Form	990	
I UIIII	~~~	

Return of Organization Exemp	ot From	Income	Тах
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047 2020

Depa Inter	artment of th nal Revenue	he Treasury e Service		nter social security numbers (v.irs.gov/Form990 for instru					Inspectio	
A	For the	2020 calend	dar year, or tax year begi			and ending			, 20	
В	Check if ap	oplicable:	C	•			D En	ıployer ider	ntification number	
	X Addre	ss change	FOOD LITERACY CE	ENTER			4	5-3973	3268	
	Name	change	PO BOX 188706				E Te	lephone nur	nber	
	Initial	return	SACRAMENTO, CA 9	95818			9	16-476	6-4766	
	Final re	turn/terminated								
	Amen	ded return					G Gr	oss receipts	\$ 1,065	,529.
	Applic	cation pending	F Name and address of princip	al officer: SARAH MODE	STE		I(a) Is this a group		163	s X _{No}
			SAME AS C ABOVE	0		ŀ	H(b) Are all subordin If "No," attach	hates includ	led? Yes	s No
Ι	Tax-exer	mpt status:	X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527				
J	Websi	te:► WW	W.FOODLITERACYCE	NTER.ORG		ŀ	H(c) Group exempti	on number	•	
Κ		organization:	X Corporation Trust	Association Other ►	LY	ear of formatio	n: 2012	M State of	f legal domicile: CA	A
Pa		Summary								
			be the organization's miss							EAT
e	<u>T</u>		GETABLES. WE TEA							
Jan		CONOMY.	N, GARDENING, AN	D ACTIVE PLAY T	<u>O_IMPROVE</u>	<u>COR H</u>	EALTH, EN	VIRONM	IENT, AND	·
/er	2 Ch	neck this bo	y ►if the organizatio	on discontinued its opera	tions or dispo		$r_{\rm o}$ than 25% of	its not a		·
Governance	3 NL		ting members of the gove						33613.	7
ిర			dependent voting member							7
ities			of individuals employed i							6
Activities &			of volunteers (estimate if							150
Ă			ed business revenue from							0.
	DINE		business taxable income	ITOITI FOITI 990-1, Part I	, IIIIe 11		Prior Y		Current Y	<u>0.</u>
	8 Co	ontributions	and grants (Part VIII, line	• 1h)				7,912.		9,981.
IUe			rice revenue (Part VIII, lin							1,375.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						-	172.		173.
В	11 Ot	her revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, a	nd 11e)		63	3,119.	1	
			e – add lines 8 through 11					5,241.	1,065	5,529.
			milar amounts paid (Part		-				142	2,500.
			to or for members (Part I							
S	15 Sa		er compensation, employe	-				7,742.	384	1,159.
Expenses	16a Pr	ofessional 1	fundraising fees (Part IX,	column (A), line 11e)						
xpe	b To	otal fundrais	sing expenses (Part IX, co	lumn (D), line 25) 🕨	3	9,036.				
ш	17 Ot	her expens	es (Part IX, column (A), I	ines 11a-11d, 11f-24e)			142	2,356.	211	L,655.
	18 To	tal expense	es. Add lines 13-17 (must	equal Part IX, column (A	A), line 25)		480),098.	738	3,314.
	19 Re	evenue less	expenses. Subtract line	18 from line 12			180	5,143.	327	7,215.
c or							Beginning of Cu			
sset: Salar	20 To		(Part X, line 16)					<u>1,199.</u>		1,534.
Net Assets or Fund Balances	21 To		s (Part X, line 26)					5,060.		9,180.
_			fund balances. Subtract	ine 21 from line 20			608	3,139.	935	5,354.
_		Signatur								
Unde	er penalties plete. Decla	of perjury, I de ration of prepa	clare that I have examined this ref rer (other than officer) is based or	urn, including accompanying sch all information of which prepare	edules and statem r has any knowled	nents, and to th Ige.	ne best of my knowl	edge and be	elief, it is true, correc	st, and
Siç	nn	Signatur	re of officer				Date			
He	re	AMBI	ER K. STOTT				CEO			
			print name and title							
		Print/Type p	reparer's name	Preparer's signature		Date	Check	if	PTIN	
Ра	id	JAMES H	. FRITZSCHE, CPA				self-em	ployed	P00423351	
Pre	eparer	Firm's name	FRITZSCHE ASSOC	IATES						
Us	e Only	Firm's addre	ess 1511 CORPORATE	WAY STE 220			Firm's	EIN ► <u>3</u> 2	0343346	
			SACRAMENTO, CA				Phone	no. 916	-422-2111	
-			is return with the prepare						X Yes	No
BA	A For Pa	aperwork R	eduction Act Notice, see	the separate instruction	s.	TEEA	A0101L 01/19/21		Form 9 9	90 (2020)

***	PUBL	JC.	DISCL	OSURE	COPY	***
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Forn	1 990 <i>(</i>	(2020) FOOD LITERACY CENTER	45-3973268 Page 2
	tIII	Statement of Program Service Accomplishments	40 0010200 1 000
	• • • •	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefl	ly describe the organization's mission:	
	OUR	R MISSION IS TO INSPIRE KIDS TO EAT THEIR VEGETABLE	S. WE TEACH CHILDREN IN
		-INCOME ELEMENTARY SCHOOLS COOKING, NUTRITION, GAP	
		PROVE OUR HEALTH, ENVIRONMENT, AND ECONOMY.	
2		ne organization undertake any significant program services during the year which were	·
		1 990 or 990-EZ?	Yes X No
		es," describe these new services on Schedule O.	
3		he organization cease conducting, or make significant changes in how it conduct	ts, any program services? Yes X No
		es," describe these changes on Schedule O.	
4	Section	ribe the organization's program service accomplishments for each of its three la ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr revenue, if any, for each program service reported.	rgest program services, as measured by expenses, ants and allocations to others, the total expenses,
4 a	(Code	e:) (Expenses \$ 642,255. including grants of \$	142,500.)(Revenue \$ 4,375.)
	SEE	<u>SCHEDULE</u> O	
	o (Code	e:) (Expenses \$ including grants of \$	
41) (Revenue \$)
40	: (Code	e:) (Expenses \$ including grants of \$) (Revenue \$
40		r program services (Describe on Schedule O.)	
_		enses \$ including grants of \$) (Revenue \$)
4 e	e i otal	program service expenses	

	1 990 (2020) FOOD LITERACY CENTER 45-3973268 t IV Checklist of Required Schedules	3	F	Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> .	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule</i> D, Part VI.	11 a	Х	
ł	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	11 b		Х
(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	11 c		Х
0	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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		Х
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 See instructions.	17		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

	n 990 (2020) FOOD LITERACY CENTER 45-39732	68	P	Page 4
Pa	rt 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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I			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		Х
33		33		Х
	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			Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	
Pa	Image: 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>	<u></u>	
			Yes	No
I		<u>4</u> 0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	

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Form 990 (2020) FOOD LITERACY CENTER 45-397326	3	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2.5 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax State			
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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50 5c		Λ
-	50		
6 a 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?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		V
services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
 Form 1098-C?	7 h		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) gualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020)

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Form	990 (2020) FOOD LITERACY CENTER 45-3973268	3	F	Page 6
Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	elow, nges d	and on	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sect	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1 a 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 on Schedule O.	7		
		7		
	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
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
	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
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 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?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	. 9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	-		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE.SCHEDULE.O		Х	
	Did the organization have a written whistleblower policy?		Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.		X	
	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).			
	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		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s or	nly)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	lable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records •			
	BOOKKEEPER PO BOX 188706 SACRAMENTO CA 95818 916-476-4766			

Form 990 (2020) FOOD LITERACY CENTER	45-3973268	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	hest Compensated Employee	es, and
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 Compe	ensated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year er organization's tax year.	nding with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or orga compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	nizations), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of List the organization's five current highest compensated employees (other than an officer, or 	5 1 5	

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(C)									
(A) Name and title	(B) Average hours per	Pos thar is	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	3 8	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMBER K. STOTT CEO	$-\frac{40}{0}$			Х				99,179.	0.	8,816.
(2) SARAH MODESTE BOARD CHAIR	<u>3_</u> 0	Х		Х				0.	0.	0.
(3) ERIN ALDERSON SECRETARY	<u>2</u> 0	Х		Х				0.	0.	0.
(4) ERIC JOHNSON TREASURER	<u>2_</u> 0	х		Х				0.	0.	0.
(5) STACEY KAUFFMAN PAST PRESIDENT	<u>2_</u> 0	x		Х				0.	0.	0.
(6) TAWNEY LAMBERT DIRECTOR	<u>1</u>	x						0.	0.	0.
(7) ANNA ROSENBAUM DIRECTOR	<u>1_</u> 0	Х						0.	0.	0.
		-								
(10)		-								
(11)										
(12)										
(13)										
(14)										
ВАА	TEEA0	107L	10/07	7/20				1		Form 990 (2020)

Form 990 (2020) F(OOD LITERAC	CENTER									45-397326	8		ge 8
Part VII Section	on A. Officers	, Directors, Tr		Key	Em			es, a	inc	l Highest Con	pensated Emp	loyees	5 (conti	nued)
	(A) Name and title		(B) Average hours per week	box	, unle	ss pe nd a c	sition more erson directo	e than o is both pr/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	0	(F) ated amo	
			(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o an	nsation f rganizati d related anization	ion I
(15)														
(16)														
(17)				••										
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1 b Subtotal c Total from co		s to Part VII, Sect							•	99,179. 0.	0. 0.	•	8,8	816. 0.
d Total (add line	es 1b and 1c)							•	•	99,179.	0.			316.
2 Total number o from the organ		-	d to those	listed	abov	ve) v	who	receiv	ed	more than \$100,00	0 of reportable comp	pensatio	n	
3 Did the organi	zation list any fo	rmer officer, dired	ctor, truste	ee, ke	ey er	nplo	oyee	e, or h	nigh	nest compensated	employee		Yes	No
4 For any individ	dual listed on line	e 1a. is the sum o	f reportat	ole co	mpe	ensa	ition	and o	oth	er compensation		. 3		X
such individua	nl											. 4		Х
for services re	ndered to the org	ganization? If 'Ye	ie compei s,' comple	nsatio ete So	on fro chea	om i lule	any <i>J fo</i>	unrei r sucl	ate h p	d organization or erson		. 5		Х
Section B. Inde			nsated ind	lepen	dent	: cor	ntrac	ctors	tha	t received more t	han \$100,000 of			
compensation f	rom the organizat	ion. Report comper	nsation for	the c	alen	dar	year	endin	ig v	vith or within the or	ganization's tax year		~	
	(A) Name and business address								(B) Description		(C) Compensation			
2 Total number o \$100,000 of co	•	tractors (including n the organizatior		nited t	o tha	se l	istec	i abov	ve) v	who received more	than			

TEEA0108L 10/07/20

		LITERACY CEN	ſER			45-3973268	Page 9
Par	t VIII Statement of	Revenue					
	Check if Schedul	e O contains a res	ponse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaig	ns 1a					
arar	b Membership dues	1b					
Am S, G	c Fundraising events.		1/0101				
Gift lar	d Related organizatio						
ls, imi	e Government grants (contr						
er o	f All other contributions, g similar amounts not inclu		1,058,633.				
đ đ	g Noncash contributions in	ncluded in					
Contributions, Gifts, Grants and Other Similar Amounts	lines 1a-1f h Total. Add lines 1a-			1 050 001			
	II I I I I I I I I I I I I I I I I I I	- 1	Business Code	1,059,981.			
enu	2a <u>PRESENTATION</u>	IS	519100	4,375.	4,375.		
Be	b	·······			1,0,00		
/ice	c						
Sen	d						
Program Service Revenue	e						
ogr	f All other program s						
ā	g Total. Add lines 2a-			4,375.			
	3 Investment income (i other similar amour	nts)	Interest, and	1,173.			1,173.
	4 Income from invest	ment of tax-exemp	t bond proceeds	1/1/01			
	5 Royalties		►				
		(i) Real	(ii) Personal				
		6a					
		6b					
	c Rental income or (loss) d Net rental income of						
	Ī	(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets	7.					
	other than inventory b Less: cost or other basis	7a					
	and sales expenses	7b					
		7c					
	d Net gain or (loss)	E Contraction of the second seco	▶				
Other Revenue	8 a Gross income from fundr (not including \$	1,348.					
Å	See Part IV, line 18		а				
her	b Less: direct expens		b				
δ	c Net income or (loss		events ►				
	9 a Gross income from gamin See Part IV, line 19		a				
	b Less: direct expens		b				
	c Net income or (loss	· · · · -	viues ►				
	10 a Gross sales of inventory, returns and allowances.)a				
	 b Less: cost of goods c Net income or (loss 		lb entorv►				
s	•		Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
es cel	d All other revenue						
Mis	e Total. Add lines 11a		▶				
	12 Total revenue. See			1,065,529.	4,375.	0.	1,173.
				1,000,020.	4,5,5.	0.	±;±;J•

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	t IX Statement of Functional Expense				
Sec	tion 501(c)(3) and 501(c)(4) organizations must com		÷		
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	142,500.	142,500.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	107,995.	91,796.	10,799.	5,400
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0,100
7	Other salaries and wages	229,001.	199,319.	15,771.	13,911
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,001.	199,919.	13,771.	13, 711
9	Other employee benefits	20,355.	17,718.	1,401.	1,236
10	Payroll taxes	26,808.	23,169.	2,098.	1,541
11	Fees for services (nonemployees):	.,	. , •	,	_,
ä	Management				
ł	Legal				
C	: Accounting	15,967.		15,967.	
C	Lobbying	, i i i i i i i i i i i i i i i i i i i			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	17,749.	13,603.	1,021.	3,12
13	Office expenses	2,287.	1,980.	177.	130
14	Information technology		_,		
15	Royalties				
16	Occupancy	22,886.	19,779.	1,792.	1,315
	Travel	1,518.	1,266.	240.	1:
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,727.	2,880.	364.	483
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	3,613.	3,122.	283.	208
	expenses on Schedule O.)	0.0			
	IN-KIND EXPENSE	93,475.	93,475.		
	PROGRAM EXPENSES	16,903.	16,903.		
	SOFTWARE AND WEBSITE	12,175.	6,145.	2,339.	3,69
	PRINTING_AND_PUBLICATIONS	8,526.	5,002.	183.	3,34
	All other expenses.	12,829.	3,598.	4,588.	4,643
	Total functional expenses. Add lines 1 through 24e	738,314.	642,255.	57,023.	39,03
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
	SOP 98-2 (ASC 958-720)				Form 990 (202

For	m 99	0 (2020) FOOD LITERACY CENTER	45-3	3973268	B Page 11
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	295,965.	1	569,740.
	2	Savings and temporary cash investments.	251,746.	2	252,982.
	3	Pledges and grants receivable, net	80,723.	3	202,989.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	4,710.	9	245.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	,		
	b	Less: accumulated depreciation 10b 14,952.	8,855.	10 c	6,378.
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	2,200.	15	2,200.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	644,199.	16	1,034,534.
	17	Accounts payable and accrued expenses	36,060.	17	31,765.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ie	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	67,415.
	26	Total liabilities. Add lines 17 through 25	36,060.	26	99,180.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	444,895.	27	682,110.
Ba	28	Net assets with donor restrictions	163,244.	28	253,244.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	,		
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ŝŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32	Total net assets or fund balances	608,139.	32	935,354.
Ň	33	Total liabilities and net assets/fund balances	644,199.	33	1,034,534.
BA	A	TEEA0111L 10/07/20	•		Form 990 (2020)

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.	065,	529.
2	Total expenses (must equal Part IX, column (A), line 25)	2		738,	
3	Revenue less expenses. Subtract line 2 from line 1	3			215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			139.
5	Net unrealized gains (losses) on investments.	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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		935,	<u>354.</u>
Par	t 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.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	аΧ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	5	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate		-	
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	it,	2	e X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a	X
h	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	5	
BAA				m 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No. 1545-0047

2020

Go to www	irs.gov/Form990.	for instructions	and the lates	t information.
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Depart Interna	ment of the Treasury I Revenue Service	► (Go to www.irs.gov/Form990 for instructions and the latest information.								
Name	of the organization						Employer identifica	ation number			
	D LITERACY						45-397326				
Par				rganizations must			1 7	ctions.			
	Ĕ		,	For lines 1 through 12,		2	,				
1	·		1	nurches described in sec			(i).				
2				Schedule E (Form 990 or							
3 4		•		ization described in sec unction with a hospital (star the beenitel's			
4	name, city, a	0			Jeschbe	a in sec	.uon 170(b)(1)(A)(iii). ∟	inter the nospital s			
5	An organizati	ion operated for	operated for the benefit of a college or university owned or operated by a governmental unit described in 1)(A)(iv). (Complete Part II.)								
6	A federal, sta	ate, or local gov	ernment or governme	ntal unit described in s	ection 1	1 70(b)(1))(A)(v).				
7	X An organization in section 17	on that normally r 0(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	iental un	it or from the general pul	olic described			
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		r a non-land-grai	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	the nan	ne, city,					
10	from activities	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 organizati	on organized a	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).				
12	or more publi lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ly for the benefit of, to d in section 509(a)(1) of upporting organization	or section and con	o n 509(a nplete lii)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in			
а	organization(s complete Par) the power to re t IV, Sections A	on operated, supervised gularly appoint or elect A and B.	d, or controlled by its sup a majority of the directo	rs or trus	stees of t	the supporting organization	nn You must			
b	management	pporting organiz of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You			
c				ion operated in connectio plete Part IV, Sections							
d	functionally in instructions).	Inctionally integ ntegrated. The of You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see			
e	integrated, or	r Type III non-fu	inctionally integrated	en determination from t supporting organization	۱.						
			organizations n about the supported	d organization(c)							
	(i) Name of supported of	-	(ii) EIN		6.0	a tha	(v) Amount of monetary	(vi) Amount of other			
		s gamzation	(i) Liv	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your o	is the tion listed joverning ment?	support (see instructions)	support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
<u>(E)</u>											
Total											

Schedule A (Form 990 or 990-EZ) 2020 FOOD LITERACY CENTER

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

000	don A. I ublic Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	557,361.	757,367.	585,456.	655,872.	1,111,316.	3,667,372.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	557,361.	757,367.	585,456.	655,872.	1,111,316.	3,667,372.
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)						477,000.
	Public support. Subtract line 5 from line 4						3,190,372.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	557,361.	757,367.	585,456.	655,872.	1,111,316.	3,667,372.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22.	22.	109.	172.	1,173.	1,498.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI				6,125.		6,125.
11	Total support. Add lines 7 through 10						3,674,995.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	50,436.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by lin	ne 11, column (f)))		86.81%
15	Public support percentage from a	2019 Schedule A,	Part II, line 14			15	92.70 %
16a	33-1/3% support test-2020. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	<pre>< this box ► X</pre>
b	33-1/3% support test-2019. If th and stop here. The organization	e organization did qualifies as a pul	l not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this h	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	test, check this b tion qualifies as a	box and stop her a publicly support	e. Explain in Part ted organization.	VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990 or 990-EZ) 2020

45-3973268

*** PUBLIC	DISCLOSURE	COPY ***
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Schedule A (Form 990 or 990-EZ) 2020 FOOD LITERACY CENTER

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Page 3

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.) Part III

	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
TUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)				· (1) - 1		
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul Public support percentage for 20		-	no 12 column (f)	`	15	<u>و</u>
		•					00 00
_	Public support percentage from a tion D. Computation of Inv					16	6
17	Investment income percentage f		-		umn (ft)		00
	Investment income percentage f						0 00
	33-1/3% support tests–2020. If f					-	
	is not more than 33-1/3%, check 33-1/3% support tests–2019. If t	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	1 🕨
	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨 🔄
20 <u> </u> <u> </u>	Private foundation. If the organi	zation did not che	ck a box on line				►

Schedule A (Form 990 or 990-EZ) 2020 FOOD LITERACY CENTER

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 lines 3b and 3c below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **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.* 9b 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.* 9c 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 line 10b below. 10a **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.). 10b

Schedule A	(Form 990 or 990-EZ) 2020	FOOD LITERACY	CENTER	45-3973268	Р	age 5
Part IV	Supporting Organizat	tions (continued)				
					Yes	No

11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,		
	the governing body of a supported organization?	11a	
ł	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c]

c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the 1 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **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.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2020 FOOD LITERACY CENTER

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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	
1 [] (Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 19 nstructions. All other Type III non-functionally integrated supporting organizations must comple	970 (explain in Part VI). See te Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally int	paratad	Type III supporting or	ganization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2020

	T OBEIO DIOCE				
	dule A (Form 990 or 990-EZ) 2020 FOOD LITERACY CENTER			5-397	3268 Page 7
Par		ipporting Organiza	tions (continue	ed)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
-	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	-	(iii)
	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributi Pre-2020	ons	Distributable Amount for 2020
-	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
	From 2017				
	From 2018				
-	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
-	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
-	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	990 or 990-EZ) 2	2020	FOOD LITE	RACY C	ENTER			45-397	3268	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)										
PART II, LINE 10 - OTHER INCOME										
<u>NATURE A</u>	AND SOURCE		2020		2019	201	8	2017	2016	
SPECIAL	EVENTS	TOTAL	\$	<u>0.</u> \$	6,125. 6,125.	\$	0.\$	0.	\$	0.

ADDITIONAL SUPPLEMENTAL INFORMATION

WE BECAME AWARE DURING THE YEAR THAT WE WERE INCORRECTLY COMPLETING PART III INSTEAD OF PART II. WE HAVE ADJUSTED THE PRIOR YEAR SUPPORTING INFORMATION TO BE IN LINE WITH PART II AS WELL AS UPDATING THE EXCESS CONTRIBTUORS SCHEDULE.

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OMB No. 1545-0047

2020

Supplemental Financial Statements	
Commission if the environmention encouraged Weel on Forms 000	n

SCHEDULE D (Form 990)

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.

Open to Public Inspection

Depar	tment of the Treasury al Revenue Service	► Go to www.irs	■ Attach to Form 990. a.gov/Form990 for instructions a			Open to Public Inspection
	of the organization	1			Employer identi	
FOC	D LITERACY	CENTER			45-39732	68
Par	t Organiza	tions Maintaining Dong	or Advised Funds or Othe	r Similar Funds or Ac	ccounts.	
1	Complete	if the organization ans	wered 'Yes' on Form 990,	Part IV, line 6.		
			(a) Donor advised fu	inds (b)	Funds and othe	er accounts
1	Total number at e	end of year				
2	Aggregate value of co	ntributions to (during year)				
3		ants from (during year)				
4	Aggregate value	at end of year				
5	are the organizat	ion's property, subject to the	nor advisors in writing that the a organization's exclusive legal c	ontrol?	Ye	es 🗌 No
6	Did the organizat for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefi vate benefit?	ors, and donor advisors in writing t of the donor or donor advisor,	g that grant funds can be ι or for any other purpose c	used only onferring	es 🗌 No
Par		ation Easements.				
1 01			wered 'Yes' on Form 990,	Part IV, line 7.		
1		<u> </u>	y the organization (check all that			
	Preservation of	of land for public use (for exam	ple, recreation or education)	Preservation of a his	torically importa	nt land area
	Protection of	natural habitat		Preservation of a cer	tified historic st	ructure
	Preservation	of open space				
2	Complete lines 2a last day of the ta	through 2d if the organization I x year.	held a qualified conservation contr	ibution in the form of a conse		
					Held at the End	d of the Tax Year
			ments.			
			ified historic structure included in			
_	structure listed ir	the National Register	in (c) acquired after 7/25/06, and			
3	tax year ►	vation easements modified, tran	nsferred, released, extinguished, o	r terminated by the organiza	tion during the	
4		where property subject to conse	ervation easement is located ►			
5	Does the organiz	ation have a written policy re	egarding the periodic monitoring nts it holds?			es 🗌 No
6			inspecting, handling of violations,			
7	Amount of expens ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and	enforcing conservation easer	ments during the	year
8	and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req		Ye	
9	In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in to the organization's financial st	i its revenue and expense statements that describes the	statement and b ne organization's	palance sheet, and accounting for
Par	t III Organiza	tions Maintaining Colle	ections of Art, Historical T	reasures, or Other Si	imilar Assets	
·	Complete	if the organization ans	wered 'Yes' on Form 990,	Part IV, line 8.		
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report i eld for public exhibition, educational statements that describes the	on, or research in furtheran		
Ł	historical treasures following amount	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or the second s	research in furtherance of pu	iblic service, prov	orks of art, ide the
	(i) Revenue incl	uded on Form 990, Part VIII,	line 1			
	••					
			historical treasures, or other simila ASC 958 relating to these items			ng
			e 1			
b	Assets included i	n Form 990. Part X			►\$	

b Assets included in Form 990, Part X			
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L	08/18/20	S

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 FOOD						<u></u>	45-397			Page 2
Part III Organizations Mainta	ining Colle	ections	s of Art, Histo	orica	I Treasures, or	Other	Similar Ass	ets (co	ontinu	ied)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other		-	-	ake signif	icant use of its	collectio	n	
a Public exhibition			d Loan	or exc	change program					
b Scholarly research			e Other							
c Preservation for future gener										
4 Provide a description of the organiz Part XIII.					C C					
5 During the year, did the organiza to be sold to raise funds rather t	han to be ma	intained	l as part of the c	rt, nist organi	zation's collection?			Yes	Γ	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen	nents.	Complete if	the o	rganization ans			orm 990), Par	t IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	an or oth	ner intermediary	for co	ontributions or othe	r assets	not included	Yes	Γ	No
b If 'Yes,' explain the arrangement									L	
								Amount		
c Beginning balance										
d Additions during the year										
e Distributions during the year f Ending balance						-				
2 a Did the organization include an a							liability2	Yes		No
b If 'Yes,' explain the arrangement							-		-	
		Onconi		nation	has been provided				· · · · L	
Part V Endowment Funds. C	Complete if	the or	ganization ar	iswe	red 'Yes' on For	rm 990	. Part IV. lir	ne 10.		
	(a) Current		(b) Prior yea		(c) Two years back		Three years back		our year	s back
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains,										
and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentag		ent year		ne 1g,	column (a)) held a	is:				
a Board designated or quasi-endowr			00							
b Permanent endowment	%									
c Term endowment	%		201							
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100	0%.							
3 a Are there endowment funds not in	the possessior	n of the o	organization that	are he	ld and administered	for the		Г	Yes	Na
organization by: (i) Unrelated organizations								3a(i)	res	No
(ii) Related organizations										
b If 'Yes' on line 3a(ii), are the rela										<u> </u>
4 Describe in Part XIII the intended	-		•							<u> </u>
Part VI Land, Buildings, and										
Complete if the organ			'Yes' on For	m 99	0, Part IV, line	11a. S	ee Form 99	0, Par	t X, li	ne 10.
Description of property		(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Ac dep	cumulated reciation	(d) E	Book va	alue
1 a Land										
b Buildings										
c Leasehold improvements					1,250.					,250.
d Equipment					15,556.		11,361.		4	,195.
e Other		. <u> </u>			4,524.		3,591.			933.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Foi	rm 990, Part X,	colum	n (B), line 10c.)			ula D (T		<u>,378.</u>
BAA							Sched	ule D (Fo	orm 99(J) 2020

Schedule D (Form 990) 2020

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Schedule	D (Form 990) 2020 FOOD LITERACY CENT	ſER		45-3973268	Page 3
	Investments – Other Securities. Complete if the organization answered		N/A 0, Part IV, line 11b.	See Form 990, Part 2	X, line 12.
	cription of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market v	/alue
• •	cial derivatives				
	ly held equity interests				
(3) Other					
$\frac{(A)}{(D)}$					
(B)					
$\frac{(C)}{(D)}$					
$\frac{(D)}{(E)}$					
$\frac{(E)}{(E)}$					
<u>(F)</u> (G)					
$\frac{(\alpha)}{(H)} = -$					
$\frac{(1)}{(1)}$					
	mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
	I Investments – Program Related.		N/A		
	Complete if the organization answered		0, Part IV, line 11c.		
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year ma	rket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets.	N/A	A		
	Complete if the organization answered	I 'Yes' on Form 99	0, Part IV, line 11d.		
(1)	(a) De	scription		(b) Boo	k value
(1) (2)					
(3)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	alumn (b) must squal Form 000 Port X solumn (D) line 15)		►	
Part X	olumn (b) must equal Form 990, Part X, column (Other Liabilities.	B) IIIIe 15.)			
FartA	Complete if the organization answered 'Yes' on F	orm 990. Part IV. line 1	1e or 11f. See Form 990.	Part X. line 25.	
1.		iption of liability		(b) Bool	< value
	eral income taxes				
	FUNDABLE ADVANCE				67,415.
(3)					
(4) (5)					
(5)					
(7)					
(8)					
(9)					
(10)					
(11)					
	mn (b) must equal Form 990, Part X, column (B) line 25.)				67,415.
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	inancial statements that reports	the organization's liability for un	certain

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

FUBLIC DISCLOSURE CO			
Schedule D (Form 990) 2020 FOOD LITERACY CENTER	45	5-3973268	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	eturn. N/A	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Part XII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses.	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	·····	2 e	
3 Subtract line 2e from line 1.		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Part XIII Supplemental Information.			

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

PART X - FASB ASC 740 FOOTNOTE

WE HAVE EVALUATED THE TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DO NOT

BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

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			*** PUI	BLIC DISCLOSURE	COPY ***				
SCHEDULE I (Form 990)				her Assistance			ŀ	OMB No. 1545-0047	
(Governments, and Individuals in the United States 20 Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. 20								
Department of the Treasury		Comple	te il the organizati	 Attach to Form 99 	0. 990, Part IV, IIIe 2 0.	.1 01 22.		Open to Public	
Internal Revenue Service			► Go to www.i	rs.gov/Form990 for the	latest information.			Inspection	
Name of the organization							Employer identifie		
FOOD LITERACY CENTER		nts and Assista	ance				45-397326	28	
1 Does the organization maint the selection criteria used	tain records to s	substantiate the amo	ount of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and		Yes X No	
2 Describe in Part IV the organ	nization's proce	dures for monitoring	g the use of grant fu	inds in the United States.					
Part II Grants and Other					ernments. Comple	te if the organizat	tion answered 'Y	'es' on	
Form 990, Part IV	/, line 21, fc	or any recipient	t that received i	more than \$5,000. F	Part II can be dupli	cated if additional	space is neede	d.	
1 (a) Name and address of organ or government	nization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) HEALTH EDUCATION COUNC	CIL							PARENT FITNESS	
3950 INDUSTRIAL BLVD S	STE 600							AND NUTRITION	
WEST SACRAMENTO, CA 95	5691	68-0249296	501(C)(3)	10,000.	0.			ED	
(2) SOIL BORN FARMS URBAN	<u>AG</u>							SCHOOL GARDEN	
2140_CHASE_DR								EDUCATION	
RANCHO CORDOVA, CA 956		20-0774693	501(C)(3)	25,000.	0.			CLASSES	
(3) LA FAMILIA COUNSELING	CENTER								
5523 34TH ST		04 2270706	F01 (C) (2)	22 500	0			FOOD LITERACY	
SACRAMENTO, CA 95820 (4) SCUSD		94-2270786	501 (C) (S)	32,500.	0.			STREET TEAM	
5735 47TH AVE								FOOD SECURITY	
SACRAMENTO, CA 95824		94-6002491	170(C)(1)	70,000.	0.			FOR CHILDREN	
(5)									
(6)									
								_	
(7)									
								+	
<u>(8)</u>									
2 Enter total number of sect	tion 501(c)(3) a	and government o	rganizations listed	in the line 1 table			•	·	
3 Enter total number of othe		-	-					·(

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

Schedule I (Form 990) 2020

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Schedule I (Form 990) 2020 FOOD LITERACY CENTER

45-3973268

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. F	Provide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

SCHEDULE M (Form 990)

Noncash Contributions

► 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.

Department of the Treasury Internal Revenue Service Name of the organization

FOOD LITERACY CENTER

Employer ide
Employer la
45-397

Par	tl	Тур	es 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	Met noncas	(thod of c h contril	i) letermir oution a	ning mounts
1	Art –	- Wo	rks of art								
2	Art –	- His	torical treasures					1			
3	Art –	- Fra	ctional interests					1			
4	Book	s an	d publications								
5	Cloth	ning a	and household goods								
6	Cars	and	other vehicles								
7	Boats	s and	d planes								
8	Intell	ectu	al property								
9	Secu	rities	s – Publicly traded								
10	Secu	rities	s - Closely held stock								
11	Secu	rities	s – Partnership, LLC, or t	trust interests .							
12	Secu	rities	s – Miscellaneous								
13			conservation contributior								
14	Quali	ified	conservation contribution	n — Other				-			
15	Real	esta	te – Residential					1			
16	Real	esta	te – Commercial								
17	Real	esta	te – Other								
18	Colle	ctible	es								
19	Food	inve	entory		Х		82,352.	FEED	AMER	ICA	
20	Drug	s and	d medical supplies								
21	Taxic	derm	у								
22	Histo	rical	artifacts								
23	Scier	ntific	specimens								
24	Arche	eolog	gical artifacts								
25	Othe	r►	(SUPPLIES)	Х	57	11,122.	FMV			
26	Othe	r►	()							
27	Othe		(
28	Othe		()							
29	Numb	per of	Forms 8283 received by th	ne organization d	uring the tax	year for contributions fo	or which the				
	orgar	nizat	ion completed Form 8283	8, Part V, Donee	e Acknowled	gement		29			
										Yes	No
30a	Durin	g the	year, did the organization	receive by contri	bution any pr	operty reported in Part I	I, lines 1 through 28, that				
			old for at least three year								
			ot purposes for the entire	01	?				. 30 a		X
			escribe the arrangement								
31	Does	the	organization have a gift a	acceptance polic	cy that requi	res the review of any i	nonstandard contributio	ns?	. 31		X
32a			organization hire or use contributions?		0				. 32a		Х
b	lf 'Ye	es,' d	escribe in Part II.								
33			anization didn't report an in Part II.	amount in colu	mn (c) for a	type of property for w	hich column (a) is cheo	ked,			
BAA	For F	Pape	rwork Reduction Act Not	tice, see the Ins	tructions fo	r Form 990.		Schee	dule M (I	Form 99	0) 2020

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number
45-3973268

Schedule M (Form 990) 2020 FOOD LITERACY CENTER

45-3973268 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) *** PUBLIC DISCLOSURE COPY *** 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOOD LITERACY CENTER

Employer identification number 45-3973268

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

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 GOOD 75% SAY IT MTTERS 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, EMAIL AT

AMBER@FOODLITERACYCENTER.ORG

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

990 IS EMAILED TO BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS USES COMPENSATION INFORMATION FROM NONPROFIT RESOURCE CENTER ON LOCAL NONPROFIT SALARIES AS WELL AS ONLINE RESOURCES TO DETERMINE COMPENSATION FOR EXECUTIVE DIRECTOR

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. OUR