Form **990**

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

Open to Public 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.

Α	For th	ne 2021 calen	dar year, or tax year be	ginning	, 2021,	and ending	g		, ;	20	
В	Check i	if applicable:	С					D Employ	er identifi	ication number	
	X Ac	ddress change	FOOD LITERACY (CENTER				45-	39732	68	
		ame change	401A MCCLATCHY				-	E Telepho			
		-	SACRAMENTO, CA								
	Ini	itial return	brioitalianito, on	33010			L	916	-476-	4/66	
	Fin	nal return/terminated									
	An	mended return						G Gross re	eceipts \$	836,	,910.
	Ap	oplication pending	F Name and address of prince	cipal officer: AMBER K.	ст∩тт		H(a) Is this a	group retur	n for subo	rdinates? Yes	X No
			SAME AS C ABOVI	E.	51011		H(b) Are all s If "No," a	ubordinates	included?	Yes	No
ī	Tay-	exempt status:	X 501(c)(3) 501(c)		4947(a)(1) or	527	It "No," a	attach a list	. See instr	ructions.	
<u>'</u>		•	W.FOODLITERACYO		4347 (a)(1) 01						
					11.		H(c) Group e				
K		of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	on: 2012	IVI S	State of leg	gal domicile: CA	
Pa	art I	Summar									
	1		be the organization's m								<u>EAT </u>
ģ			GETABLES. WE TE								
Governance		NUTRITIO	N, GARDENING, A	AND ACTIVE PLAY	TO IMPROVI	E OUR H	EALTH,	ENVIE	RONME:	NT <u>, AND</u>	
Ĕ		ECONOMY.									
Š	2	Check this bo	ox ► if the organiza	ation discontinued its op	erations or dispo	osed of mo	re than 25	% of its	net ass	ets.	
Ğ	3	Number of vo	oting members of the go	verning body (Part VI, I	ine 1a)				3		11
•ŏ	4	Number of in	dependent voting memb	pers of the governing bo	dy (Part VI, line	1b)			4		10
<u>ë</u> .	5	Total number	of individuals employed	d in calendar year 2021	(Part V, line 2a))			5		11
Activities &	6	Total number	of volunteers (estimate	e if necessary)					6		150
Ac	7a	Total unrelate	ed business revenue fro	m Part VIII, column (C)	, line 12				7a		0.
	b	Net unrelated	l business taxable incon	ne from Form 990-T, Pa	rt I, line 11				7b		0.
							Pr	ior Year		Current Yo	ear
	8	Contributions	and grants (Part VIII, li	ine 1h)			. 1.	,059,9	81.	779	,075.
Revenue			rice revenue (Part VIII, I						375.		,750.
Ver			ncome (Part VIII, column						73.	<u> </u>	85.
æ			e (Part VIII, column (A)	• •					. , , .		
			e – add lines 8 through		•			,065,5	29	836	,910.
			imilar amounts paid (Pa					142,5			, 875.
			to or for members (Par	• •	•			142,0	,00.	21	,013.
		•	•								
S	15		er compensation, emplo					384,1	.59.	415	<u>,882.</u>
JSe	16 a	Professional	fundraising fees (Part I)	K, column (A), line 11e)							
Expenses	b	Total fundrais	sing expenses (Part IX,	column (D), line 25) ►	6	0,557.					
Ж	17		ses (Part IX, column (A)					211,6	EE	202	612
											<u>, 613.</u>
			es. Add lines 13-17 (mu					738,3			<u>,370.</u>
	_	Revenue less	expenses. Subtract line	e 18 from line 12			_	327,2			<u>,540.</u>
- 0 0 0 0 0							Beginning	,		End of Ye	
a ets	20		(Part X, line 16)				1,	,034,5	34.	2,698	,954.
A B	21	Total liabilitie	s (Part X, line 26)					99,1	.08	46	,253.
Net Assets Fund Balanc	22	Net assets or	fund balances. Subtrac	ct line 21 from line 20				935,3	354.	2,652	,701.
	art II	Signatur	e Block					,	· ·	•	·
_				return, including accompanying	schedules and staten	nents, and to t	he best of my	knowledge	and belief	f. it is true, correct	and
com	plete. De	eclaration of prepa	eclare that I have examined this arer (other than officer) is based	on all information of which prepared	parer has any knowled	dge.	,			, ,	,
Sig	nr	Signatu	re of officer				Date	е			
He	re	AMR1	ER K. STOTT				CEO				
	. •		print name and title				СПО				
		Print/Tyne n	preparer's name	Preparer's signature		Date	1,	Chaal	:4 P	TIN	
_			•	opa. o. o signaturo		34.0		Check	J"		
Pa			. FRITZSCHE, CPA					self-employe	ed P	00423351	
Pro	epare	Firm's name	FRITZSCHE ASS	OCIATES							
Us	e On	Firm's addre	ess 1511 CORPORAT	E WAY STE 220				Firm's EIN	<u>320</u> 3	343346	
			SACRAMENTO, C	A 95831		<u></u>	Ī	Phone no.	916-4	22-2111	
Ma	y the I	RS discuss th	is return with the prepa		nstructions					X Yes	No

Form 990 (2021) FOOD LITERACY CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II	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? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
â	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Χ	
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
C	I 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	Χ	
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	Χ	
	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
t	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	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? 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		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	Χ	

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Form 990 (2021) FOOD LITERACY CENTER 45-3973268 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 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 Χ Schedule J..... 23 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..... Χ **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 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 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..... Χ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 L 25h Χ Χ 26 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 Χ persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Χ 'Yes,' complete Schedule L, Part IV..... 28a Χ **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... Χ 32 33 Χ 33 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..... Χ 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 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 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and 19? Χ 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 4 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2 a 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..... X **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b 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?..... Χ 3 a **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 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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). X **5** a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5 a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 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?..... Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b 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 services provided to the payor?.... X 7 a **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 Χ 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a **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..... **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.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **b** 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. 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 13 c Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?....... 16 If 'Yes.' complete Form 4720. Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?...... If 'Yes,' complete Form 6069.

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 11 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 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? Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 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 to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records BOOKKEEPER 401A MCCLATCHY WAY SACRAMENTO CA 95818 916-476-4766

Form 990 (2021)

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

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

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

BAA

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.		
(A) (B) CC) Position (do not check more than one box, unless person (D) (E) (F)											
(A) Name and title	(B) Average hours per	is	both	n an c	ot che unles officer /truste	and a		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations	
(1) AMBER K. STOTT	40										
CEO	0			Χ				98,141.	0.	7,676.	
(2) SARAH MODESTE	3										
BOARD CHAIR	0	Χ		Χ				0.	0.	0.	
(3) JUSTIN NORDAN	2										
SECRETARY	0	Χ		Χ				0.	0.	0.	
(4) ERIC JOHNSON	2										
TREASURER	0	Χ		Χ				0.	0.	0.	
(5) STACEY KAUFFMAN	2										
PAST PRESIDENT	0	Χ		Χ				0.	0.	0.	
(6) ANNA_ROSENBAUM	1										
DIRECTOR	0	Χ						0.	0.	0.	
(7) TAWNEY LAMBERT	1										
DIRECTOR	0	Χ						0.	0.	0.	
(8) BETTY LOW	1										
DIRECTOR	0	Χ						0.	0.	0.	
(9) FELICIA JAMES	1										
DIRECTOR	0	Χ						0.	0.	0.	
(10) ELLEN BROWN	11										
DIRECTOR	0	Χ						0.	0.	0.	
(11) ERICA HOLLAND	11										
DIRECTOR	0	Χ						0.	0.	0.	
(12)											
<u>(13)</u>											
<u>(14)</u>											

TEEA0107L 09/22/21

Part VII Section A. Officers, Directors, 17		Ney		•		CS, 6	anc	i nighest con	iperisateu Emp	loyees (conunuea)
	(B)			(C	•			4-1		
(A)	Average hours	(do box	not o	check	more	than o	one n an	(D) Reportable	(E) Reportable	(F)
Name and title	per week	offic	cer ar	nd a	direct	or/trust	tee)	compensation from	compensation from	Estimated amount of other
	(list any hours	or director	ilsni	Officer	Key	High empl	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
	for related	rect	ution	Ř	emp	est c oyee	ner	·	·	and related organizations
	organiza - tions below	Individual trustee or director	na tr		Key employee	omp				
	dotted line)	stee	Institutional trustee		()	Highest compensated employee				
			€13			ted				
(15)										
(16)	1									
400										
<u>(17)</u>										
(10)										
(18)		1								
(19)										
	1	•								
(20)										
	1	•								
(21)										
(22)										
(23)										
(23)		-								
(24)										
	1	•								
(25)										
1 b Subtotal							.	98,141.	0.	7,676.
c Total from continuation sheets to Part VII, Sect								0.	0.	0.
d Total (add lines 1b and 1c)							vod	98,141.	0.	7,676.
from the organization • 0	1 10 111056 1	isicu	abu	ve) i	WIIO	ICCCI	veu	more man \$100,00	o or reportable comp	Jensalion
nom the organization 0										Yes No
3 Did the organization list any former officer, direct	tor truste	e ke	2V 6I	mnla	ovec	orl	hiah	nest compensated	emnlovee	
on line 1a? If 'Yes,' complete Schedule J for such	ch individu	ial								. 3 Х
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from	
the organization and related organizations great such individual										. 4 X
5 Did any person listed on line 1a receive or accru									individual	
for services rendered to the organization? If 'Ye	s,' comple	te So	chea	lule	J fo	r suc	h p	erson		. 5 X
Section B. Independent Contractors	اممانام ملمما		ام مام				م ما ا	1 va a a i va al ma a va 11	¢100 000 of	
1 Complete this table for your five highest comper compensation from the organization. Report compet	isated indi isation for	the c	alen	dar j	year	endir	เกล ng พ	vith or within the or	ganization's tax year	
(A) Name and business add								_ (B)		(C)
Name and business add	Iress							Description (of services	Compensation
2 Total number of independent contractors (including	but not lim	ited to	o tha	se l	isted	l abov	ve) v	who received more	than	
\$100,000 of compensation from the organization							_			

		Check if Schedule O contains a response or note to any	/ line in this Part VI	11		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
in or		lines 1a-1f				
	h	Total. Add lines 1a-1f	779,075.			
anus	2 a		E4 000			E4 000
Program Service Revenue	b	PRESENTATIONS 519100	54,000. 3,750.	3,750.		54,000.
ervic	d					
S Luc	е					
ogra		All other program service revenue				
ď	Ť	Total. Add lines 2a-2f ▶	57,750.			
	3	Investment income (including dividends, interest, and other similar amounts)	85.			85.
	5	Royalties				
	6 a	Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less: cost or other basis and sales expenses 7b				
	c	Gain or (loss)				
		Net gain or (loss)				
nue		Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c). See Part IV, line 18				
her		Less: direct expenses 8b				
ō	С	Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory				
<u>s</u>		Business Code				
90 a	11 a					
	b					
Miscellaneous Revenue	11 a b c d	All other records				
ZIN FI		All other revenue Total. Add lines 11a-11d				
		Total revenue. See instructions.	836.910.	3.750.	0.	54.085.

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).

Do n	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b, 7	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,875.	21,875.		·
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				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,817.	89,944.	10,582.	5,291.
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.
7	Other salaries and wages	259,292.	208,911.	19,419.	30,962.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	200,202		23, 223	30,302
9	Other employee benefits	20,282.	16,341.	1,518.	2,423.
10	Payroll taxes	30,491.	24,937.	2,494.	3,060.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	16,045.		16,045.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	11,900.	10,085.	734.	1,081.
13	Office expenses	2,786.	2,278.	228.	280.
14	Information technology	277001	2,2,0,	220.	200.
15	Royalties				
16	Occupancy	11,081.	9,063.	906.	1,112.
17	Travel	1,160.	1,065.	95.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,187.	2,589.	130.	468.
	Insurance	3,654.	2,988.	299.	367.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	49,962.	49,962.		
b	IN-KIND EXPENSE	48,657.	48,434.	100.	123.
С	SOFTWARE AND WEBSITE	12,876.	7,312.	2,699.	2,865.
d	STAFF DEVELOPMENT	12,497.	10,221.	1,022.	1,254.
	All other expenses	28,808.	11,831.	5,706.	11,271.
25	Total functional expenses. Add lines 1 through 24e	640,370.	517,836.	61,977.	60,557.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			569,740.	1	552,319.
	2	Savings and temporary cash investments			252,982.	2	504,143.
	3	Pledges and grants receivable, net			202,989.	3	1,615,544.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contribut	tor, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			245.	9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	16,584.			
	b	Less: accumulated depreciation	10 b	7,393.	6,378.	10 c	9,191.
	11	Investments – publicly traded securities				11	17,757.
	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	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,034,534.	16	2,698,954.
	17	Accounts payable and accrued expenses			31,765.	17	46,252.
	18	Grants payable			•	18	,
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part I		L.		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35	5%		22	
_	23	Secured mortgages and notes payable to unrelated th		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relat plete Par	ed third parties, t X of Schedule D.	67,415.	25	1.
	26	Total liabilities. Add lines 17 through 25			99,180.	26	46,253.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· ► 2	K			
ala	27	Net assets without donor restrictions			682,110.	27	1,049,860.
B	28	Net assets with donor restrictions			253,244.	28	1,602,841.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund.			30	
188	31	Retained earnings, endowment, accumulated income,	or other	funds		31	
t te	32	Total net assets or fund balances		<u></u>	935,354.	32	2,652,701.
ž	33	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	1,034,534.	33	2,698,954.

BAA TEEA0111L 09/22/21 Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	336,	910.
2	Total expenses (must equal Part IX, column (A), line 25)	2	(540,	370.
3	Revenue less expenses. Subtract line 2 from line 1	3			540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(35,	354.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6	1,5	520,	307.
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10					
D -	column (B))	10	2,6	552,	/01.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				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 on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	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?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BA/	TEEA0112L 09/22/21		Forr	n 990	(2021)

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

lame of	the organization					Employe	r identifica	ition numbe	er
FOOD	LITERACY CENTER					45-3	97326	8	
Part I	Reason for Public Cha	arity Status. (All c	organizations must	compl	ete this	s part.) See	instruc	tions.	
he org	ganization is not a private found								
1	A church, convention of church	nes, or association of cl	hurches described in sect	tion 170(b)(1)(A)((i).			
2	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3	A hospital or a cooperative h	nospital service organ	ization described in sec	tion 17	0(b)(1)(A	A)(iii).			
4	A medical research organiza	ation operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the	nospital's
L	name, city, and state:	·	·						·
5	An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle	ege or university owned	or oper	ated by	a governmenta	ıl unit de	scribed i	n
6	A federal, state, or local gov		ental unit described in s	ection 1	70(b)(1))(A)(v).			
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	1.)					
9 [An agricultural research organi			-	oniunctio	on with a land-g	ant colle	ae	
L	or university or a non-land-gra								
	university:						-		
10	An organization that normal from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sub lated business taxabl	oject to certain exceptio e income (less section	ns; and	(2) no r	more than 33-1	/3% of it	s suppor	t from gross
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12	An organization organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	nctions of, or to	carry or	ut the pur	poses of one
_	or more publicly supported of	organizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See sectic	on 509(a)(3). Che	ck the box on
а	Type I. A supporting organizati							the cupp	ortod
a L	organization(s) the power to re complete Part IV, Sections A	egularly appoint or elect	t a majority of the directo	rs or trus	stees of t	the supporting of	rganizatio	on. You m	ust
b [Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization the supported o	n(s), by organizat	having co ion(s). Yo	ontrol or u
с [Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, a	nd functio	onally integrated	with, its	supported	
d	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org	janization operated in cor must satisfy a distribu	nection	with its s	supported organ	ization(s)	that is n	ot
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	s а Туре I, Туре	e II, Type	e III func	tionally
f F	Enter the number of supported							Г	
	Provide the following information	•						L	
	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of m	nonetary	(vi) A	mount of other
			(déscribed on lines 1-10 above (see instructions))	organizat	ion listed overning nent?	support (see inst	ructions)		(see instructions)
				Yes	No				
۸۱									
A)									
B)									
C)									
D)									
<u>-, </u>									
E)									
[otal									

45-3973268

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support										
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	757,367.	585,456.	655,872.	1,111,316.	779,075.	3,889,086.				
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.				
	Total. Add lines 1 through 3 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)	757,367.	585,456.	655,872.	1,111,316.	779,075.	3,889,086.				
6	Public support. Subtract line 5 from line 4						3,384,146.				
Sec	Section B. Total Support										
Cale begi	alendar year (or fiscal year eginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021										
7	Amounts from line 4	757,367.	585,456.	655,872.	1,111,316.	779,075.	3,889,086.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22.	109.	172.	1,173.	85.	1,561.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		200.		_,	300	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.		54,000.	60,125.				
	Total support. Add lines 7 through 10						3,950,772.				
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	42,237.				
	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)	▶				
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	11 1 10		1 1					
	Public support percentage for 20 Public support percentage from 2						85.66 % 86.81 %				
	33-1/3% support test—2021. If the and stop here. The organization	ne organization di	d not check the b	ox on line 13. an	d line 14 is 33-1/3	% or more, check	this box				
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did	not check a box	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, o	check this box				
17a	17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
	b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										

Schedule A (Form 990) 2021

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

16 Public support percentage from 2020 Schedule A, Part III, line 15		fails to qualify under the te	,313 H31CU DCIOW,	picase complete	i ditii.)				
1 Girds, grants, contributions, and the properties of the properti	Sec	tion A. Public Support							
and mismisprishing reads any functional grants.) 2 Gross receipts from admissions, merchandles add or services burnished in any activity that is related to the organization's take evering purpose. 3 take evering purpose, and a merchandle trade or business under section 513. 4 Tax revenues level for the organization's take evering purpose. 3 that are not an unrelated trade or business under section 513. 5 The value of services or description of the organization is behalf. 5 The value of services or every service or every s			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
ary funishing grants.)	1	and membership fees							
2 Gross receipts from admissions, merchandises sold or services performed, or facilities that is related to the organization's tax-exempt purpose. 3 Gross receipts from admissions; tax-exempt purpose. 4 Tax revenues levied for the organization's that is related to the organization's benefit and alther paid to or expended on a facilities trainished by a governmental unit to the organization without charge. 5 Total, Add lines 1 turough 5 2 and 3 received from the organization without charge. 6 Total, Add lines 1 turough 5 2 and 3 received from the than disspalling persons. b Amounts included on lines 2 and 3 received from the than disspalling persons. b Amounts included on lines 2 and 7 a 8 Public support. (Subtract line 7 crom line 6). Section B. Total Support Calendar year (or fiscal year beginning in) * (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 year. Cald lines 7 and 7 b 8 Public support. (Subtract line 7 crom line 6). Section B. Total Support Calendar year (or fiscal year beginning in) * (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 10 years in the public standard lines of the year or fiscal year beginning in) * (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 10 years in the years in the years in the years in y		received. (Do not include							
merchandise add or services performent, or facilities performent, or facilities performent, or facilities in the performent of the organization's face-compility purpose. 3 Gross receipts from activities that are not an unrelated trade that the organization's benefit and unrelated trade organization's benefit and either paid to or expended on its behalf. 5 Tax revenues levied for the organization's here is a second to the organization without charge organization organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (schedule A, Part III, line 15 16 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). 17 I % Investment income percentage for 2022 (line 8, column f), divided by line 13, column (f). 18 19 33-13% support percentage for 2022 (line 8, column f), divided by line 13, column f). 19 313 10 Kept organization organi	2	, ,							
furnished in any activity field is related to the organizations. 3 Gross receipts from activities that are not a nurelated trade or business under section 513. 4 Tax revenues leveled for the organization's benefit and is behalf. 5 The value of services or facilities furnished by a organization without charge organization organization organization, check this box and stop here. Section B. Total Support Caleudar year (or facial year beginning iii) * Organization, check this box and stop here. Section S. Computation of Public Support Percentage 12 public support percentage for 2021 (line 8, column (0, divided by line 13, column (1)). 15 % Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (0, divided by line 13, column (1)). 17 % Section C. Computation of Public Support Percentage 17 Investment income percentage for 2021 (line 10c, column (0, divided by line 13, column (1)). 18 % Section D. Computation of Investment Income Percentage in 2021 (line 10c, column (0, divided by line 13, column (1)). 18 % Section D. Computation of In	2								
related to the organizations star-evering purpose. 3 Gross receipts from activities or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on either paid to or expended or									
a Gross receipts from activities that are not an unrelated trade that are not an unrelated trade and are not are unrelated to a separation without charge. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1. 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 6 Add lines 7 and 7b. 8 Public support of the amount on line 13 for the year. 7 A from 1 amount on line 13 for the year. 8 Public support of the support of the amount on line 6. 9 Amounts from line 6. 10 Gross increase from interest dividends, payments received on securities loans, rents, reyables, and income from small sources. 9 In the support of t									
that are not an unrelated trade or business under section \$13. 4 Tax revenues leviced for the earth of the section \$13. 5 The value of services or facilities furnished by a earth of the section \$1.5 the secti									
or business under section 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on either paid to or expended on either paid to or expended on facilities price to organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$3,000 or secret th	3								
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is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.)	stop hereblic Support P 21 (line 8, columi 2020 Schedule A, estment Incor	ercentage n (f), divided by li Part III, line 15 ne Percentage	ne 13, column (f))		15 16	%
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14 Sec 15 16 Sec 17	Total support. (Add lines 9, 10c, 11, and 12.)	stop hereblic Support P 21 (line 8, column 2020 Schedule A, estment Incor or 2021 (line 10c,	ercentage n (f), divided by li Part III, line 15. ne Percentage column (f), divide	ne 13, column (f)) j		15 16	90 90 90
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization •	14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.)	stop here	ercentage n (f), divided by li Part III, line 15. ne Percentage column (f), divided le A, Part III, line id not check the li	ne 13, column (f) ed by line 13, column 17	umn (f))	than 33-1/3	15 16 17 18 18, and	% % %
	14 Sec 15 16 Sec 17 18 19a	Total support. (Add lines 9, 10c, 11, and 12.)	stop here	ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divide le A, Part III, line id not check the le phere. The organ	ne 13, column (f) ed by line 13, column 17	umn (f))	than 33-1/3	15 16 17 18 18, and ization	% % % line 17 ►
ZU FOVAIR INHORATION IL THE OTORNICATION DID THE CHECK A DOY ON THE LATERA OF THE CHECK THIS DAY AND SEE INSTRUCTIONS	14 Sec 15 16 Sec 17 18 19a	Total support. (Add lines 9, 10c, 11, and 12.)	blic Support P 21 (line 8, column 2020 Schedule A, estment Incor or 2021 (line 10c, rom 2020 Schedu the organization d this box and sto	ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divide le A, Part III, line id not check the le p here. The organ id not check a bo	ne 13, column (f) e ed by line 13, column 17	umn (f))	than 33-1/3	15 16 17 18 18, and ization an 33-1/	% % % line 17 ► [] '3%, and

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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.	4b		
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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	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 on 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 on 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 .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II 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		

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Pa	art IV S	upporting Organizations (continued)			
11	I Has th≏	organization accepted a gift or contribution from any of the following persons?		Yes	No
' '	a A persor	n who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	· ·	erning body of a supported organization?	11a		
	-	member of a person described on line 11a above?	11b		
^ -		ntrolled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
se	ection B.	Type I Supporting Organizations		V	N.
1	or more officers, organiza than on	governing body, members of the governing body, officers acting in their official capacity, or membership of one 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 Part VI how the supported ation(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more e supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees ocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	2 Did the that ope benefit	the tax year. organization operate for the benefit of any supported organization other than the supported organization(s) organization, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such carried out the purposes of the supported organization(s) that operated, supervised, or controlled the ing organization.	2		
Se	ction C.	Type II Supporting Organizations			
		Type is capped and a same and a		Yes	No
1	of each	majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the ing organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D.	All Type III Supporting Organizations			
1	organiza year, (ii	organization provide to each of its supported organizations, by the last day of the fifth month of the ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ation's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	organiza	by of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ation(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice in	on of the relationship described on line 2, above, did the organization's supported organizations have a significant the organization's investment policies and in directing the use of the organization's income or assets at a during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played egard.	3		
Se	ction E.	Type III Functionally Integrated Supporting Organizations			
1	Check th	ne box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		organization satisfied the Activities Test. Complete line 2 below.			
	=	organization is the parent of each of its supported organizations. Complete line 3 below.			
	=	organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	2 Activitie	s Test. Answer lines 2a and 2b below.		Yes	No
	supporte organiz respons	stantially all of the organization's activities during the tax year directly further the exempt purposes of the d organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported ations and explain how these activities directly furthered their exempt purposes, how the organization was ive to those supported organizations, and how the organization determined that these activities constituted tially all of its activities.	2a		
	b Did the more of reasons	activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the for the organization's position that its supported organization(s) would have engaged in these activities the organization's involvement.	2b		
3	B Parent	of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the each of	organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
		organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ed organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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 inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Pa	付 V ☐ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

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

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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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

NATURE AND SOURCE	<u>!</u>		2021	202	20	 2019	201	L8	 2017
SPECIAL EVENTS SPONSORSHIPS		ė	54,000.			\$ 6,125.			
SPONSORSHIPS	TOTAL	\$	54,000.	\$	0.	\$ 6,125.	\$	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.

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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Open to Public Inspection
Employer identification number

			45-3973268
Par	t Organizations Maintaining Donor	Advised Funds or Other Sim	ilar Funds or Accounts.
	Complete if the organization answ	ered 'Yes' on Form 990, Part I	IV, line 6.
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Borior advised failes	(b) I dilas and other accounts
1			
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
_	50 5		
5	Did the organization inform all donors and donor	or advisors in writing that the assets h	neld in donor advised funds
	are the organization's property, subject to the o	•	
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of	s, and donor advisors in writing that g	grant funds can be used only
	for charitable purposes and not for the benefit of	of the donor or donor advisor, or for a	any other purpose conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements.		
	Complete if the organization answ	ered 'Yes' on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by		
•			
	Preservation of land for public use (for example		reservation of a historically important land area
	Protection of natural habitat	∐P	reservation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution i	in the form of a conservation easement on the
	last day of the tax year.		
			Held at the End of the Tax Year
-	a Total number of conservation easements		2a
	Total acreage restricted by conservation easem		
(Number of conservation easements on a certific	ed historic structure included in (a)	2c
c	Number of conservation easements included in	(c) acquired after 7/25/06, and not or	n a historic
	structure listed in the National Register		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or termin	nated by the organization during the
	tax year ►		
4	Number of states where property subject to conserv	vation easement is located ►	
	Does the organization have a written policy regard		etion, handling of violations
5	and enforcement of the conservation easement		
_			
6	Staff and volunteer hours devoted to monitoring, in	specting, nandling of violations, and en-	ording conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcin	ng conservation easements during the year
	- \$		
8	Does each conservation easement reported on	line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII describe how the organization repo	rts conservation easements in its rev	venue and expense statement and halance sheet, and
•	include, if applicable, the text of the footnote to	the organization's financial statemer	renue and expense statement and balance sheet, and nts that describes the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collec	tions of Art, Historical Treasu	ires, or Other Similar Assets.
	Complete if the organization answ	ered 'Yes' on Form 990, Part	IV, line 8.
	- 1611 - 1 1 1 1 1 1 1 1 1 1 1	540D 400 050	
1 2	I THE ORGANIZATION ELECTED, AS PERMITTED UNDER I	FASB ASC 958, NOT TO report IN ITS re I for public exhibition, education, or re	evenue statement and balance sheet works of art, esearch in furtherance of public service, provide in
	Part XIII the text of the footnote to its financial	statements that describes these item	S.
L			
Ľ	If the organization elected, as permitted under libitorical treasures, or other similar assets held for	ראסם אסט שסט, נט report in its revent nublic exhibition, education, or research	ue Statement and Dalance Sheet Works of art, h in furtherance of public service, provide the
	following amounts relating to these items:	pashe exhibition, education, or research	The farther direction of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li	ne 1	⊳ \$
	(ii) Assets included in Form 990, Part X		
_			·
2	If the organization received or held works of art, his amounts required to be reported under FASB A	storical treasures, or other similar assets	s for financial gain, provide the following
	Revenue included on Form 990, Part VIII, line 1		
Ŀ	Assets included in Form 990, Part X		▶\$

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar As:	sets (contin	ued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that n	nake significant use of its	s collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	ctions and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	aintained as part of the o	organization's collection	1?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if t n Form 990, Part X,	the organization ar line 21.	nswered 'Yes' on Fo	orm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
•	·			Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year					
f Ending balance			1f		
2a Did the organization include an amount on F				Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
Part V Endowment Funds. Complete i	f the ergonization on	ocurred West on E	orm 000 Dort IV/ Ii	ino 10	
					ro book
(a) Curre	nt year (b) Prior yea	r (c) Two years bac	k (a) Three years back	(e) Four yea	ITS DACK
1 a Beginning of year balance b Contributions					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ▶	%				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession organization by:	on of the organization that a	are held and administere	d for the	Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended uses of the	e organization's endowme	ent funds.		<u> </u>	•
Part VI Land, Buildings, and Equipmen	nt.				
Complete if the organization an		m 990, Part IV, line	e 11a. See Form 99	90, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment		8,692.	7,064.	1	,628.
e Other		7,892.	329.		7,563.
Total. Add lines 1a through 1e. (Column (d) must					, 191.
PAA				dula D (Farm 99	

Schedule D (Form 990) 2021

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Part VII Investments – Other Securities.		N/A	
Complete if the organization answered		·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
		N/A	
Complete if the organization answered), Part IV, line 11c. See Form !	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A		
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 9	990, Part X, line 15.
	scription		(b) Book value
<u>(1)</u> <u>(2)</u>			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)		-
Part X Other Liabilities.	anna 000 Dant IV lina 11	1 11f Coo Form 000 Part V Line 0	-
Complete if the organization answered 'Yes' on F 1. (a) Descr	orm 990, Part IV, line 11 iption of liability	ie or 111. See Form 990, Part X, line 25	(b) Book value
(1) Federal income taxes	iption of hability		(b) book value
(2) ROUNDING			1.
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11) Tatal (Column (h) must squal Form 000 Part V, solumn (P) line 25.)			1
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the form			1.
tax positions under FASB ASC 740. Check here if the text of the footnote has			

Part XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	e 12a.
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part VII Pasanciliation of Evpansos par Audited Financial Statements With F	vnanca nav Datuum N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	
	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 a 2 b	e 12a.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 b 2 c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 12a
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 12a
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	2 12a
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII.)	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2 12a
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments. 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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.) 4b	2e 3

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 XI, 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.

BAA Schedule D (Form 990) 2021

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization						Employer identific	ation number					
FOOD LITERACY CENTER						45-397326	18					
Part I General Information on G	rants and Assista	ance										
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No Pescribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on												
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
(1) HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD STE 600 WEST SACRAMENTO, CA 95691	68-0249296	501 (C) (3)	6,250.	0.			PARENT FITNESS AND NUTRITION ED					
(2) SOIL BORN FARMS URBAN AG 2140 CHASE DR RANCHO CORDOVA, CA 95670	20-0774693	501 (C) (3)	15,625.	0.			SCHOOL GARDEN EDUCATION CLASSES					
(3)												
(4)												
(5)												
(6) 												
(7)												
(8)												
2 Enter total number of section 501(c)3 Enter total number of other organiza							2					

Schedule I (Form 990) 2021 FOOD LITERACY CENTER

45-3973268

Page 2

(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

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 45-3973268 FOOD LITERACY CENTER Part I Types of Property

. a.	ti Types of Froperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	od of c contrib	determin	iing mounts
1	Art – Works of art						-	
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications.							
5	Clothing and household goods	Х		F 100	ייין דרווים דידיי	р Сп/	ODE	
	Cars and other vehicles	Λ		5,180.	INKIL	510	JKL	
6					 			
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	2	17,820.	MARKE?	C VA	LUE	
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.	Х	6	43,477.	¢1 70	DED	TR	
20	Drugs and medical supplies	21	0	43,477.	ΥΙ. 1 <i>J</i>	тых		
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other ()							
26	Other ()							
27	Other ► ()							
28	Other► ()							
29	Number of Forms 8283 received by the organization d							
	organization completed Form 8283, Part V, Dones	e Acknowled	gement		29			
							Yes	No
30a	During the year, did the organization receive by contri	hution any nr	onerty reported in Part I	lines 1 through 28 that				
-	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?	?		· · · · · · · · · · · · · · · · · · ·		30 a		X
b	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police				ns?	31		Х
	a Does the organization hire or use third parties or recontributions?	•	· •			32 a		Х
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 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.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

orm 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FOOD LITERACY CENTER 45-3973268

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

FOR 42% OF SACRAMENTO ELEMENTARY CHILDREN WHO ARE FOOD AND NUTRITION INSECURE AND AT RISK FOR DIET-RELATED DISEASE, FOOD LITERACY CENTER IS THE ONLY PROVIDER OF HANDS-ON FOOD AND NUTRITION EDUCATION TO INSPIRE KIDS TO EAT THEIR VEGETABLES AND BUILD HEALTHY HABITS.

WE SHOW UP EVERY DAY WITH JOY AND BRAVERY TO PROVIDE RELIABLE, INCLUSIVE FOOD AND NUTRITION EDUCATION FOR KIDS WHO NEED IT MOST.

WE INSPIRE KIDS TO EAT THEIR VEGETABLES! WE TEACH CHILDREN IN LOW-INCOME ELEMENTARY SCHOOLS COOKING, NUTRITION, GARDENING, AND ACTIVE PLAY TO IMPROVE LIFELONG WELLNESS.

WE CREATE POWER THROUGH KNOWLEDGE ABOUT FOOD AND NUTRITION TO BUILD FLOURISHING AND HEALTHY COMMUNITIES.

WHERE YOU LIVE AFFECTS HEALTH. FOOD AND NUTRITION EDUCATION CREATES FOOD EQUITY,
ESPECIALLY IN COMMUNITIES AT HIGHEST RISK FOR DIET-RELATED DISEASES. BY TEACHING
YOUNG STUDENTS HOW TO GROW, COOK, AND EAT THEIR VEGETABLES, WE'RE ESTABLISHING HEALTHY
HABITS THAT SUPPORT A LIFETIME OF SUCCESS.

BE PART OF THE SOLUTION: MAKE A DONATION OR VOLUNTEER. EMAIL INFO@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.

Schedule O (Form 990) 2021 Page 2

Name of the organization

FOOD LITERACY CENTER

Employer identification number
45-3973268

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 FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE WEBSITE