Form **990-T** (2018)

	·	COV	/ID-19 - EX								1	OMB No 1545-0687	
Forn	990-T		Exempt Orga (and	ınization d proxy tax	Busine under s	ess I sectio	ncomon 6033	e Ta: (e))	x Re	eturn		2018	
		For cale	endar year 2018 or other ta	x year beginnin	7/01/	18,	and ending	06/3			. L	2010	
	rtment of the Treasury	.	Go to www.irs	gov/Form9907	for instruc	ctions a	ind the lat	est info	ormatic	UII.	I Obe	en to Public Inspection	
Inten	nal Revenue Service Check box if	DO II	ot enter SSN numbers						annzati				
B	address changed exempt under section		Name of organization (Check box if name changed and see instructions)								D Employer identification number (Employees' trust, see instructions)		
_	K 501(C)(03)	Print FAMILIES FIRST, INC.											
f	408(e) 220(e)		Number, street, and room or suite no. If a P.O. box, see instructions								58-1054331		
ŀ	408A 530(a)	Туре	80 JOSEPH E. LOWERY BOULEVARD, NW								E Unrelated business activity code		
Ì	529(a)	.,,,	City or town, state or province, country, and ZIP or foreign postal code							(See instruct	ions)		
CE	Book value of all assets		ATLANTA			GA 3	30314	-34	21				
-	it end of year	F G	roup exemption numb	er (See instru	ctions) 🕨							. <u> </u>	
			heck organization typ		1(c) corpo			01(c) tr		401(a) tru		Other trust	
н	Enter the number of the	organi	zation's unrelated trac	les or busines:	ses ▶1	Descr	be the or	nly (or f	first) u	nrelated trade	or bus	iness here	
ı	TAXABLE F									······································	-	nly one, complete	
F	Parts I-V If more than	one, de	scribe the first in the b	olank space at	the end of	the pro	evious se	ntence	, com	plete Parts I an	d II, c	complete	
	Schedule M for each a	ditional	trade or business, th	en complete P	arts III–V_						_		
1 [During the tax year, wa	s the co	rporation a subsidiary	ın an affiliated	group or	a pare	nt-subsidi	агу со	ntrolle	d group?		▶ Yes	
. !	f "Yes," enter the name	e and ide	entifying number of th	e parent corpo	ration								
			CULTANDIA	TAVINO					T-1-		. 4	04-853-28	
	The books are in care						(4)	Income	l ele			(C) Net	
			le or Business Ir	icome		1 1	(A) I	Income		(B) Expenses	<u> </u>	, (C) Net	
1a	Gross receipts or sale			a Palanca		1c						•	
ь	Less returns and allo			c Balance		2			\rightarrow	•		, , ,	
2	Cost of goods sold (S					3			$\overline{}$	 			
3	Gross profit Subtract Capital gain net incor					4a					•		
4a	Net gain (loss) (Form 47)	•	•	707)		4b				•			
b	Capital loss deductio			31)		4c			\dashv	,		<u> </u>	
5	Income (loss) from partnership					5				•			
6	Rent income (Schedi		poration (attach statement)			6							
7	Unrelated debt-finance		me (Schedule F)			7			- 				
8			ents from controlled orga	nization (Schedu	le F)	8							
9	Investment income of a					9							
10	Exploited exempt act				3 3,	10			<u> </u>				
11	Advertising income (\$	•				11							
12	Other income (See in					12				1,			
13	Total. Combine lines		•			13			<u> </u>	·			
			t Taken Elsewh	ere (See ins	truction		mifallo	ns on		uctions) (Ex	cept	for contribution	
r	deduction	ns mus	st be directly conr	ected with	he unre	lated.	busines	<u>ssunc</u>	ome)			
14	Compensation of office	cers, dir	ectors, and trustees (Schedule K) c	J	0.1	2020	181			14		
15	Salaries and wages			Schedule K)	31 JUI	_ 21	2020	S-0S			15		
16	Repairs and mainten	ance		ľ	-1			一点			16		
17	Bad debts 🌱			į.		DEI	N, UT	١ ١			17		
18	Interest (attach sched	dule) (se	e instructions)	Ł			., .				18		
19	Taxes and licenses										19		
20	Charitable contributions	•		s)							20		
21	Depreciation (attach	Form 45	662)					21					
22	Less depreciation cla	imed on	Schedule A and else	where on retu	'n			22a			22b		
23	Depletion										23		
24	Contributions to defe		npensation plans								24		
25	Employee benefit pro										25 26		
26		Excess exempt expenses (Schedule I)											
27	•	Excess readership costs (Schedule J)											
28	•	Other deductions (attach schedule)									28		
29	Total deductions. A	tal deductions. Add lines 14 through 28 related business taxable income before net operating loss deduction. Subtract line 29 from line 13									29		
							70 6	nm line	13		30	I	
30										, l			
28 29 30 31 32		erating lo	oss arising in tax year	s beginning on	or after Ja					ons)	31 32		

DAA For Paperwork Reduction Act Notice, see instructions.

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Form	990-T (2018) FAMIL	IES FIRST	, IN	1C .		58-1	054331	Page				
Sch	edule A - Cost of Go	ods Sold. Ent	er me	thod of inve	ntory valuation I	>						
1	Inventory at beginning of ye	ear 1		6	Inventory at end of	year		6				
2	Purchases		7	Cost of goods so	ract							
3	Cost of labor	3			line 6 from line 5	i I						
4a	Additional sec 263A costs				ın Part I, line 2		7					
	(attach schedule)	4a		8	Yes N							
b	Other costs	4b	·		Do the rules of sec property produced	red for resale) apply						
5	(attach schedule) Total. Add lines 1 through				to the organization?							
Sch	edule C – Rent Incon	ne (From Rea	Prop	erty and Po			ed With Real Pr	operty)				
	e instructions)											
1 Desc	conption of property						•					
(1)	N/A											
(2)												
(3)												
(4)							1 18.1					
		2 Rent receiv	ed or acc	rued								
	(a) From personal property (if the pe	ercentage of rent		(b) From real an	d personal property (if the		3(a) Deductions directly connected with the income					
	for personal property is more than	n 10% but not	percentage of rent for personal property exceed				ın columns 2(a) and 2(b) (attach schedule)					
	more than 50%)		50% or if the rent i	s based on profit or income))							
(1)				_								
(2)								=				
(3)												
(4)				-	-							
Total			Total				(b) Total deductions					
(c) To	otal income. Add totals of o	columns 2(a) and	2(b) Fr	iter	•		Enter here and on page 1,					
	and on page 1, Part I, line 6		-(D)		•		Part I, line 6, column (
Sch	edule E – Unrelated (Debt-Finance	d Inco	me (see inst	tructions)			-				
					•		3 Deductions directly cor	nected with or allocable to				
	4 December of debt 6-		1	s income from or e to debt-financed			ced property					
	Description of debt-fine		allocable	property	(a) S	Straight line depreciation	(b) Other deductions					
				ļ			(attach schedule)	(attach schedule)				
(1)	N/A					1		-				
(2)							-					
(3)			_									
(4)												
<u>.,, </u>	4 Amount of average	5 Average adjusted	basis		6 Column	1		8 Allocable deductions				
	acquisition debt on or of or allocable to			4 duaded			iross income reportable	(column 6 x total of columns 3(a) and 3(b))				
	allocable to debt-financed debt-financed proper property (attach schedule) (attach schedule)			hy column 5			column 2 x column 6)					
(1)		<u> </u>			9			· · · · · · · · · · · · · · · · ·				
					9,	+						
(2)					9	+						
(3)				 		†	•					
(4)	<u></u>			<u>. </u>		}	here and on page 1	Enter here and an acce 1				
						Part	here and on page 1, I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)				
Ta4-1	_				•			, , , , , , , , , , , , , , , , , , , ,				
Total		المادادين مسملهم		~ 0			•					
ı otal	dividends-received dedu	cuons included ir	i colum	11 0				l				

Schedule F – Interest, An	nuities, <u>Roy</u>	alties, and R		rom Cont pt Controlle				ons (see in	structio	ons)	
1 Name of controlled organization	ıde	2 Employer identification number		related income ee instructions)	4 To	4 Total of specified payments made		5 Part of columnincluded in the corrections	ontrolling	6 Deductions directly connected with income in column 5	
(1) N/A	_				-			rganization s gro	33 Income	in column 5	
(2)											
(3)		.,			l	-			-		
(4)					ļ				-		
Nonexempt Controlled Organiz	zations										
7 Taxable Income		Net unrelated income oss) (see instructions)		9 Total of speci payments mad		In	cluded in the	umn 9 that is e controlling gross income		Deductions directly inected with income in column 10	
(1)						1					
(2)		 -									
(3)										,	
(4)											
Totals					<u> </u>	En Pa	art I, line 8,	d on page 1, column (A)	Ente Par	ld columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Schedule G – Investment	Income of a	Section 501	(c)(7),	(9), or (17) Orga	aniza	ition (se	ee instructio	ons)		
1 Description of income	1 Description of income			3 Deductions directly connected (attach schedule)				I. Set-asides tach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A											
(2)				<u> </u>							
(3)				 							
(4)				ļ			<u> </u>				
Totals	>	Enter here and o Part I, line 9, col	umn (A)		<u></u>			,	Pa	ter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Ex	empt Activit	y income, O	ther II	nan Adver	tising	Inco	ome (se	<u>e instructio</u>	ns)		
2 Gr unrels 1 Description of exploited activity business from tra busin		ated directly Income connected production unrelate		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		attnbutable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		··									
(2)										1	
(3)											
(4)											
Totals •	Enter here and o page 1, Part I, line 10, col (A)	page 1, Pa	art I,	1	•		-			Enter here and on page 1, Part II, line 26	
Schedule J – Advertising	Income (see	instructions)									
Part I Income From			a Con	solidated	Basis	3					
2 Gro 1. Name of penodical advertise income		sing 3 Direct		4 Advertisin gain or (loss) (i 2 minus col 3; a gain, compu cols 5 through	col) If ite	f S Circulation income		6 Readers costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A	ļ			4	L					- ا	
(2)	ļ			•	L				<u> </u>		
(3)				<u> </u> _						-	
(4)	 			•						<u> </u>	
Totals (carry to Part II, line (5))	<u> </u>			 -						Form 990-T (2018)	

Total. Enter here and on page 1, Part II, line 14

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns "Part II_ 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 6 Readership 5 Circulation advertising 2 minus col 3) If minus column 5, but 1. Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) N/A (2) (3) Totals from Part I \triangleright Enter here and Enter here and on Enter here and on page 1, Part I, on page 1, oage 1, Part I. Part II, line 27 line 11, col. (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 1 Name 2 Title unrelated business business (1) N/A % (2) % (3) % (4)

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