

Public Inspection Copy
Extended to May 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

▶ 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.

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:	C Name of organization Arlington Food Assistance Center	D Employer identification number 54-1473207
Address change	Doing business as	E Telephone number 703-845-8486
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2708 South Nelson Street	
Initial return	City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22206-0261	G Gross receipts \$ 8,838,231.
Final return/terminated	F Name and address of principal officer: Charles Meng same as C above	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes <input type="checkbox"/> No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: ▶ https://afac.org/	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1988 M State of legal domicile: VA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: To feed our neighbors in need by providing dignified access to nutritious supplemental groceries.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	28
	6	Total number of volunteers (estimate if necessary)	400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,259.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,270.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,400.
			10,292,958.
			8,776,012.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,445,561.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 624,801.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,014,534.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,290,341.
	19	Revenue less expenses. Subtract line 18 from line 12	6,676,547.
			3,616,411.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,359,831.
	21	Total liabilities (Part X, line 26)	10,923,137.
	22	Net assets or fund balances. Subtract line 21 from line 20	164,409.
			238,315.
			9,195,422.

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			01-30-2023		
	Signature of officer		Date		
	Charles Meng, Chief Executive Officer				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Jennica Jardine Whitfield	Preparer's signature 	Date 1/30/2023	Check if self-employed <input type="checkbox"/>	PTIN P01379267
	Firm's name ▶ Kositzka, Wicks and Company	Firm's EIN ▶ 54-1342298		Phone no. (703) 642-2700	
	Firm's address ▶ 5270 Shawnee Road, Suite 250 Alexandria, VA 22312				

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To provide dignified access to free groceries for qualified families in Arlington, VA and surrounding counties.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,947,750. including grants of \$ 2,445,561.) (Revenue \$) In fiscal year 2022 AFAC served 2,200 families made up of 4,800 individuals residing in Arlington County - 33.3% of these individuals were children (1,598) under the age of 18. An average of 2,200 families were served each week at S Nelson St or at one of 17 other distribution sites around the County for a total of 105,600 annual visits to receive their weekly food supplies.

During a visit a family will be able to select a variety of healthy, nutritious food including milk, eggs, beef, chicken and fish, fresh fruit & vegetables, pasta, sauces, cereals, breads, and a number of miscellaneous items. In addition, AFAC provides backpacks of food to students in the Arlington Public Schools who do not have sufficient

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) In March 2020, AFAC established a Home Delivery program to reach residents who are in quarantine or were homebound due to short term or long term medical conditions or disabilities. In April 2022, AFAC made the 10,000th delivery of groceries through this program. This program will continue to grow and serve residents in need.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,947,750.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
The Organization - 703-845-8486
2708 South Nelson Street, Arlington, VA 22206-0261

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jolie Smith Development Director	40.00					X	165,030.	0.	31,893.	
(2) Charles Meng CEO	40.00			X			154,038.	0.	16,519.	
(3) Jeffrey Bollman Chair	2.00	X		X			0.	0.	0.	
(4) Erica Beardsley Vice Chair	2.00	X		X			0.	0.	0.	
(5) Jason Ruggiero Treasurer	2.00	X		X			0.	0.	0.	
(6) Tom Klanderma Secretary	2.00	X		X			0.	0.	0.	
(7) Jeri Somers Immediate Past Chair	2.00	X		X			0.	0.	0.	
(8) Thomas Chmelik Member	2.00	X					0.	0.	0.	
(9) Cleveland James Member	2.00	X					0.	0.	0.	
(10) Linda Kelleher Member	2.00	X					0.	0.	0.	
(11) Andrew Lee Member	2.00	X					0.	0.	0.	
(12) Miguel Monteverde Member	2.00	X					0.	0.	0.	
(13) Stephen Brady Member	2.00	X					0.	0.	0.	
(14) Brian Tanenbaum Member	2.00	X					0.	0.	0.	
(15) Grace Shea Member	2.00	X					0.	0.	0.	
(16) John Ziegenhein Member	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							319,068.	0.	48,412.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							319,068.	0.	48,412.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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
Tech 24 Construction 5256 Eisenhower Ave, Alexandria, VA 22304	Construction	849,708.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 300,922.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 755,500.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 7,503,320.					
	g Noncash contributions included in lines 1a-1f	1g \$2,441,243.					
	h Total. Add lines 1a-1f		8,559,742.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		216,270.			216,270.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 300,922. of contributions reported on line 1c). See Part IV, line 18	8a		62,219.				
			62,219.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,776,012.	0.	0.	216,270.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	2,445,561.	2,445,561.		
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	170,557.	123,489.	12,353.	34,715.
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	1,483,226.	1,006,937.	98,276.	378,013.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,380.	30,685.	3,069.	8,626.
9 Other employee benefits	354,641.	256,772.	25,685.	72,184.
10 Payroll taxes	130,792.	92,329.	7,672.	30,791.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,221.		37,221.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,599.		3,599.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	98,311.	534.	90,379.	7,398.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	31,619.	22,981.	4,140.	4,498.
15 Royalties				
16 Occupancy	81,607.	81,114.	149.	344.
17 Travel	9,793.	1,764.	6,771.	1,258.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	276,021.	263,454.	6,542.	6,025.
23 Insurance	36,357.	2,640.	33,122.	595.
24 Other expenses. Itemize expenses not covered 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.)				
a Food purchases	1,362,409.	1,362,409.	0.	0.
b Equipment rental	52,772.	44,262.	2,757.	5,753.
c Warehouse supplies	51,446.	51,446.	0.	0.
d Bank charges	44,571.	0.	1,354.	43,217.
e All other expenses	204,615.	161,373.	11,858.	31,384.
25 Total functional expenses. Add lines 1 through 24e	6,917,498.	5,947,750.	344,947.	624,801.
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)

Part X 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
Assets	1 Cash - non-interest-bearing	5,120,491.	1	823,109.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	112.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 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	100.	7	
	8 Inventories for sale or use	127,278.	8	88,011.
	9 Prepaid expenses and deferred charges	21,129.	9	56,157.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,343,035.		
	b Less: accumulated depreciation	10b 1,325,829.	10c	4,017,206.
	11 Investments - publicly traded securities	362,160.	11	5,934,729.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,809.	15	3,813.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,359,831.	16	10,923,137.	
Liabilities	17 Accounts payable and accrued expenses	164,409.	17	227,615.
	18 Grants payable		18	
	19 Deferred revenue		19	10,700.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		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 of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	164,409.	26	238,315.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,192,613.	27	10,682,702.
	28 Net assets with donor restrictions	2,809.	28	2,120.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,195,422.	32	10,684,822.
	33 Total liabilities and net assets/fund balances	9,359,831.	33	10,923,137.

Part 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	8,776,012.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,917,498.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,858,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,195,422.
5	Net unrealized gains (losses) on investments	5	-369,114.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,684,822.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization Arlington Food Assistance Center	Employer identification number 54-1473207
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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 **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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5317049.	5278636.	8502184.	10275299.	8559742.	37932910.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	5317049.	5278636.	8502184.	10275299.	8559742.	37932910.
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, column (f)						1044223.
6 Public support. Subtract line 5 from line 4.						36888687.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5317049.	5278636.	8502184.	10275299.	8559742.	37932910.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,337.	34,674.	38,972.	17,659.	216,270.	337,912.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						38270822.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	96.39 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.18 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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

b 33 1/3% support tests - 2020. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete 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 (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Arlington Food Assistance Center **Employer identification number** 54-1473207

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		697,401.		697,401.
b Buildings		3,820,412.	817,999.	3,002,413.
c Leasehold improvements				
d Equipment		406,070.	162,097.	243,973.
e Other		419,152.	345,733.	73,419.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,017,206.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,403,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-369,114.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-369,114.
3	Subtract line 2e from line 1	3	8,772,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,599.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,599.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,776,012.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,913,899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,913,899.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,599.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,599.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,917,498.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

AFAC is exempt from federal income tax as a nonprofit organization described in section 501(c)(3) of the internal revenue code and is classified as an organization other than a private foundation. AFAC did not have a liability for unrelated business income for the year ended June 30, 2022.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Arlington Food Assistance Center

Employer identification number

54-1473207

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		Golf Tournament (event type)	Spring Gala (event type)	1 (total number)		
Revenue	1	Gross receipts	126,797.	144,243.	36,873.	307,913.
	2	Less: Contributions	96,531.	116,581.	32,582.	245,694.
	3	Gross income (line 1 minus line 2)	30,266.	27,662.	4,291.	62,219.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	24,000.	24,154.		48,154.
	7	Food and beverages	362.			362.
	8	Entertainment				
	9	Other direct expenses	5,904.	3,508.	4,291.	13,703.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				62,219.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

13a	_____ %
13b	_____ %

 - a The organization's facility _____
 - b An outside facility _____

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **Arlington Food Assistance Center** Employer identification number **54-1473207**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD DONATIONS	105600	0.	2,445,561.	ACCEPTED FOOD BANK VALUATION	SUPPLEMENTAL GROCERIES TO FAMILIES IN NEED

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **Arlington Food Assistance Center**
 Employer identification number: **54-1473207**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jolie Smith Development Director	(i)	159,030.	6,000.	0.	6,070.	25,823.	196,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Charles Meng CEO	(i)	154,038.	0.	0.	6,162.	10,357.	170,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Arlington Food Assistance Center** Employer identification number **54-1473207**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	137,016.	Market value
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3,772	2,440,811.	Accepted food bank v
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Television</u>)	X	1	432.	Market value
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Arlington Food Assistance Center

Employer identification number

54-1473207

Form 990, Part III, Line 4a, Program Service Accomplishments:

food supplies over weekends and long holidays (this has been suspended while the schools are closed). AFAC received over 1,400,000 lbs through food donations from individuals, business, congregations, and other community organizations and purchased another 1,500,000 lbs of food for distribution to our families. In total over 2,900,000 lbs of food were distributed to Arlington residents in need.

Form 990, Part VI, Section A, line 8b:

Minutes of all board and executive committee meetings are made contemporaneously. No committee has the authority to act independently of the board.

Form 990, Part VI, Section B, line 11b:

After review by the CEO, the 990 is presented to the board for their review and acceptance, prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Officers, directors and key employees are required to sign a conflict of interest policy agreement on an annual basis. An individual with a conflict of interest is expected to disclose the potential conflict in writing, to the board chair or the CEO, as soon as possible. The board will evaluate the potential conflict and if one is deemed to exist, the individual will not be included in voting and/or decisions related to the conflict.

Form 990, Part VI, Section B, Line 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization Arlington Food Assistance Center	Employer identification number 54-1473207
---	---

The CEO's individual performance review is conducted by the executive committee of the board and then approved by the full board. Local comparable positions at comparable organizations are used as a reference.

Individual performance reviews of others holding key positions are conducted by the CEO. Comparable positions at comparable local and national nonprofit organizations were used as a reference in determining compensation.

Form 990, Part VI, Section C, Line 19:

The financial statements, form 990, governing documents and the conflict of interest policy re available to the public upon request.

Form 990, Part XII, Line 2c:

The process has not changed.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Arlington Food Assistance Center** Employer identification number **54-1473207**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
2708 S NELSON STREET LLC 2708 S NELSON STREET ARLINGTON, VA 22206	RENTAL ACTIVITY	Virginia		2,108,497.	ARLINGTON FOOD ASSISTANCE CENTER

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	Land	06/20/07	L				261,901.				261,901.			0.	
63	Land	09/21/20	L				435,500.				435,500.			0.	
1	Building	06/20/07	SL	39.00		MM16	669,660.				669,660.	241,109.		17,171.	258,280.
64	2704 S Nelson Building	09/21/20	SL	39.00		MM16	387,068.				387,068.	7,444.		9,925.	17,369.
	* 990 Page 10 Total -						1,754,129.				1,754,129.	248,553.		27,096.	275,649.
3	Roof repairs and replacement	03/17/17	SL	15.00		16	51,907.				51,907.	14,705.		3,460.	18,165.
4	Schematics for bldg renovation	01/15/14	SL	15.00		16	4,000.				4,000.	1,335.		267.	1,602.
5	2-ton air conditioner/2-ton air hanger; return box, supp	03/01/17	SL	15.00		16	4,400.				4,400.	1,245.		293.	1,538.
6	Building Remodel - Phase 1 2nd floor	03/01/17	SL	15.00		16	520,933.				520,933.	147,598.		34,729.	182,327.
7	Downstairs Renovations Phase 2 1st Payment	08/03/17	SL	15.00		16	76,765.				76,765.	15,780.		5,118.	20,898.
8	Downstairs Renovations	05/01/18	SL	15.00		16	937,326.				937,326.	197,879.		62,488.	260,367.
9	Downstairs Renovations	06/01/18	SL	15.00		16	9,981.				9,981.	2,106.		665.	2,771.
10	Interest on Downstairs renovations	06/01/18	SL	15.00		16	12,736.				12,736.	2,689.		849.	3,538.
11	Downstairs Renovations	07/31/18	SL	15.00		16	9,546.				9,546.	1,908.		636.	2,544.
12	Downstairs Renovation	07/31/18	SL	15.00		16	5,026.				5,026.	1,005.		335.	1,340.
13	Go Safer Security System	07/31/18	SL	15.00		16	2,500.				2,500.	501.		167.	668.
14	SEEC Unit Renovation	10/24/18	SL	15.00		16	6,800.				6,800.	1,092.		453.	1,545.
15	Lighting Fixture	03/01/19	SL	15.00		16	4,274.				4,274.	665.		285.	950.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	Daco Lighting Fixtures	04/01/19	SL	15.00		16	11,120.				11,120.	1,667.		741.	2,408.
62	New building	07/01/20	SL	15.00		16	23,250.				23,250.	1,550.		1,550.	3,100.
65	Construction - 2704 S Nelson	06/30/21	SL	15.00		16	579,116.				579,116.			38,589.	38,589.
74	Construction - 2704 S Nelson	06/30/22	SL	15.00		16	504,004.				504,004.			0.	
	* 990 Page 10 Total -						2,763,684.				2,763,684.	391,725.		150,625.	542,350.
17	Stainless steel tables (6)	04/27/14	SL	7.00		16	1,876.				1,876.	1,876.		0.	1,876.
18	Deposit on Contract #MB62935A for furniture/equi	03/01/17	SL	7.00		16	11,555.				11,555.	7,017.		1,651.	8,668.
19	Floor Scale	11/02/17	SL	7.00		16	1,795.				1,795.	939.		256.	1,195.
20	Bike Racks for outside	03/31/18	SL	7.00		16	1,683.				1,683.	780.		240.	1,020.
21	Shelving	06/01/00	SL	10.00		16	1,910.				1,910.	1,910.		0.	1,910.
22	Triner scale	09/30/09	SL	5.00		16	1,753.				1,753.	1,753.		0.	1,753.
23	Global pallet mover	06/30/11	SL	5.00		16	4,042.				4,042.	4,042.		0.	4,042.
24	TV for demos	06/30/11	SL	5.00		16	1,169.				1,169.	1,169.		0.	1,169.
25	Yale lift truck	03/31/15	SL	5.00		16	4,905.				4,905.	4,905.		0.	4,905.
26	Walk ins	05/01/18	SL	10.00		16	263,986.				263,986.	83,597.		26,399.	109,996.
27	Dock lift	05/01/18	SL	10.00		16	14,985.				14,985.	4,747.		1,499.	6,246.
28	Forklift	05/01/18	SL	10.00		16	18,000.				18,000.	4,399.		1,800.	6,199.
66	Furniture	11/30/20	SL	5.00		16	4,150.				4,150.	484.		830.	1,314.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
67	Furniture	02/04/21	SL	10.00		16	32,362.				32,362.	2,697.		3,236.	5,933.
68	Furniture	04/30/21	SL	7.00		16	3,283.				3,283.	109.		469.	578.
71	Walk-in Refrigerators - Warehouse	07/01/21	SL	7.00		16	32,362.				32,362.			4,623.	4,623.
72	Tables - Upstairs office	09/20/21	SL	7.00		16	6,255.				6,255.			670.	670.
	* 990 Page 10 Total -						406,071.				406,071.	120,424.		41,673.	162,097.
29	Van, 2006 Chevy	10/31/05	SL	5.00		16	21,809.				21,809.	21,809.		0.	21,809.
30	Van, 2008 GMC Safari	11/04/08	SL	5.00		16	23,834.				23,834.	23,834.		0.	23,834.
31	Truck, 2012 Ford E-350 SD Cutaway	01/19/13	SL	5.00		16	35,658.				35,658.	35,658.		0.	35,658.
32	2017 Ford Transit (7055)	04/07/17	SL	5.00		16	34,196.				34,196.	29,066.		5,130.	34,196.
33	2017 Ford Transit (4812)	04/07/17	SL	5.00		16	34,366.				34,366.	29,210.		5,156.	34,366.
34	Vehicle wrap for new vehicles	04/21/17	SL	5.00		16	6,050.				6,050.	5,388.		662.	6,050.
35	2013 Chevy Express Van	08/22/19	SL	5.00		16	18,000.				18,000.	6,600.		3,600.	10,200.
36	2020 Ford Transit 150	05/14/20	SL	5.00		16	28,726.				28,726.	6,703.		5,745.	12,448.
	* 990 Page 10 Total -						202,639.				202,639.	158,268.		20,293.	178,561.
37	Dell Optiplex 7040 + 24" monitor	02/23/16	SL	5.00		16	1,196.				1,196.	1,196.		0.	1,196.
38	Dell Optiplex 7040 - Computer property over \$1000	02/23/16	SL	5.00		16	1,039.				1,039.	1,039.		0.	1,039.
39	Dell Opti 7450	05/19/17	SL	5.00		16	1,350.				1,350.	1,103.		247.	1,350.
40	Dell Opti 7450	05/19/17	SL	5.00		16	1,350.				1,350.	1,103.		247.	1,350.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	Dell Opti 7450	05/19/17	SL	5.00		16	1,350.				1,350.	1,103.		247.	1,350.
42	Dell PowerEdge R430 server	09/27/17	SL	5.00		16	4,450.				4,450.	3,338.		890.	4,228.
43	Dell Optiplex 7450 All in One Desktops	12/28/17	SL	5.00		16	1,325.				1,325.	928.		265.	1,193.
44	Dell Optiplex 7450 All in One Desktops	12/28/17	SL	5.00		16	1,325.				1,325.	928.		265.	1,193.
45	Dell Optiplex 7450 & Monitor	01/04/18	SL	5.00		16	1,540.				1,540.	1,078.		308.	1,386.
46	LCD Screen + Optiplex 7060-C.Meng	08/10/18	SL	5.00		16	1,293.				1,293.	755.		259.	1,014.
47	Dell Latitude 14	11/09/18	SL	5.00		16	1,550.				1,550.	827.		310.	1,137.
48	Dell Optiplex 5055	12/13/18	SL	5.00		16	1,760.				1,760.	909.		352.	1,261.
49	Optiplex 7060 and New LCD Screen	08/10/18	SL	5.00		16	1,332.				1,332.	776.		266.	1,042.
50	2 Optiplex 5060	04/08/19	SL	5.00		16	2,275.				2,275.	1,024.		455.	1,479.
69	Elevative Networks	05/14/21	SL	5.00		16	2,379.				2,379.	132.		476.	608.
	* 990 Page 10 Total -						25,514.				25,514.	16,239.		4,587.	20,826.
51	Sage Fundraising 50 4-user license	06/07/11	SL	3.00		16	6,750.				6,750.	6,750.		0.	6,750.
52	Sage Fundraising 50 1-user license	10/27/11	SL	3.00		16	850.				850.	850.		0.	850.
53	Client Registration application (Segue Tech)	08/01/12	SL	3.00		16	37,590.				37,590.	37,590.		0.	37,590.
54	AFAC website (new)	06/12/13	SL	3.00		16	11,210.				11,210.	11,210.		0.	11,210.
55	AFAC website (new)	07/31/15	SL	3.00		16	900.				900.	900.		0.	900.
56	AFAC website (new)	11/01/15	SL	3.00		16	4,455.				4,455.	4,455.		0.	4,455.

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
57	AFAC website (new)	11/01/15	SL	3.00		16	4,783.				4,783.	4,783.		0.	4,783.
58	AFAC website (new)	05/31/17	SL	3.00		16	175.				175.	172.		3.	175.
59	Station Cabling installation for Phase 1	03/01/17	SL	3.00		16	9,200.				9,200.	8,945.		255.	9,200.
60	Cobb System Group, LLC	12/19/19	SL	3.00		16	10,310.				10,310.	5,155.		3,437.	8,592.
61	Cobb System Group, LLC	09/01/19	SL	3.00		16	55,290.				55,290.	33,788.		18,430.	52,218.
70	Cobb System Group, LLC	06/30/21	SL	3.00		16	24,743.				24,743.			8,248.	8,248.
73	Cobb System Group, LLC	04/30/22	SL	3.00		16	24,743.				24,743.			1,375.	1,375.
	* 990 Page 10 Total -						190,999.				190,999.	114,598.		31,748.	146,346.
	* Grand Total 990 Page 10 Depr						5,343,036.				5,343,036.	1,049,807.		276,022.	1,325,829.
	Current Year Activity														
	Beginning balance						4,775,672.			0.	4,775,672.	1,049,807.			1,319,161.
	Acquisitions						567,364.			0.	567,364.	0.			6,668.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						5,343,036.			0.	5,343,036.	1,049,807.			1,325,829.
	Ending accum depr											1,325,829.			
	Ending book value											4,017,207.			

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Arlington Food Assistance Center

Form 990 Page 10

54-1473207

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	276,022.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	276,022.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	Land	062007	L			261,901.			261,901.			0.
63	Land	092120	L			435,500.			435,500.			0.
1	Building	062007	SL	39.00	16	669,660.			669,660.	241,109.		17,171.
	2704 S Nelson											
64	Building	092120	SL	39.00	16	387,068.			387,068.	7,444.		9,925.
	* 990 Page 10 Total											
	-					1754129.		0.	1754129.	248,553.		27,096.
3	Roof repairs and replacement	031717	SL	15.00	16	51,907.			51,907.	14,705.		3,460.
4	Schematics for bldg renovation	011514	SL	15.00	16	4,000.			4,000.	1,335.		267.
5	2-ton air conditioner/2-ton a	030117	SL	15.00	16	4,400.			4,400.	1,245.		293.
6	Building Remodel - Phase 1 2nd floor	030117	SL	15.00	16	520,933.			520,933.	147,598.		34,729.
7	Downstairs Renovations Phase 2	080317	SL	15.00	16	76,765.			76,765.	15,780.		5,118.
8	Downstairs Renovations	050118	SL	15.00	16	937,326.			937,326.	197,879.		62,488.
9	Downstairs Renovations	060118	SL	15.00	16	9,981.			9,981.	2,106.		665.
10	Interest on Downstairs renovati	060118	SL	15.00	16	12,736.			12,736.	2,689.		849.
11	Downstairs Renovations	073118	SL	15.00	16	9,546.			9,546.	1,908.		636.
12	Downstairs Renovation	073118	SL	15.00	16	5,026.			5,026.	1,005.		335.
13	Go Safer Security System	073118	SL	15.00	16	2,500.			2,500.	501.		167.
14	SEEC Unit Renovation	102418	SL	15.00	16	6,800.			6,800.	1,092.		453.
15	Lighting Fixture	030119	SL	15.00	16	4,274.			4,274.	665.		285.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	Daco Lighting Fixtures	040119	SL	15.00	16	11,120.			11,120.	1,667.		741.
62	New building	070120	SL	15.00	16	23,250.			23,250.	1,550.		1,550.
65	Construction - 2704 S Nelson	063021	SL	15.00	16	579,116.			579,116.			38,589.
74	Construction - 2704 S Nelson	063022	SL	15.00	16	504,004.			504,004.			0.
	* 990 Page 10 Total -					2763684.		0.	2763684.	391,725.		150,625.
17	Stainless steel tables (6)	042714	SL	7.00	16	1,876.			1,876.	1,876.		0.
18	Deposit on Contract #MB62935A for furni	030117	SL	7.00	16	11,555.			11,555.	7,017.		1,651.
19	Floor Scale	110217	SL	7.00	16	1,795.			1,795.	939.		256.
20	Bike Racks for outside	033118	SL	7.00	16	1,683.			1,683.	780.		240.
21	Shelving	060100	SL	10.00	16	1,910.			1,910.	1,910.		0.
22	Triner scale	093009	SL	5.00	16	1,753.			1,753.	1,753.		0.
23	Global pallet mover	063011	SL	5.00	16	4,042.			4,042.	4,042.		0.
24	TV for demos	063011	SL	5.00	16	1,169.			1,169.	1,169.		0.
25	Yale lift truck	033115	SL	5.00	16	4,905.			4,905.	4,905.		0.
26	Walk ins	050118	SL	10.00	16	263,986.			263,986.	83,597.		26,399.
27	Dock lift	050118	SL	10.00	16	14,985.			14,985.	4,747.		1,499.
28	Forklift	050118	SL	10.00	16	18,000.			18,000.	4,399.		1,800.
66	Furniture	113020	SL	5.00	16	4,150.			4,150.	484.		830.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
67	Furniture	020421	SL	10.00	16	32,362.			32,362.	2,697.		3,236.
68	Furniture	043021	SL	7.00	16	3,283.			3,283.	109.		469.
71	Walk-in Refrigerators - War	070121	SL	7.00	16	32,362.			32,362.			4,623.
72	Tables - Upstairs office	092021	SL	7.00	16	6,255.			6,255.			670.
	* 990 Page 10 Total -					406,071.		0.	406,071.	120,424.		41,673.
29	Van, 2006 Chevy	103105	SL	5.00	16	21,809.			21,809.	21,809.		0.
30	Van, 2008 GMC Safari	110408	SL	5.00	16	23,834.			23,834.	23,834.		0.
31	Truck, 2012 Ford E-350 SD Cutaway	011913	SL	5.00	16	35,658.			35,658.	35,658.		0.
32	2017 Ford Transit (7055)	040717	SL	5.00	16	34,196.			34,196.	29,066.		5,130.
33	2017 Ford Transit (4812)	040717	SL	5.00	16	34,366.			34,366.	29,210.		5,156.
34	Vehicle wrap for new vehicles	042117	SL	5.00	16	6,050.			6,050.	5,388.		662.
35	2013 Chevy Express Van	082219	SL	5.00	16	18,000.			18,000.	6,600.		3,600.
36	2020 Ford Transit 150	051420	SL	5.00	16	28,726.			28,726.	6,703.		5,745.
	* 990 Page 10 Total -					202,639.		0.	202,639.	158,268.		20,293.
37	Dell Optiplex 7040 + 24" monitor	022316	SL	5.00	16	1,196.			1,196.	1,196.		0.
38	Dell Optiplex 7040 - Computer property	022316	SL	5.00	16	1,039.			1,039.	1,039.		0.
39	Dell Opti 7450	051917	SL	5.00	16	1,350.			1,350.	1,103.		247.
40	Dell Opti 7450	051917	SL	5.00	16	1,350.			1,350.	1,103.		247.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	Dell Opti 7450	051917	SL	5.00	16	1,350.			1,350.	1,103.		247.
42	Dell PowerEdge R430 server	092717	SL	5.00	16	4,450.			4,450.	3,338.		890.
43	Dell Optiplex 7450 All in One Desktops	122817	SL	5.00	16	1,325.			1,325.	928.		265.
44	Dell Optiplex 7450 All in One Desktops	122817	SL	5.00	16	1,325.			1,325.	928.		265.
45	Dell Optiplex 7450 & Monitor	010418	SL	5.00	16	1,540.			1,540.	1,078.		308.
46	LCD Screen + Optiplex 7060- C.Me	081018	SL	5.00	16	1,293.			1,293.	755.		259.
47	Dell Latitude 14	110918	SL	5.00	16	1,550.			1,550.	827.		310.
48	Dell Optiplex 5055	121318	SL	5.00	16	1,760.			1,760.	909.		352.
49	Optiplex 7060 and New LCD Screen	081018	SL	5.00	16	1,332.			1,332.	776.		266.
50	2 Optiplex 5060	040819	SL	5.00	16	2,275.			2,275.	1,024.		455.
69	Elevative Networks * 990 Page 10 Total	051421	SL	5.00	16	2,379.			2,379.	132.		476.
	-					25,514.		0.	25,514.	16,239.		4,587.
51	Sage Fundraising 50 4-user license	060711	SL	3.00	16	6,750.			6,750.	6,750.		0.
52	Sage Fundraising 50 1-user license	102711	SL	3.00	16	850.			850.	850.		0.
53	Client Registration application (Segue	080112	SL	3.00	16	37,590.			37,590.	37,590.		0.
54	AFAC website (new)	061213	SL	3.00	16	11,210.			11,210.	11,210.		0.
55	AFAC website (new)	073115	SL	3.00	16	900.			900.	900.		0.
56	AFAC website (new)	110115	SL	3.00	16	4,455.			4,455.	4,455.		0.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
57	AFAC website (new)	110115	SL	3.00	16	4,783.			4,783.	4,783.		0.
58	AFAC website (new)	053117	SL	3.00	16	175.			175.	172.		3.
59	Station Cabling installation for Ph	030117	SL	3.00	16	9,200.			9,200.	8,945.		255.
60	Cobb System Group, LLC	121919	SL	3.00	16	10,310.			10,310.	5,155.		3,437.
61	Cobb System Group, LLC	090119	SL	3.00	16	55,290.			55,290.	33,788.		18,430.
70	Cobb System Group, LLC	063021	SL	3.00	16	24,743.			24,743.			8,248.
73	Cobb System Group, LLC	043022	SL	3.00	16	24,743.			24,743.			1,375.
	* 990 Page 10 Total					190,999.		0.	190,999.	114,598.		31,748.
	* Grand Total 990 Page 10 Depr					5343036.		0.	5343036.	1049807.		276,022.
	Current Year Activity											
	Beginning balance					4775672.		0.	4775672.	1049807.		
	Acquisitions					567,364.		0.	567,364.	0.		
	Dispositions					0.		0.	0.	0.		
	Ending balance					5343036.		0.	5343036.	1049807.		

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2	Land	062007	L		261,901.		261,901.		0.
63	Land	092120	L		435,500.		435,500.		0.
1	Building	062007	SL	39.00	669,660.		669,660.	258,280.	17,171.
64	2704 S Nelson Building	092120	SL	39.00	387,068.		387,068.	17,369.	9,925.
	* 990 Page 10 Total -				1754129.		1754129.	275,649.	27,096.
3	Roof repairs and replacement	031717	SL	15.00	51,907.		51,907.	18,165.	3,460.
4	Schematics for bldg renovation 2-ton air conditioner/2-ton air hanger; return box, supply box, and	011514	SL	15.00	4,000.		4,000.	1,602.	267.
5	pu	030117	SL	15.00	4,400.		4,400.	1,538.	293.
6	Building Remodel - Phase 1 2nd floor Downstairs Renovations Phase 2 1st	030117	SL	15.00	520,933.		520,933.	182,327.	34,729.
7	Payment	080317	SL	15.00	76,765.		76,765.	20,898.	5,118.
8	Downstairs Renovations	050118	SL	15.00	937,326.		937,326.	260,367.	62,488.
9	Downstairs Renovations	060118	SL	15.00	9,981.		9,981.	2,771.	665.
10	Interest on Downstairs renovations	060118	SL	15.00	12,736.		12,736.	3,538.	849.
11	Downstairs Renovations	073118	SL	15.00	9,546.		9,546.	2,544.	636.
12	Downstairs Renovation	073118	SL	15.00	5,026.		5,026.	1,340.	335.
13	Go Safer Security System	073118	SL	15.00	2,500.		2,500.	668.	167.
14	SEEC Unit Renovation	102418	SL	15.00	6,800.		6,800.	1,545.	453.
15	Lighting Fixture	030119	SL	15.00	4,274.		4,274.	950.	285.
16	Daco Lighting Fixtures	040119	SL	15.00	11,120.		11,120.	2,408.	741.
62	New building	070120	SL	15.00	23,250.		23,250.	3,100.	1,550.
65	Construction - 2704 S Nelson	063021	SL	15.00	579,116.		579,116.	38,589.	38,608.
74	Construction - 2704 S Nelson	063022	SL	15.00	504,004.		504,004.		33,600.
	* 990 Page 10 Total -				2763684.		2763684.	542,350.	184,244.
17	Stainless steel tables (6) Deposit on Contract #MB62935A for	042714	SL	7.00	1,876.		1,876.	1,876.	0.
18	furniture/equipment	030117	SL	7.00	11,555.		11,555.	8,668.	1,651.
19	Floor Scale	110217	SL	7.00	1,795.		1,795.	1,195.	256.
20	Bike Racks for outside	033118	SL	7.00	1,683.		1,683.	1,020.	240.
21	Shelving	060100	SL	10.00	1,910.		1,910.	1,910.	0.
22	Triner scale	093009	SL	5.00	1,753.		1,753.	1,753.	0.
23	Global pallet mover	063011	SL	5.00	4,042.		4,042.	4,042.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
24	TV for demos	063011	SL	5.00	1,169.		1,169.	1,169.	0.
25	Yale lift truck	033115	SL	5.00	4,905.		4,905.	4,905.	0.
26	Walk ins	050118	SL	10.00	263,986.		263,986.	109,996.	26,399.
27	Dock lift	050118	SL	10.00	14,985.		14,985.	6,246.	1,499.
28	Forklift	050118	SL	10.00	18,000.		18,000.	6,199.	1,800.
66	Furniture	113020	SL	5.00	4,150.		4,150.	1,314.	830.
67	Furniture	020421	SL	10.00	32,362.		32,362.	5,933.	3,236.
68	Furniture	043021	SL	7.00	3,283.		3,283.	578.	469.
71	Walk-in Refrigerators - Warehouse	070121	SL	7.00	32,362.		32,362.	4,623.	4,623.
72	Tables - Upstairs office	092021	SL	7.00	6,255.		6,255.	670.	894.
	* 990 Page 10 Total -				406,071.		406,071.	162,097.	41,897.
29	Van, 2006 Chevy	103105	SL	5.00	21,809.		21,809.	21,809.	0.
30	Van, 2008 GMC Safari	110408	SL	5.00	23,834.		23,834.	23,834.	0.
31	Truck, 2012 Ford E-350 SD Cutaway	011913	SL	5.00	35,658.		35,658.	35,658.	0.
32	2017 Ford Transit (7055)	040717	SL	5.00	34,196.		34,196.	34,196.	0.
33	2017 Ford Transit (4812)	040717	SL	5.00	34,366.		34,366.	34,366.	0.
34	Vehicle wrap for new vehicles	042117	SL	5.00	6,050.		6,050.	6,050.	0.
35	2013 Chevy Express Van	082219	SL	5.00	18,000.		18,000.	10,200.	3,600.
36	2020 Ford Transit 150	051420	SL	5.00	28,726.		28,726.	12,448.	5,745.
	* 990 Page 10 Total -				202,639.		202,639.	178,561.	9,345.
37	Dell Optiplex 7040 + 24" monitor	022316	SL	5.00	1,196.		1,196.	1,196.	0.
	Dell Optiplex 7040 - Computer								
	property over \$1000 to be								
38	depreciated	022316	SL	5.00	1,039.		1,039.	1,039.	0.
39	Dell Opti 7450	051917	SL	5.00	1,350.		1,350.	1,350.	0.
40	Dell Opti 7450	051917	SL	5.00	1,350.		1,350.	1,350.	0.
41	Dell Opti 7450	051917	SL	5.00	1,350.		1,350.	1,350.	0.
42	Dell PowerEdge R430 server	092717	SL	5.00	4,450.		4,450.	4,228.	222.
	Dell Optiplex 7450 All in One								
43	Desktops	122817	SL	5.00	1,325.		1,325.	1,193.	132.
	Dell Optiplex 7450 All in One								
44	Desktops	122817	SL	5.00	1,325.		1,325.	1,193.	132.
45	Dell Optiplex 7450 & Monitor	010418	SL	5.00	1,540.		1,540.	1,386.	154.
46	LCD Screen + Optiplex 7060- C.Meng	081018	SL	5.00	1,293.		1,293.	1,014.	259.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

Arlington Food Assistance Center

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
47	Dell Latitude 14	110918	SL	5.00	1,550.		1,550.	1,137.	310.
48	Dell Optiplex 5055	121318	SL	5.00	1,760.		1,760.	1,261.	352.
49	Optiplex 7060 and New LCD Screen	081018	SL	5.00	1,332.		1,332.	1,042.	266.
50	2 Optiplex 5060	040819	SL	5.00	2,275.		2,275.	1,479.	455.
69	Elevative Networks	051421	SL	5.00	2,379.		2,379.	608.	476.
	* 990 Page 10 Total -				25,514.		25,514.	20,826.	2,758.
51	Sage Fundraising 50 4-user license	060711	SL	3.00	6,750.		6,750.	6,750.	0.
52	Sage Fundraising 50 1-user license	102711	SL	3.00	850.		850.	850.	0.
	Client Registration application								
53	(Segue Tech)	080112	SL	3.00	37,590.		37,590.	37,590.	0.
54	AFAC website (new)	061213	SL	3.00	11,210.		11,210.	11,210.	0.
55	AFAC website (new)	073115	SL	3.00	900.		900.	900.	0.
56	AFAC website (new)	110115	SL	3.00	4,455.		4,455.	4,455.	0.
57	AFAC website (new)	110115	SL	3.00	4,783.		4,783.	4,783.	0.
58	AFAC website (new)	053117	SL	3.00	175.		175.	175.	0.
	Station Cabling installation for								
59	Phase 1	030117	SL	3.00	9,200.		9,200.	9,200.	0.
60	Cobb System Group, LLC	121919	SL	3.00	10,310.		10,310.	8,592.	1,718.
61	Cobb System Group, LLC	090119	SL	3.00	55,290.		55,290.	52,218.	3,072.
70	Cobb System Group, LLC	063021	SL	3.00	24,743.		24,743.	8,248.	8,248.
73	Cobb System Group, LLC	043022	SL	3.00	24,743.		24,743.	1,375.	8,248.
	* 990 Page 10 Total -				190,999.		190,999.	146,346.	21,286.
	* Grand Total 990 Page 10 Depr				5343036.		5343036.	1325829.	286,626.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone