLE WAIDE	50.00									
CHIEF EXECUTIVE OFFICER		Х		х				224,933.	0.	25,266.
(29) DEBRA H SHOAF	50.00							,	-	,
CHIEF FINANCIAL OFFICER		1		х				138,915.	0.	17,225.
(30) SARAH FONDER-KRISTY	50.00									
CHIEF DEVELOPMENT OFFICER		1		х				130,110.	0.	16,954.
(31) SHERI FOSTER	50.00									
VP OF HUMAN RESOURCES		1		х				131,710.	0.	10,939.
(32) STACEY GREENE-KOEHNKE	50.00							,		•
CHIEF OPERATIONS OFFICER		Ī		х				185,964.	0.	7,919.
(33) JONATHAN WEST	50.00							·		•
VP OF PROGRAMS				Х				103,989.	0.	18,136.
(34) JULIE BRYANT FISHER	50.00									-
FORMER CHIEF MARKETING OFFICER				Х				40,288.	0.	6,420.
(35) HEATHER JAIME TREL SCHLESINGER	50.00									
CHIEF MARKETING OFFICER				Х				50,723.	0.	288.
(36) BILL BOLLING	0.00									
FORMER CHIEF EXECUTIVE OFFICER							Х	200,000.	0.	0.
	1									
		_								
			_							
		1								
			_							
		1								
	-									
		4								
	1		_	_		_				
		-								
		-	-			_				
		1								
		<u> </u>								
T. I. B. I. W. O. II								1 206 622		102 147
Total to Part VII, Section A, line 1c								1,206,632.		103,147.

Page 9

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			X
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 2	Federated campaigns	1a					012 014
ant		Membership dues	1 1					
ည် မြ		Fundraising events		5,019,454.				
ffs, r A		d Related organizations	······	, , ,				
nia Big		Government grants (contribution		24,761,926.				
Sir		All other contributions, gifts, grant	, 	, , ,				
uti her	•	similar amounts not included abov	1 1	109,222,052.				
ģĒ		Noncash contributions included in lines 1		96,496,676.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			139,003,432.			
<u> </u>				Business Code				
o l	2 a	SHARE MAINTENANCE		624200	2,381,556.	2,381,556.		
Program Service Revenue	_ t	PRODUCT SALES		624200	703,194.	703,194.		
			_		•	,		
am Svel								
Be	6		_					
Pro		All other program service rever	nue					
		Total. Add lines 2a-2f			3,084,750.			
	3	Investment income (including						
		other similar amounts)			243,983.			243,983.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	12,907.					
		Less: rental expenses	30,068.					
	c	Rental income or (loss)	-17,161.					
	c	d Net rental income or (loss)			-17,161.	-17,161.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	191,572.					
	k	Less: cost or other basis						
		and sales expenses	0.	,				
	c	Gain or (loss)	191,572.	-1,332.				
		d Net gain or (loss)			190,240.			190,240.
ē	8 a		Gross income from fundraising events (not					
		including \$5,019,	454. of					
Other Reven		contributions reported on line						
무		Part IV, line 18	a					
Ĕ		Less: direct expenses		228,209.				
٦		Net income or (loss) from fund		_	-48,834.			-48,834.
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from game	-					
	10 a	a Gross sales of inventory, less r						
		and allowances a						
		Less: cost of goods sold						
ŀ		Net income or (loss) from sales		D				
}	4.4	Miscellaneous Revenue	9	Business Code 561000	154,878.			154 070
		OTHER REVENUE UNVESTED ANNUITY PAYBAC	· · · · · · · · · · · · · · · · · · ·	561000	46,000.			154,878.
				201000	40,000.			46,000.
		d All other revenue		•	200,878.			
	12	Total. Add lines 11a-11d Total revenue. See instructions.			142,657,288.	3,067,589.	0.	586,267.
	14	i viai i vivilai. Ouu illoli auliollo.			, · , ·	, ,	٠.	,

Form 990 (2017) ATLANTA COMMUNITY FOOD BANK, INC. Part IX | Statement of Functional Expenses

<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
		(A)		(C)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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	118,891,968.	118,891,968.								
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,										
	trustees, and key employees	1,075,191.	471,681.	381,700.	221,810.						
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	7,717,257.	4,906,437.	1,938,617.	872,203.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	416,211.	281,760.	88,300.	46,151. 134,516.						
9	Other employee benefits	1,116,152.	780,487.	201,149.	134,516.						
10	Payroll taxes	615,137.	395,779.	150,986.	68,372.						
11	Fees for services (non-employees):										
а	Management										
b	Legal										
С	Accounting	91,375.		91,375.							
d	Lobbying	73,138.									
е	Professional fundraising services. See Part IV, line 17	705,047.			705,047.						
f	Investment management fees	34,482.		34,482.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)	595,966.	178,852.	244,978.	<u>172,136.</u>						
12	Advertising and promotion	151,267.			143,267.						
13	Office expenses	638,665.	195,482.	231,906.	211,277.						
14	Information technology	480,538.	333,756.	72,657.	74,125.						
15	Royalties										
16	Occupancy	841,092.		450,234.	7,572.						
17	Travel	175,423.	101,758.	50,293.	23,372.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	76,696.	35,392.	19,553.	21,751.						
20	Interest	919.		919.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,142,823.		330,473.							
23	Insurance	56,054.	4,973.	50,575.	506.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	PURCHASED FOOD COSTS	6,428,281.	6,428,281.								
h	PRODUCT SHIPPING/TRANS	699,931.	698,562.	369.	1,000.						
C	OTHER EXPENSES	492,459.		67,482.	7,221.						
d	PROJECT EXPENSE	408,715.		0.,2024	.,						
	All other expenses	129,833.		1,750.	49,614.						
25	Total functional expenses. Add lines 1 through 24e	143,054,620.		4,407,798.	2,759,940.						
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)										
					- 000 (co.17)						

Form 990 (2017)

Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X					
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	1,775,379.	2	1,714,980.		
	3	Pledges and grants receivable, net	3,247,437.	3	5,703,349.		
	4	Accounts receivable, net	294,696.	4	223,425.		
	5	Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest compensated employees. Complete					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of section 501(c)(9) voluntary					
ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net		7			
ĕ	8	Inventories for sale or use	7,043,053.	8	4,780,349.		
	9	Prepaid expenses and deferred charges	174,561.	9	305,287.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 19,796,337.					
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 19,796,337. 10b 10,117,697.	10,381,644.	10c	9,678,640.		
	11	Investments - publicly traded securities	12,562,030.	11	11,890,661.		
	12	Investments - other securities. See Part IV, line 11	1,286,491.	12	1,724,911.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	238,639.	15	698,630.		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,003,930.	16	36,720,232.		
	17	Accounts payable and accrued expenses	2,452,671.	17	2,334,343.		
	18	Grants payable	250 725	18	242 254		
	19	Deferred revenue	258,735.	19	342,254.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to current and former officers, directors, trustees,					
Ħ		key employees, highest compensated employees, and disqualified persons.					
Liabilities	00	Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24			
	24	Other liabilities (including federal income tax, payables to related third		24			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of					
		Schedule D	377,666.	25	0.		
	26	Total liabilities. Add lines 17 through 25	3,089,072.	26	2,676,597.		
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	2,232,4.24		= , = : ₹ , ₹ , ₹ , ₹		
10		complete lines 27 through 29, and lines 33 and 34.					
če	27	Unrestricted net assets	30,188,805.	27	25,611,985.		
<u>aa</u>	28	Temporarily restricted net assets	2,898,053.	28	7,603,650.		
Ä	29	Permanently restricted net assets	828,000.	29	828,000.		
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here					
or F		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32			
ž	33	Total net assets or fund balances	33,914,858.	33	34,043,635.		
	34	Total liabilities and net assets/fund balances	37,003,930.	34	36,720,232.		

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 charitable 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

2017

Open to Public Inspection

Employer identification number Name of the organization ATLANTA COMMUNITY FOOD BANK, 58-1376648 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 ATLANTA COMMUNITY FOOD BANK, INC. 58-1376 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	97589682.	117789293	<u> 130063605</u>	<u> 140975072</u>	139003432	625421084	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	00000	1100000	120062605	1 4000000	1 2 0 0 0 2 4 2 0	605401004	
	Total. Add lines 1 through 3	97589682.	117789293	130063605	140975072	139003432	625421084	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						110020461	
_	column (f)						118832461	
	Public support. Subtract line 5 from line 4.						506588623	
		(-) 0010	(h) 001 4	/s) 001 <i>5</i>	(4) 0010	(-) 0017	(f) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2013 97589682.	(b) 2014 1 1 7 7 8 9 2 9 3	(c) 2015 1 3 0 0 6 3 6 0 5	(d) 2016	(e) 2017 1 3 9 0 0 3 4 3 2	(f) Total	
	Amounts from line 4	97309002.	111109295	130003003	1409/30/2	139003432	023421004	
0	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	240,045.	260,825.	256 010	234,533.	2/13 983	1235396	
۵	Net income from unrelated business	240,043.	200,025.	250,010.	234,333.	243,303.	1233330.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	117.884.	111,768.	263.753.	347,190.	200.878.	1041473.	
11	Total support. Add lines 7 through 10				0 = 1 / = 0 0 0		627697953	
	Gross receipts from related activities,	etc. (see instruction	ons)				,163,411.	
	First five years. If the Form 990 is fo	•	,				, ,	
	organization, check this box and sto							
Sec	tion C. Computation of Publ	ic Support Per	centage					
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	80.71 %	
	Public support percentage from 2016					15	79.71 %	
	33 1/3% support test - 2017. If the					ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X	
b	33 1/3% support test - 2016. If the							
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ition			▶□	
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	t VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>	
b	10% -facts-and-circumstances test	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>	

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the	ļ						
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-	ļ						
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to	ļ						
	or expended on its behalf	ļ						
5	The value of services or facilities							
	furnished by a governmental unit to	ļ						
	the organization without charge	ļ						
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				•	•		
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,	ļ						
	and income from similar sources	ļ						
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on	ļ						
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.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						>	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%	
	Public support percentage from 2016					16	%	
Se	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	2017 (line 10c, column (f) divided by line 13, column (f))					%	
	Investment income percentage from					%		
19a	a 33 1/3% support tests - 2017. If the	2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
k	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization		
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	>	

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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 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.
- **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.**
- c 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.
- 10a 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.
 - **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.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		<u> </u>
9	90 or 99	0-EZ)	2017

Par	t IV Supp	orting Organizations _(continued)			
				Yes	No
11	Has the orgar	sization accepted a gift or contribution from any of the following persons?			
а	A person who	directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	, ,	verning body of a supported organization?	11a		
	•	ber of a person described in (a) above?	11b		
		lled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type	e I Supporting Organizations			
	D: 1 11 11 11 1			Yes	No
		ors, trustees, or membership of one or more supported organizations have the power to			
		pint or elect at least a majority of the organization's directors or trustees at all times during the			
		Io," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		organization's activities. If the organization had more than one supported organization,			
		the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	-	and what conditions or restrictions, if any, applied to such powers during the tax year. ization operate for the benefit of any supported organization other than the supported			
	_	s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		roviding such benefit carried out the purposes of the supported organization(s) that operated,			
	•	controlled the supporting organization.	2		
		e II Supporting Organizations			
				Yes	No
1	Were a majori	ty of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of	each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or manageme	nt of the supporting organization was vested in the same persons that controlled or managed			
		organization(s).	1		
Sect	ion D. All T	ype III Supporting Organizations			
				Yes	No
1	Did the organ	ization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		y of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	ŭ	governing documents in effect on the date of notification, to the extent not previously provided?	1		
	•	ne organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	on maintained a close and continuous working relationship with the supported organization(s).	2		
		the relationship described in (2), did the organization's supported organizations have a ce in the organization's investment policies and in directing the use of the organization's			
	•				
		sets at all times during the tax year? If "Yes," describe in Part VI the role the organization's nanizations played in this regard.	3		
Sect	ion E. Type	e III Functionally Integrated Supporting Organizations			
		x next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		anization satisfied the Activities Test. Complete line 2 below.			
b		anization is the parent of each of its supported organizations. Complete line 3 below.			
С		anization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions)	_	
2		. Answer (a) and (b) below.		Yes	No
а	Did substantia	ally all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported	d organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those suppor	ted organizations and explain how these activities directly furthered their exempt purposes,			
	how the orgar	nization was responsive to those supported organizations, and how the organization determined			
	that these act	ivities constituted substantially all of its activities.	2a		
b	Did the activit	ies described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organiz	ation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for th	e organization's position that its supported organization(s) would have engaged in these			
		or the organization's involvement.	2b		
	· ·	ported Organizations. Answer (a) and (b) below.			
	_	ization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ch of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	_	ization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	or its supporte	ed organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations	
1	Check here if the organization satisfied the Integral F	Part Test as a qualifying trust or	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting	organizations must complete S	ections A through E.	
Secti	tion 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 product	ion or		
	collection of gross income or for management, conservation	on, or		
	maintenance of property held for production of income (see			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line	4) 8		
	tion B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (s	see		
	instructions for short tax year or assets held for part of year	r):		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use as	sets 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 lin	ne 3) 5		
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		
Secti	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, 0	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		
6	Distributable Amount. Subtract line 5 from line 4, unless	subject to		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's fir	rst as a non-functionally integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	1 v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)					
Secti	Section D - Distributions Curre							
1	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S					
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.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
c	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2013							
	Excess from 2014							
	c Excess from 2015							
	Excess from 2016							
	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: INSURANCE PROCEEDS 22,632. 2013 AMOUNT: \$ OTHER REVENUE 79,369. 2013 AMOUNT: \$ 2014 AMOUNT: \$ 101,440. 2015 AMOUNT: \$ 234,753. 2016 AMOUNT: \$ 321,690. 154,878. 2017 AMOUNT: \$ UNVESTED ANNUITY PAYBACK 15,883. 2013 AMOUNT: \$ 2014 AMOUNT: \$ 10,328. 2015 AMOUNT: \$ 29,000. 2016 AMOUNT: \$ 25,500. 2017 AMOUNT: \$ 46,000.

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,

Part VI