### EXTENDED TO NOVEMBER 15, 2019

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

Inspection

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.

Open to Public

Α	For the	2018 calendar year, or tax year beginning and ending	<u></u>	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres:	FOOD LITERACY CENTER		
	Name change	Doing business as	45-3	973268
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  170 SANDBURG DRIVE		476-4766
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	636,370.
	Amend- return		H(a) Is this a group re	
	Applica tion		for subordinates	s? Yes X No
	pending	170 SANDBURG DRIVE, SACRAMENTO, CA 95819	H(b) Are all subordinates i	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
		FOODLITERACYCENTER.ORG	H(c) Group exemption	
			Year of formation: $2012$	M State of legal domicile: CA
P		Summary		DIDE WIDE
9	1 5	Briefly describe the organization's mission or most significant activities: OUR MISS TO EAT THEIR VEGETABLES. WE TEACH LOW-INCOM	SION IS TO INS	PIRE KIDS
Governance	-			
Veri	2 (	Check this box if the organization discontinued its operations or disposed of	ı	ssets.
Ĝ	3 1	Number of voting members of the governing body (Part VI, line 1a)		7
∞ ′0	+ '	Number of independent voting members of the governing body (Part VI, line 1b)		36
ij		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		147
Activities &		otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (C), line 12		0.
Ă		Net unrelated business taxable income from Form 990-T, line 38		0.
	<del>  ~ .</del>	tot amounted patiented taxable mounte norm cool 1, mile se	Prior Year	Current Year
a)	8 (	Contributions and grants (Part VIII, line 1h)	756,337.	609,663.
Revenue		Program service revenue (Part VIII, line 2g)	3,110.	10,222.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	22.	109.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030.	-3,096.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	760,499.	616,898.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	431,510.	531,484.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b∃	otal fundraising expenses (Part IX, column (D), line 25)  41,678.	445 444	111 1 1 50
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,411.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	546,921.	645,656.
	19 F	Revenue less expenses. Subtract line 18 from line 12	213,578.	-28,758.
Net Assets or	00 -	Tabel accords (Dark V. Bara 40)	Beginning of Current Year 548,877.	End of Year 451,118.
SSE	20	Total assets (Part X, line 16)	85,663.	29,122.
let /	21	otal liabilities (Part X, line 26)  Vet assets or fund balances. Subtract line 21 from line 20	463,214.	421,996.
P	2  22   N art II	Signature Block	405,214.	421,5501
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	v knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which pre		,, ,
Sig	ın	Signature of officer	Date	
He		AMBER STOTT, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature		X PTIN
Pai	-	ERIKA K BEARRY	08/08/19 if self-employ	P00637388
	-	Firm's name ERIKA K BEARRY CPA	Firm's EIN ▶	82-3661545
Use	Only	Firm's address 919 RESERVE DRIVE SUITE 102		6.045.0000
		ROSEVILLE, CA 95678	Phone no.91	6-245-2081
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  FOUNDED IN 2011 AS A NON-GOVERNMENT 501C3 NONPROFIT, OUR MISSION IS TO
	INSPIRE KIDS TO EAT THEIR VEGETABLES. WE TEACH LOW-INCOME ELEMENTARY
	CHILDREN COOKING AND NUTRITION TO IMPROVE OUR HEALTH, ECONOMY, AND
	ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any, for each program convice reported
4a	(Code:) (Expenses \$ 552,920 • including grants of \$) (Revenue \$
	WHAT WE DO
	WE TEACH. BASIC COOKING SKILLS, NUTRITION, FRUIT AND VEGETABLE
	APPRECIATION, AND WHERE FOOD COMES FROM.
	WE FEED. WE INTRODUCE HEALTHY SNACKS AND INTRODUCE KIDS TO FRUITS AND
	VEGETABLES SO THEY'LL MAKE SMART CHOICES.
	OUR APPROACH
	WE BELIEVE GOOD FOOD SHOULD BE FUN! WE FOCUS ON THE POSITIVE SIDE OF
	FOOD, SHARING PRACTICAL, AFFORDABLE, AND APPROACHABLE WAYS TO EAT WELL.
	WE AIM TO ENGAGE RATHER THAN FRIGHTEN.
	RESULTS
	WE DON'T RELY ON ANECDOTES TO KNOW THAT OUR PROGRAMS ARE WORKING, WE
	TEST AND MEASURE OUR PROGRAMS. 92% OF KIDS SAY HEALTHY FOOD TASTES
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 552,920.
	Form <b>990</b> (2018)

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# Form 990 (2018) FOOD LITERAC 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)?		х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part 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	۰		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<sub>V</sub>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °		25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ٿ		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 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,	174		<del></del>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 22

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# Form 990 (2018) FOOD LITERACY CENT 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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I Doubl	25b		х
06		230		- 25
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
07	complete Schedule L, Part II	26	-	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	225	

# Form 990 (2018) FOOD LITERACY CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 36							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)							
	-		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7				
_	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X				
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50						
Va	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		X				
b	were not tax deductible?	-	6b						
7	Organizations that may receive deductible contributions under section 170(c).		- OD						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	40-							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
~	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	· · · · · · · · · · · · · · · · · · ·		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010)				

Form **990** (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	AMBER STOTT - 916-476-4766			
	170 SANDBURG DRIVE, SACRAMENTO, CA 95819			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and Title	(B) Average	l.,	<b>(C)</b> Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MEGAN BURRITT BOARD MEMBER	1.00	X						0.	0.	
(2) NICOLE ROGERS	1.00	123						•	<u> </u>	
SECRETARY		x		х				0.	0.	
(3) JAY HANSEN	1.00									
BOARD MEMBER		Х						0.	0.	
(4) ELISE BAUER	1.00	ļ							•	
BOARD MEMBER	1 00	X						0.	0.	
(5) MEGAN RIGGS FREASURER	1.00	x		х				0.	0.	
(6) GREG LUCAS	1.00	1		22				0.	0.	
BOARD MEMBER		x						0.	0.	
(7) STACY KAUFFMAN	1.00									
BOARD CHAIR		Х		Х				0.	0.	
(8) AMBER STOTT	40.00								_	
EXECUTIVE DIRECTOR					Х			85,000.	0.	
		$\frac{1}{2}$								
		1								
		$\vdash$								
		1_								
		$\left\{ \right.$								
		$\vdash$								
		1					1			

Form **990** (2018)

Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1		Pos				Reportable	Reportable	6	Stimate	ed
	hours per	box	(do not check more than box, unless person is bot officer and a director/trus			is bot	h an	compensation	compensation		mount	
	week	_	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	- 1	npensa	
	hours for related	or di	g.			ated		organization	(W-2/1099-MISC)		from the	
	organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC)			ganizati nd relati	
	below	lual tr	tional	١.	ploye	st con	_				ganizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			",	gai neach	5110
		_	<del>  -</del>		×	1 0	_					
		1										
		1										
		1										
								05 000				
1b Sub-total								85,000.	0			0.
c Total from continuation sheets to Part V							<b>&gt;</b>	0.	0			0.
d Total (add lines 1b and 1c)								85,000.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			,
compensation from the organization											l v l	(
											Yes	No
3 Did the organization list any <b>former</b> officer,				-	-	-		•				Х
line 1a? If "Yes," complete Schedule J for s								L		3		
4 For any individual listed on line 1a, is the su	•							•	•			Х
and related organizations greater than \$15										4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-		eiai	-		. 5		Х
Section B. Independent Contractors	piete Scriedur	<del>e</del>	01 30	ucn	pers	SOII .				.   3		
Complete this table for your five highest co	mnensated in	den	ande	ent c	onti	racto	nre t	that received more than	\$100 000 of compe	nsation	from	
the organization. Report compensation for	-	-								iloutioi	1110111	
(A)	ino caloridal y	<del>ou.</del>	oriai	ng t	*****	0, 1,	T	(B)	your.		(C)	
Name and business	address	N	INC	E				Description of s	ervices		ensatio	n
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation >				(	0						
										_	agn /	

Pa	rt VI	Statement of Revenue						
		Check if Schedule O contains a re	sponse or note	to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	k c c f		1d	.504. .142. .017. .207. 	609,663.	10,222.	TOVETILLE	312 - 314
		Total. Add lines 2a-2f		▶	10,222.			
	3 4 5	Investment income (including dividence other similar amounts) Income from investment of tax-exemp Royalties	s, interest, and	<b>&gt;</b>	109.			109.
		(i) F Gross rents Less: rental expenses		ersonal				
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	urities (ii)	Other				
Other Revenue	C	Gain or (loss)	(not f	▶				
Other R	c	Part IV, line 18	a 15 , b 19 , events	472.	-3,730.			-3,730.
	k	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activ	a b	▶				
	k	Gross sales of inventory, less returns and allowances     Less: cost of goods sold     Net income or (loss) from sales of inventory	b	▶				
	k			ss Code L710	634.	634.		
	12				634. 616,898.	10,856.	0.	-3,621.

### 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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05 000	60.000	0 500	0 500
	trustees, and key employees	85,000.	68,000.	8,500.	8,500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 165	240 520	00 031	11 004
7	Other salaries and wages	377,165.	342,530.	22,831.	11,804
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 222	20 222		
9	Other employee benefits	29,333.	29,333.	0 1711	1 050
10	Payroll taxes	39,986.	35,518.	2,711.	1,757
11	Fees for services (non-employees):				
а	Management				
b	Legal	11 000	F F20	F F20	
С	Accounting	11,060.	5,530.	5,530.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,624.	3,624.		
13	Office expenses	3,450.	3,450.		
14	Information technology	3,430.	3,430.		
15	Royalties	17,644.	8,822.	8,822.	
16 17	Occupancy	4,731.	4,731.	0,022.	
17 18	Travel Payments of travel or entertainment expenses	1,751.	1,7510		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	818.	818.		
19 20		30.	30.		
20 21	Interest Payments to affiliates	33.	50.		
22	Depreciation, depletion, and amortization	4,797.	3,398.	926.	473
23		11,930.	11,930.	, , ,	
23 24	Insurance Other expenses. Itemize expenses not covered	==,5550	,,,,,,,		
_7	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER OPERATIONS EXPENS	18,860.	16,587.	1,738.	535
b	FOOD LITERACY PROGRAM E	18,619.	18,619.	=,	
c	FUND DEVELOPMENT	18,609.	-,		18,609
d		.,			- /
e	All other expenses				
	· — — -	645,656.	552,920.	51,058.	41,678
		.,	, = -	,	,
	1, 7, 1				
25 26	Total functional expenses. Add lines 1 through 24e  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)	645,656.	552,920.	51,058.	41,

Form **990** (2018)

08440808 151765 99886

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			303,124.	1	182,319.
	2	Savings and temporary cash investments			74,224.	2	175,475.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	147,421.	4	71,909.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
۲	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,389.	9	3,650.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	29,090.			
	b	Less: accumulated depreciation	10b	15,480.	16,692.	10c	13,610.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,027.	15	4,155.		
	16	Total assets. Add lines 1 through 15 (must equ	548,877.	16	451,118.		
	17	Accounts payable and accrued expenses			39,345.	17	28,709.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X of	46.040		440
		Schedule D			46,318.	25	413.
	26	Total liabilities. Add lines 17 through 25			85,663.	26	29,122.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			200 714		270 620
anc	27	Unrestricted net assets			320,714.	27	378,639.
Bal	28	Temporarily restricted net assets			142,500.	28	43,357.
pu	29					29	
교		Organizations that do not follow SFAS 117 (A					
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			162 214	32	401 006
-	33	Total net assets or fund balances			463,214.	33	421,996.
	34	Total liabilities and net assets/fund balances			548,877.	34	451,118.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	<u>45,6</u>	556. 758.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
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 in Schedule O)	9	_	12,4	160.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	4	21,9	96.			
Pa	rt 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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2t		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	.,					
	review, or compilation of its financial statements and selection of an independent accountant?		20	:	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?		38		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3k					

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FOOD LITERACY CENTER 45-3973268 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(-,	(-)	(-)	(-,,	(-,	(-)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
12	Gross receipts from related activities.	etc (see instructi	nns)			12	
13	First five years. If the Form 990 is fo	•	,	d fourth or fifth t		L	
	organization, check this box and <b>stop</b>	_			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······
	Public support percentage for 2018 (			column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			<b>&gt;</b>
b	33 1/3% support test - 2017. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	_	. $\square$
b	10% -facts-and-circumstances tes	~	· · · · · · · · · · · · · · · · · · ·				
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	<b>Private foundation.</b> If the organization						
			,	. ,			·

Schedule A (Form 990 or 990-EZ) 2018

### 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.)

0-	qualify under the tests listed b		,				
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	224,507.	313,679.	557,361.	757,367.	585,456.	2,438,370.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,223.	23,839.	11,949.	3,110.	25,964.	86,085.
3	Gross receipts from activities that		·	-		-	-
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	245,730.	337,518.	569,310.	760,477.	611,420.	2,524,455.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2,524,455.
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015 337,518.	(c) 2016 569, 310.	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	245,730.	337,518.	569,310.	760,477.	611,420.	2,524,455.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.	70.	22.	22.	109.	224.
b	Unrelated business taxable income						
	uppe postion b 17 toyoo\ trom businesses						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	- 1	70		2.2	100	204
	acquired after June 20, 1075	1.	70.	22.	22.	109.	224.
11	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	245,731.	337,588.	569,332.	760,499.	611,529.	2,524,679.
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for	245,731.	337,588.	569,332.	760,499.	611,529.	2,524,679.
11 12 13 14	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	245,731. the organization's	337,588. first, second, thir	569,332.	760 , 499 <b>.</b> ux year as a sectio	611,529.	2,524,679.
11 12 13 14 Sec	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	245 , 731 • the organization's	337,588. s first, second, thir	569 , 332 • d, fourth, or fifth ta	760 , 499 <b>.</b> ux year as a sectio	<b>611 , 529 .</b> n 501(c)(3) organiz	2,524,679. ation,
11 12 13 14 Sec 15	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ	245,731. the organization's ic Support Perine 8, column (f), column	337,588. s first, second, thir rcentage livided by line 13,	569,332.d, fourth, or fifth ta	760 , 499 <b>.</b> ux year as a sectio	611,529. n 501(c)(3) organiz	2,524,679. ration,
11 12 13 14 <b>Sec</b> 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2018 (I	245,731. The organization's ic Support Perine 8, column (f), of Schedule A, Part	337,588. s first, second, thir rcentage ivided by line 13,	569,332.d, fourth, or fifth ta	760,499. ux year as a sectio	<b>611 , 529 .</b> n 501(c)(3) organiz	2,524,679. ation,
11 12 13 14 Sec 15 16 Sec	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investigation in Public Support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation of Investigation in the support percentage from 2017 ction D. Computation in the support percentage from 2017 ction D. Computation in the support percentage from 2017 ction D. Computation in th	245,731.  the organization's  ic Support Peine 8, column (f), of Schedule A, Part  stment Income	337,588. s first, second, thir rcentage livided by line 13, s III, line 15	569,332.d, fourth, or fifth ta	760 <b>, 4</b> 99 <b>.</b> ux year as a sectio	611,529. n 501(c)(3) organiz	2,524,679. Eation,  99.99 % 99.99 %
11 12 13 14 Sec 15 16 Sec 17	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investing Investment income percentage for 20	245,731.  the organization's ic Support Perine 8, column (f), column (f), column to stment Income (f)	337,588. s first, second, thin rcentage livided by line 13, one lill, line 15 e Percentage nn (f), divided by line	569,332.d, fourth, or fifth ta	760,499. ax year as a sectio	611,529. n 501(c)(3) organiz 15 16	2,524,679.  tation,  99.99 %  99.99 %  .01 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ Public support percentage from 2017  ction D. Computation of Investing the support percentage from 2017  Investment income percentage from 2018 (Investment income percentage from 2018)	245,731.  The organization's ic Support Peine 8, column (f), colum	337,588. s first, second, thire rcentage livided by line 13, 4 III, line 15 e Percentage on (f), divided by line Part III, line 17	569,332.d, fourth, or fifth ta	760,499. x year as a sectio	611,529. n 501(c)(3) organiz  15 16	2,524,679.  eation,  99.99 %  99.99 %  .01 % .01 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investment income percentage from 2018 (Investment income percentage from 2018)  Investment income percentage from 2018 (I Support tests - 2018. If the	245,731.  The organization's rice Support Perine 8, column (f), of Schedule A, Part stment Income 118 (line 10c, column 2017 Schedule A, organization did n	337,588. s first, second, thin rcentage livided by line 13, s e Percentage nn (f), divided by line Part III, line 17 ot check the box of	569,332. d, fourth, or fifth ta	760,499.  Ex year as a section	611,529. n 501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1	2,524,679.  eation,  99.99 %  99.99 %  .01 % .01 % .7 is not
11 12 13 14 15 16 Sec 17 18 19a	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Ction C. Computation of Publ  Public support percentage for 2018 (I  Public support percentage from 2017  Ction D. Computation of Investing a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a 23 3 1/3% support tests - 2017. If the	245,731.  The organization's rice Support Perine 8, column (f), or Schedule A, Part stment Income 18 (line 10c, column 2017 Schedule A, organization did nondstop here. The organization did nondstop did not stop di	337,588. ifirst, second, thir rcentage livided by line 13, a III, line 15 e Percentage In (f), divided by line Part III, line 17 ot check the box of organization qualit ot check a box on	569,332. d, fourth, or fifth ta column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	760,499.  Ex year as a section  15 is more than 3 apported organizary, and line 16 is more	611,529. n 501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1 tion	2,524,679. ration, 99.99 % 99.99 %  .01 % .01 % 7 is not
11 12 13 14 15 16 Sec 17 18 19a	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2018 (I  Public support percentage from 2017  ction D. Computation of Investing a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a	245,731.  The organization's rice Support Perine 8, column (f), or Schedule A, Part stment Income 18 (line 10c, column 2017 Schedule A, organization did nondstop here. The organization did nondstop did not stop di	337,588. ifirst, second, thir rcentage livided by line 13, a III, line 15 e Percentage In (f), divided by line Part III, line 17 ot check the box of organization qualit ot check a box on	569,332. d, fourth, or fifth ta column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	760,499.  Ex year as a section  15 is more than 3 apported organizary, and line 16 is more	611,529. n 501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1 tion	2,524,679. ration, 99.99 % 99.99 % .01 % .01 % 7 is not

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	l1a		
b	A family member of a person described in (a) above?	1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	l1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sect	tion C. Type II Supporting Organizations			
000	non o. Type ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sact	tion D. All Type III Supporting Organizations	•		
<u> </u>	non B. All Type III Supporting Organizations		Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	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?	1		
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? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ctions Î		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	··· • • • • • • • • • • • • • • • • • •	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

#### **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 Open to Public Inspection

Name of the organization

FOOD LITERACY CENTER

**Employer identification number** 45-3973268

Pai	t I Organizations Maintaining Donor Advise		or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	<b>(b)</b> Fur	nds 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 v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certif	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easeme	nts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	-		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organiza	tion's accounting for
D	conservation easements.	( A. J. I I' - I I Tura O I	l O' '	I
Pai			ner Simi	iar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	, , , , , , , , , , , , , , , , , , ,	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic 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 tre	•	gain, provid	ae
_	the following amounts required to be reported under SFAS 1			Φ
a	Revenue included on Form 990, Part VIII, line 1			
a	Assets included in Form 990, Part X			Φ

Schedule D (Form 990) 2018

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

Par	t III Organizations Maintaining Coll	ections of A	rt, Hist	torical Tr	easures, d	or Other	<sup>r</sup> Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession,	and other record	ls, checl	k any of the	following tha	t are a sig	nificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain	n how th	ney further t	he organizati	on's exem	pt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or re-									
	to be sold to raise funds rather than to be mainta							$\square$	Yes	☐ No
Par	t IV Escrow and Custodial Arrange							Part IV,	line 9, or	
	reported an amount on Form 990, Part X,			Ü			Ź	•	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	, ,		Ü						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. Ch						,			
Par							).			
		) Current year		rior year	(c) Two year		d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	, · · · · · · · · · · · · · · · ·	(/	<b>,</b>	(-, ,		<b>,</b>		(-)	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
۰ و	Other expenditures for facilities									
·										
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the current	vear end halanc	e (line 1	a column (:	a)) held as:					
a	Board designated or quasi-endowment	year end balane	%	g, column (	ajj ricia as.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^								
·	The percentages on lines 2a, 2b, and 2c should									
22	Are there endowment funds not in the possession		ation the	at are hold a	and administs	rod for the	organiza	ation		
Ja		on the organiza	ation the	at are rield a	and administe	iled for the	5 Organiza	ation	T <sub>v</sub>	es No
	by: (i) unrelated organizations								3a(i)	65 140
									·	
b	(ii) related organizations  If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the organization								30	
Par	t VI Land, Buildings, and Equipmen		willelit	iuiius.						
	Complete if the organization answered "Y		) Part I\	/ line 11a 9	See Form 990	) Part X li	ne 10			
	Description of property	(a) Cost or o			t or other		cumulated	<del>,                                      </del>	(d) Book	value
	Description of property	basis (investn		` '	(other)		eciation	1	(u) DOOK	value
12	Land	245.5 (111755111		54013	(24.101)	асрі	20,410,7			
	Land									
	Buildings									
								_		
	Equipment Other			2	29,090.		15,48	0.	13	,610.
	Other	l Form 000 Port	Y colur				,		13	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FOOD LITERA	CY CENTER		45-3973268 F
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market val
(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"			
(a) Description of investment	(b) Book value	(c) Method of Valuation	on: Cost or end-of-year market val
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Fotal. (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 li	an 11d Son Form 000 Part	V line 15
	Description	ne Tru. See Form 990, Fart	(b) Book valu
· · ·	200011011		(a) Been value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	- 15 )		<b></b>
Part X Other Liabilities.	, , ,		<b>/</b>
Complete if the organization answered "Yes"	on Form 990. Part IV li	ne 11e or 11f. See Form 990	. Part X. line 25.
(a) Description of liability		(b) Book value	, .,
(1) Federal income taxes			
(2) LEASES PAYABLE		413.	
(3)		-	
(4)			

(5) (6) (7) (8) 413. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part X	I Reconciliation of Revenue per Audited Financial	Statements With	Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part				600 162
	tal revenue, gains, and other support per audited financial statement	s		1	689,163.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	t unrealized gains (losses) on investments		70 065		
	nated services and use of facilities		72,265.	-	
	coveries of prior year grants			-	
	ner (Describe in Part XIII.)	2d			70 065
	d lines 2a through 2d			2e	72,265. 616,898.
	btract line <b>2e</b> from line <b>1</b>			3	010,090.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	estment expenses not included on Form 990, Part VIII, line 7b			-	
	ner (Describe in Part XIII.)	<u></u>		-	0
	d lines 4a and 4b			4c	616 909
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 Deturn	616,898.
Part	Reconciliation of Expenses per Audited Financia		n Expenses per	Return	•
4 T-	Complete if the organization answered "Yes" on Form 990, Part				730,381.
	tal expenses and losses per audited financial statements			1	730,301.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	72,265.		
	nated services and use of facilities		12,203.	-	
	or year adjustments			-	
	ner losses		12,460.	-	
	ner (Describe in Part XIII.)	•			84,725.
	d lines 2a through 2d			2e 3	645,656.
	btract line 2e from line 1			3	045,050.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا			
	estment expenses not included on Form 990, Part VIII, line 7b			-	
	ner (Describe in Part XIII.) d lines <b>4a</b> and <b>4b</b>	-		10	0.
	d lines <b>4a</b> and <b>4b</b> tal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, Ii			4c	645,656.
	III Supplemental Information.	ne ro.)		1 2 1	043,030.
	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h	and 2h: Part V line	Λ· Part X	line 2: Part XI
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			<b>-</b> , ι αιτ λ,	mic z, i ait Xi,
	and 15, and 1 are full, into 24 and 15.7 to 5 complete the part to provi	ac arry additional information	mation.		
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
	•				
DONA	TED GOODS				12,355.
TAX/I	BOOK DEPRECIATION ADJUSTMENT				105.
TOTA	TO SCHEDULE D, PART XII, LINE 2D				12,460.

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

FOOD LITTERACY CENTER

Employer identification number

	TERACY CENTER				45-39/3	<b>∠</b> 00
Part I Fundraising Activities. required to complete this part	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	' filers are not
<ul> <li>Indicate whether the organization rais a X Mail solicitations</li> <li>X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>C X Phone solicitations</li> <li>M In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e X Solicitat f X Solicitat g X Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra I (include profess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(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			
		1				
Solution     Control     Solution     List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	I s or has been notified	d it is exempt from re	l egistration
CA						
						· · · · · · · · · · · · · · · · · · ·
						·

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	ırt I					
		of fundraising event contributions and gr				its greater than \$5,000.
			(a) Event #1 SACRAMENTO	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			FOOD FILM FE		1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
une			, ,,,	, ,,,	,	
Reve	1	Gross receipts	14,492.		1,250.	15,742.
ш.						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	14,492.		1,250.	15,742.
					,	, , , , , , , , , , , , , , , , , , ,
	4	Cash prizes				
က္ခ	5	Noncash prizes				
use	6	Rent/facility costs	1,265.			1,265.
xpe	ľ	Heritraciiity costs	1,203.			1,203
St E	7	Food and beverages	13,146.		1,000.	14,146.
Ë						
	8	Entertainment				669.
	9	Other direct expenses				3,392.
		, , ,			_	19,472. -3,730.
Pa		Net income summary. Subtract line 10 from I  Gaming. Complete if the organization		990 Part IV line 19 or		-3,730
		\$15,000 on Form 990-EZ, line 6a.	answered res enrichm	1000,1 4111, 1110 10, 01	roported more than	
σ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev						
	1	Gross revenue				
	,	Cach prizes				
ses		Cash prizes				
per	3	Noncash prizes				1
Ĥ			l i			
)irec						
_	4	Rent/facility costs				
		Rent/facility costs  Other direct expenses		No. 0/	No. O/	
	5	Other direct expenses	Yes %		Yes%	
	5			Yes%  No	Yes% No	
	5	Other direct expenses	Yes % No	No No	□ No	
	5 6 7	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d)	No No	No <b>▶</b>	
	5 6 7	Other direct expenses  Volunteer labor	Yes % No h 5 in column (d)	No No	No <b>▶</b>	
	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes % No h 5 in column (d) Trom line 1, column (d)	No No	No <b>▶</b>	
	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No ►	Yes No.
а	5 6 7 8 Entities its time is the state of th	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes % No  h 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these	No No	No ►	Yes No
а	5 6 7 8 Entities its time is the state of th	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct he organization licensed to conduct gaming a	Yes % No  h 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these	No No	No▶	Yes No
a b	5 6 7 8 Entire list	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct de organization licensed to conduct gaming a No," explain:	Yes % No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these	states?	No	
10a	5 6 7 8 Ent Is to If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses re	Yes % No  h 5 in column (d)	states?	No	
10a	5 6 7 8 Ent Is to If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct de organization licensed to conduct gaming a No," explain:	Yes % No  h 5 in column (d)	states?	No	

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 FOOD LITERACY CENTER 45-3	3973	268	Page 3						
	Does the organization conduct gaming activities with nonmembers?		Yes	No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			<b></b>						
40	to administer charitable gaming?		Yes	└── No						
	Indicate the percentage of gaming activity conducted in:	۱	ı							
	a The organization's facility			%						
	a An outside facility	13b		%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name									
	Address ►									
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No						
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount									
•	of gaming revenue retained by the third party  \$\Bigs\\$									
,	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:									
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	☐ No						
ŀ	• 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 ▶ \$									
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III li	nes 9	9h 10h						
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									

Schedule G (Form 990 or 990-EZ) 2018

832083 10-03-18

Schedule G	(Form 990 or 990-EZ) <b>FOOD</b>	LITERACY	CENTER	45-3973268	Page 4
Part IV	(Form 990 or 990-EZ) FOOD Supplemental Information (co	ontinued)			
	·	· · · · · · · · · · · · · · · · · · ·			
-					
•					
-					

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

FOOD LITERACY CENTER

**Employer identification number** 45-3973268

Pa	art I Questions Regarding Compensation				
	·		Yes	No	
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.				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account 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 filing 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.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  X 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:			l	
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only continue 504(a)(2), 504(a)(4), and 504(a)(90) argonizations must consulate lines 5.0				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
5					
_	contingent on the revenues of:	5a		Х	
	The organization? Any related organization?	5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.	00			
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:				
а	The organization?	6a		Х	
b	Any related organization?	6b		X	
~	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		х	
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		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
-	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2018

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 (i) Sase compensation (ii) Bonus & reportable compensation (iii) Other reportable compensation (iii) Character compensation (iiii) Character compensation (iiii) Character compensation (iiii) Character		(B) Breakdown of	W-2 and/or 1099-M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
	(A) Name and Title	(i) Base compensation	incentive	(iii) Other reportable compensation		benefits	(B)(I)-(U)	reported as deferred
	(i)							
(ii) (ii) (iii) (i								
	(i)							
(ii) (ii) (iii) (i								
(i) (i) (ii) (ii) (iii)								
(ii) (iii) (								
(i) (ii) (ii) (iii) (iii								
(ii) (ii) (iii) (i								
(i) (ii) (ii) (iii) (iii								
(ii) (ii) (iii) (i								
(i) (i) (ii) (ii) (iii)								
(i) (ii) (ii) (iii) (iii								
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii								
(i) (ii) (iii) (ii								
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii								
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii								
(i) (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii								
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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.
PART I, LINE 3:
BOARD APPROVES COMPENSATION OF EXECUTIVE DIRECTOR AND ALL EMPLOYEES OF
ORGANIZATION.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 FOOD LITERACY CENTER Employer identification number 45-3973268

Pai	rt 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 det noncash contribut	•	ıts
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						
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	17	13,379.	MARKET VALUI	3 OF E	<u>.''OOD</u>
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			10.000			
25	Other PROGRAM SUPPL	X	0	10,828.	MARKET VALUI	<u> </u>	
26	Other ()						
27	Other ()						
28	Other ( )		<u> </u>				
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			T NI a
20-	During the year, did the organization receive by	, contributio	an any nyanasty va	nartad in Dort I lines 1 throu	ab 00 that it	Yes	No
Sua							
	must hold for at least three years from the date					30a	x
h	exempt purposes for the entire holding period?					30a	+**
31	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	nolicy that r	equires the review	of any nonstandard contribu	ıtions?	31	X
	Does the organization have a gift acceptance p					31	+
uza				· ·		32a	l x
b	If "Yes," describe in Part II.					OŁU	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked		
-	describe in Part II.	S.S.1117 (O) 10	. a type of propert	, i.e. willon column (a) is one	J. 100,		
	accommon and marketing						

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

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018		LITERACY					45-3973		Page 2
Part II	Supplementa is reporting in Par this part for any a	<b>I Inform</b> t I, column dditional ir	<b>ation.</b> Provide th (b), the number o formation.	e information of contributions	required by Par s, the number of	t I, lines 30b, 32b, fitems received, c	, and 33, a or a combir	nd whether the nation of both.	e organizati Also compl	on ete

832142 10-18-18

Schedule M (Form 990) 2018

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOOD LITERACY CENTER

Employer identification number 45-3973268

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COOKING AND NUTRITION TO IMPROVE OUR HEALTH, ENVIRONMENT, AND ECONOMY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: GOOD. 75% SAY IT MATTERS WHERE THEIR FOOD COMES FROM. 70% ASK THEIR FAMILIES FOR THE FOODS THEY'VE TASTED IN CLASS, INCLUDING BROCCOLI AND ORANGES. HOW YOU CAN HELP BE PART OF THE SOLUTION. CONTACT US TO MAKE A DONATION AND TO VOLUNTEER. AMBER STOTT FOUNDING EXECUTIVE DIRECTOR: AMBER@FOODLITERACYCENTER.ORG FORM 990, PART VI, SECTION B, LINE 11B: 990 IS EMAILED TO BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW OF CONFLICT OF INTEREST POLICY BY BOARD. FORM 990, PART VI, SECTION B, LINE 15: BOARD USES COMPENSATION INFORMATION FROM NONPROFIT RESOURCE CENTER ON LOCAL NONPROFIT SALARIES AS WELL AS ONLINE RESOURCES TO DETERMINE COMPENSATION FOR EXECUTIVE DIRECTOR AND KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 18:

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

1023 APPLICATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization FOOD LITERACY CENTER	Employer identification number 45-3973268
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE AVAI	LABLE UPON
REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE	IR WEBSITE AND ON
OTHER ONLINE NONPROFIT WATCHDOG SITES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TAX VS BOOK DEPRECIATION	-105.
IN-KIND EXPENSES	-12,355.
TOTAL TO FORM 990, PART XI, LINE 9	-12,460.