				** PUBL	IC DISC	CLOSURE C	OPY *	*			15 00 17
For	" 9	90	Return Under section 50	of Organ	ization (a)(1) of the	Exempt Internal Revenu	From e Code (ex	Income Tax ccept private foundati	ions)	OMB No. 154	20
			🕨 Do n	ot enter social s	ecurity numb	pers on this form	n as it may	be made public.		Open to P	vublic
Inter	nal Reve	of the Treasury enue Service		o to www.irs.gov/						Inspect	
ΑΙ	For th	e 2020 calend	ar year, or tax yea	r beginning J	UL 1, 2	2020 and	ending	JUN 30, 202	1		
B	Check if applicab	ole:	organization					D Employer identi	ficatio	n number	
	Addre	ge INC	D.C. CENTH	RAL KITCH	EN, INC	2.					
	Name Chang	ge Doing bu	usiness as				i	52-15849	936		
	Initial returr	Number	and street (or P.O. I		ivered to street	address)	Room/suite				
	Final returr termii	n-	2ND STREET					202-234-			
_	ated Amer	City or to	own, state or provir		ZIP or foreigr	n postal code		G Gross receipts \$		43,006,	,094.
	returr Appli		INGTON, DO			OUDETN		H(a) Is this a group			37
	tion pendi		nd address of princ		HAEL F.	CURTIN,	JR.	for subordinate			XNo
		SAME	AS C ABOVI		A <i>ii</i>			H(b) Are all subordinates			
		empt status:			(insert no.) 4947(a)(1)	or 52	,,			ons
						Other ►		H(c) Group exempti			
	art I	f organization:			sociation		L Yea	r of formation: 1988	M Sta	te of legal dom	
Г	1		- 41		- ! ! 6		סאסת	III, LINE 1			
e	1	Briefly describ	e the organization?	s mission or most	significant ad		FARI		•		
nan											
Governance		 2 Check this box ▶ ⊥ if the organization discontinued its operations or disposed of more than 25% of its net a 3 Number of voting members of the governing body (Part VI, line 1a) 3 							1		21
	3		•	• • •		,					21
Activities &	4						_	20			
itie	6		of volunteers (estim						-		203
Ę			d business revenue	• •					_		0.
Ă			business taxable ir						_		0.
	<u> </u>	Hot annolatou			<u></u>			Prior Year	-	Current Ye	ar
•	8	Contributions	and grants (Part VI	II, line 1h)			- F	12,759,869		33,249,	006.
Revenue	9		ce revenue (Part VI					7,468,072		9,661,	
eve			come (Part VIII, colu					69,801			,322.
£			(Part VIII, column (172,930		-67,	,704.
			- add lines 8 throug					20,470,672		42,893,	,346.
	13	Grants and sir	nilar amounts paid	(Part IX, column (A), lines 1-3)			340,851	•	193,	,235.
	14	Benefits paid t	to or for members (Part IX, column (A	A), line 4)			0			0.
ŝ	15	Salaries, other	compensation, em	nployee benefits (l	Part IX, colum	nn (A), lines 5-10)		9,569,710		9,840,	
sus	16a	Professional fu	undraising fees (Pa	rt IX, column (A), l	ine 11e)			0	•	180,	,000.
Expenses			ng expenses (Part			1,272,2					
ш	17	Other expense	es (Part IX, column	(A), lines 11a-11d	, 11f-24e)			7,129,127		8,530,	
	18		s. Add lines 13-17 (17,039,688		18,744,	
	19	Revenue less	expenses. Subtrac	t line 18 from line	12			3,430,984	_	24,149,	
Net Assets or Fund Balances							B	eginning of Current Year	·	End of Yea	ar
sset 3alaı	20	Total assets (F					L	10,105,719	•	33,380,	
et A: nd E	21		(Part X, line 26)					3,171,185	•—	1,501,	
			fund balances. Sub	otract line 21 from	line 20			6,934,534	•	31,879,	. 0 / 0 .
	art II										
					-			ments, and to the best of r	ny kno	wiedge and be	liet, it is
true	, corre	ct, and complete.	Declaration of prepar	er (other than office	er) is based on	all information of w	mich prepare	er has any knowledge.			
		1 🛋						1			

Sign Here	Signature of officer GLENDA COGNEVICH, CFO Type or print name and title	Date
Paid Preparer	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Firm's name GELMAN, ROSENBERG & FREEDMAN	Check PTIN if self-employed P00288314 Firm's EIN 52-1392008
Use Only May the If	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 RS discuss this return with the preparer shown above? See instructions	Phone no. (301) 951-9090

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

				KITCHEN,	INC.		52-1584936	Paç
Pa	t III Statement of Program		-					r
	Check if Schedule O contains		note to ar	ly line in this Par	t III			
1	Briefly describe the organization's WE USE FOOD AS A		CUDEN	COURN DO	חדעמ	ENDOWED MINE		П
	COMMUNITIES. DCCK							
	FOR CULINARY CARE							и Т
	INNOVATIVE PROGRAM							
2	Did the organization undertake any							
2							Yes	X
	If "Yes," describe these new servic							
3	Did the organization cease conduct			hanges in how it	conducts	any program services?	Yes	X
-	If "Yes," describe these changes of	-	9			,, program connecci		
4	Describe the organization's program		nplishmen	ts for each of its	three large	est program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) orga							
	revenue, if any, for each program s	ervice reported.						
4a	(Code:) (Expenses \$	7,991,5	20. inc	luding grants of \$		155,150.) (Revenu		
						OF SCRATCH-C		
	OUR COMMUNITY AS 2							
	REDUCE FOOD WASTE							TIT
	WHERE EVERYONE HAS							
	OPPORTUNITIES TO A							
	30, 2021, DCCK SEI							
	YOUTH PROGRAMS, AN)
	PROVIDED HEALTHY							
	INDIVIDUALS, TOTAL EQUIVALENTS.	TING 723	,000	GRUCERI .	BAGS (JR 2,130,000	MEAL	
	EQUIVALENIS.							
4b	(Code:) (Expenses \$	4,063,9	29) (Revenu	es 3,128,	17
ŦIJ	(Code:) (Expenses \$ HEALTHY SCHOOL FO				глих г			
	SUPPERS TO TWELVE							
	IN WASHINGTON, D.O							
	SUSTAINABLE COST-I					-		
	SERVE HEALTHY, LOO	CALLY SO	URCE 1	MEALS TO	LOW-1	INCOME STUDEN	IT POPULATIC	NS
	IN ADDITION TO PRO	OMOTING .	ACCES	S TO GOO	D NUTI	RITION, THE F	ROGRAM CREA	ΔTE
	AND SUSTAINS EMPLO)
	HAVE COMPLETED DCC							
	SERVED MORE THAN	249,000	MEALS	TO FOOD	INSE	CURE CHILDREN	I DURING THE	2
	LAST FISCAL YEAR.							
		1 000 0	10				044	~~~
4c	(Code:) (Expenses \$ HEALTHY CORNERS:]	1,297,7		luding grants of \$) (Revenu		
	FRESH PRODUCE AND							FU.
	RETAIL OPTIONS ARI							
	CORNER STORES AND							יתי
	UNDERSERVED NEIGH							
	BUSINESSES WITH D							
	NUTRITION EDUCATIO							
	PARTICIPATING RET	AILERS S	OLD M	ORE THAN	362.0	000 UNITS OF	HEALTHY FOC	D
	THE LAST FISCAL Y				/		• •	
4d	Other program services (Describe o	on Schedule O.)			005	_		
)4 • including gra	ants of \$,085.)	(Revenue \$	596,329. ₎	
4e	Total program service expenses	15	,440,	002.				000
0000	10.02.00						Form	990 (
\$200	12-23-20			2				
51	108 745960 10775	2	2020.0		D.C.	CENTRAL KIT	CHEN, I 107	75
		-					,0,	

Part IV	Checklist	of Require	d Sche	dules
Form 990 ((2020)	THE	D.C.	CEN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Δ	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		<u> </u>
~	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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	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	Ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2020)
032003	3 12-23-20	Form	330	(2020)

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Form 990 (2020)	Form	990	(2020)
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Form	990 (2020) THE D.C. CENTRAL KITCHEN, INC. 52	-15849	936	Þ	age 4
	t IV Checklist of Required Schedules (continued)				age
		Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre		22	21	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	5110			1
	Schedule J		23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as or	f the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				v
	Schedule K. If "No," go to line 25a		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas		24b		
C	any tax-exempt bonds?		24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Γ			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an				1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				v
00	Schedule L, Part I	·····	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	ee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con				1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	///	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		28a		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f		200		
	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	·····	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	·····	31		_ <u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	F	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entir				1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	F	35b		
36	If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
_	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pa					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	125		162	
	Enter the number reported in Box 3 of rolm ross. Enter 50 in rot applicable 1a 1b 1b 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]			
	(gambling) winnings to prize winners?		1c	Х	
03200	4 12-23-20		Form	990	(2020)
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Form	aan	(2020)
FUIII	990	(2020)

Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 205						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		- 23			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50					
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- UU					
~	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
h							
8							
~	sponsoring organization have excess business holdings at any time during the year? N/A	8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-					
a h	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b					
ь 10	Section 501(c)(7) organizations. Enter:	30					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders N/A						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.) 11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	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 13b 13c						
		14a		x			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.	_					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

032005 12-23-20

Form 990 (202	20)
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THE D.C. CENTRAL KITCHEN, INC.

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

X

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.

		1.1	01		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	·		
	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.		0.1			
	Enter the number of voting members included on line 1a, above, who are independent		21			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		
	Did the organization delegate control over management duties customarily performed by or under		-			Ι.
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	1 990 was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6		
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body?	stockhol	ders, or	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			10		
		-	-	8a	x	
	The governing body?			oa 8b	X	╀
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00		╀
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal			9		
		levenue	500e.)		Yes	Т
02	Did the organization have local chapters, branches, or affiliates?			10a	103	╉
				10a		╀
	If "Yes," did the organization have written policies and procedures governing the activities of such			10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				x	╉
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	bay before	thing the form?	11a		+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b		╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				v	
	in Schedule O how this was done			12c	X	\downarrow
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appropriate persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,	ependent			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?			16a		ŀ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					Γ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization	s			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					_
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MD}$, $ ext{VA}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-	r (Section 501(c)(3	s)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain the content of the con	in on Sch	edule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.		,	nd fina	ncial	
	State the name, address, and telephone number of the person who possesses the organization's to $GLENDA$ COGNEVICH - $202-234-0707$	ooks and	records			
	425 2ND STREET NW, WASHINGTON, DC 20001					
						_
2000	12-23-20			Form	1 990	11

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees	, Highest Compen	sated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(do box	not cl , unle:	(C Pos heck ss pe	c) ition ^{more} rson i	than o	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		stee or director	Institutional trustee a	Officer p		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL F. CURTIN JR. CEO	40.00			x				224,003.	0.	19,537.
(2) GLENDA COGNEVICH CFO	40.00			x				162,970.	0.	16,562.
(3) ALEX MOORE	40.00									
CDO	40.00					X		152,894.	0.	15,716.
(4) TEE OKASI-NWOZO CHCO	40.00					x		144,966.	0.	11,849.
(5) ANDREW FINKE COO	40.00					x		136,606.	0.	15,732.
(6) JA'SENT BROWN	40.00									
CPO						x		114,660.	Ο.	11,741.
(7) EDWARD KWITOWSKI	40.00									
DIRECTOR OF SCHOOL FOODS						Х		103,319.	0.	4,222.
(8) DON SHAPIRO	2.00									-
CHAIR		х		Х				0.	0.	0.
(9) DEV GANESAN	2.00									•
VICE CHAIR		X		X				0.	0.	0.
(10) MIKE HOLLMAN	2.00			37					0	0
TREASURER	2 00	X		Х				0.	0.	0.
(11) GAIL CHAMBERS	2.00	x		x				0.	0.	0.
SECRETARY (12) JOE ANDRONACO	1.00	^		Δ				0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) ANNA BARD	1.00								••	
BOARD MEMBER		x						0.	Ο.	0.
(14) DARIUS BAXTER	1.00								• •	
BOARD MEMBER		x						0.	Ο.	0.
(15) MAGGIE BISCARR	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) HEIDI BRIGGS BROCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) DR MARCIA CHATELAIN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20						_				Form 990 (2020)

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(A) Name and title	(B)											(F)	
Name and title	A.v.or.000			(C Posi				(D)	(E)		_		
	Average hours per		not c	heck r	nore t			Reportable	Reportable			stimat	
	week			ss per d a di				compensation from	compensatio from related		an	nount other	
	(list any	tor						the	organizations		com	pensa	
	hours for	direc			-	p		organization	(W-2/1099-MIS			rom th	
	related	tee or	ustee			en sati		(W-2/1099-MISC)			org	aniza	tior
	organizations	al trus	nal tr		oyee	e e						d rela	
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ion
10) 110, 000,000	1.00	lnd	lns	Offi	Key	em em	For						
18) LISA CREAMER	1.00	x						0.		0.			(
OARD MEMBER 19) KATHY HOLLINGER	1.00	^			-+			0.		0.			
OARD MEMBER	1.00	x						0.		0.			(
20) MICHELINE MENDELSOHN	1.00							0.		••			
OARD MEMBER		x						0.		Ο.			(
21) RADHIKA MOHAN	1.00							• •					
OARD MEMBER		x						0.		Ο.			(
22) GEORGE MUNZ	1.00												
OARD MEMBER		x						Ο.		0.			(
23) CAROL STEENLAND	1.00												
OARD MEMBER		х						0.		0.			(
24) SAMUEL THOMAS	1.00	$\begin{bmatrix} \\ \end{bmatrix}$			T					_			
OARD MEMBER		Х						0.		0.			
25) JOSEPH TOLBERT	1.00							0		•			
SOARD MEMBER	1 00	Х						0.		0.			
26) SARAH TYREE	1.00	x						0		0			
BOARD MEMBER								0. 1,039,418.		0.	0	5,3	
1b Subtotal								1,039,418.		0.	9	5,5	
c Total from continuation sheets to Part V								1,039,418.		0.	0	5,3	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 								1,055,410.		•••		5,5	
			licto	d ab		1		asived mars than \$100	000 of reportabl				
		iose	liste	ed ab	bove	e) wh	no re	eceived more than \$100),000 of reportabl	le			
compensation from the organization		iose	liste	ed ab	oove)	e) wł	no re	eceived more than \$100),000 of reportabl	le		Yes	N
compensation from the organization									· · · ·	le		Yes	N
compensation from the organization3 Did the organization list any former officer,	director, trust	ee, k	key e	emple	oyee	e, or	r higl	hest compensated emp	ployee on		3	Yes	
compensation from the organization	director, trust	ee, k	ey e	emple	oyee	e, or	r higl	hest compensated emp	bloyee on		3		
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Form 990 THE D.C.									52-158	4936
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per	(Cl	heck I	(all 1 1	that	app I	ly)	compensation from	compensation from related	amount of other
	wook					/ee		the	organizations	compensation
	(list any	ector				(old m		organization	(W-2/1099-MISC)	from the
	hours for	e or dir	ee			sated 6		(W-2/1099-MISC)		organization
	organizations	trustee	al trust		yee	mpen				and related organizations
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ler			
	(list any hours for related organizations below line)	Indiv	Insti	Officer	Key	High	Former			
(27) KN VINOD	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(28) ERIC ZIMMERMAN BOARD MEMBER	1.00	x						0.	0.	0.
BOARD MEMBER		^						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Form 990	(2020
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 Form 990 (2020)
 THE D.C. CENTRAL KITCHEN, INC.

 Part VIII
 Statement of Revenue

			Check if Schedule O contains a resp	oonse	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns 1a		100,910.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
Ån. Am			Fundraising events 1c		421,175.				
Sift ar J			Related organizations 1d						
ini,			Government grants (contributions) 1e		3,469,807.				
rion S			All other contributions, gifts, grants, and						
the			similar amounts not included above 1f		29,257,114.				
4 d d		g	Noncash contributions included in lines 1a-1f	\$	9,789,852.				
aS		h	Total. Add lines 1a-1f		►	33,249,006.			
					Business Code				
e	2	а	CONTRACT FOOD SALES		900099	8,913,123.			
le rvi		b	PROGRAM SERVICE SALES		900099	748,599.	748,599.		
Program Service Revenue		С							
grar Rev		d							
or		е							
"		f	All other program service revenue			0 661 500			
		g	Total. Add lines 2a-2f			9,661,722.			
	3		Investment income (including dividends			10 300			42,322.
	4		other similar amounts) Income from investment of tax-exempt b		r	42,322.			42,522.
	4 5		Royalties	•	· · ·				
	5		(i) Re		(ii) Personal				
	6	а	Gross rents		(
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		▶				
			Gross amount from sales of (i) Secu	rities	(ii) Other				
			assets other than inventory 7a		8,000.				
		b	Less: cost or other basis						
anu			and sales expenses 7b		٥.				
ver		с	Gain or (loss)		8,000.				
ther Revenue			Net gain or (loss)		►	8,000.			8,000.
ther	8	а	Gross income from fundraising events (not						
ō			including \$ 421,175. of						
			contributions reported on line 1c). See						
			Part IV, line 18		42,250.				
			Less: direct expenses	8b	112,120.	<u> </u>			<u> </u>
			Net income or (loss) from fundraising ev		>	-69,870.			-69,870.
	9	а	Gross income from gaming activities. Se						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gaming activit						
			Gross sales of inventory, less returns	<u> </u>					
	10	u	and allowances	10a	70.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent	·		-558.	-558.		
s					Business Code				
Miscellaneous Revenue	11	а	HONORARIUM		900099	1,500.			1,500.
ane		b	MISCELLANEOUS		900099	1,224.			1,224.
Sev l		с							
Mis			All other revenue						
		е	Total. Add lines 11a-11d			2,724.			
	12		Total revenue. See instructions		►	42,893,346.	9,661,164.	0.	-16,824.
03200	9 12-	23	-20						Form 990 (2020)

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Part IX Statement of Functional Expenses

THE D.C. CENTRAL KITCHEN, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

7b, 8b, 9, 1 Gran and 0 2 Gran indiv 3 Gran orga indiv 3 Gran orga indiv 4 Ben trus; 5 Com pers; 6 Com 9 Other 8 Pens secti 9 Other 10 Paye 11 Fees secti 9 Other 10 Paye 11 Fees coluit 12 Adv/ 13 Offici 14 Infor 15 Roy 16 Occc 17 Trav 18 Paye 19 Con 20 Inter	actude amounts reported on lines 6b, bb, and 10b of Part VIII. Its and other assistance to domestic organizations domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 hefits paid to or for members Interfits paid to or for members Interfit taxes Interfit	(A) Total expenses 160,149. 33,086. 427,076. 6,942,779. 542,210. 1,210,566. 717,622.	(B) Program service expenses 160,149. 33,086. 100,843. 5,476,422. 420,500. 928,947. 544,882.	(C) Management and general expenses 203,625. 203,625. 924,873. 76,784. 176,530.	(D) Fundraising expenses 122,608 541,484 44,926
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4 Ben indiv 5 Com trus 6 Com pers 7 Othe 8 Pens secti 9 Othe 10 Payl 11 Fees a Man b Lega c Acci d Lobl e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Infor 15 Roy 13 Offic 14 Infor 15 Roy 18 Payl 16 Occ 17 Trav 18 Payl 10 Con 20 Intel	anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 	6,942,779. 542,210. 1,210,566.	5,476,422. 420,500. 928,947.	924,873. 76,784.	541,484
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6 Com persigners persigners 7 Other 8 Pensissecti 9 Other 10 Paye 11 Feesissecti 9 Other 10 Paye 11 Feesissecti 12 Adver 13 Offici 14 Infor 15 Roye 16 Occc 17 Trave 18 Paye 19 Con 20 Interview	tees, and key employees pensation not included above to disqualified cons (as defined under section 4958(f)(1)) and cons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	6,942,779. 542,210. 1,210,566.	5,476,422. 420,500. 928,947.	924,873. 76,784.	541,484
 6 Com persipersity persity pe	appensation not included above to disqualified cons (as defined under section 4958(f)(1)) and cons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	6,942,779. 542,210. 1,210,566.	5,476,422. 420,500. 928,947.	924,873. 76,784.	541,484
persi persi </td <td>ions (as defined under section 4958(f)(1)) and ions described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al</td> <td>542,210. 1,210,566.</td> <td>420,500. 928,947.</td> <td>76,784.</td> <td></td>	ions (as defined under section 4958(f)(1)) and ions described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	542,210. 1,210,566.	420,500. 928,947.	76,784.	
7 Othe 8 Pens secti 9 Othe 10 Paye 11 Fees a Man b Lega c Acci d Lobi e Profe f Inve g Othe columnation 12 Adve 13 Offici 14 Infor 15 Roy 16 Occ 17 Trav 18 Paye for a 19 Con 20 Inter	er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	542,210. 1,210,566.	420,500. 928,947.	76,784.	
 7 Othe 8 Penssecti 9 Othe 10 Paye 11 Feessa Man b Lega c According d Lobi e Profe f Inve g Othe colution 12 Adve 13 Offici 14 Information 15 Roye 16 Occordination 17 Trave 18 Paye for a 19 Con 20 Interview 	er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	542,210. 1,210,566.	420,500. 928,947.	76,784.	
 8 Pens secti 9 Othe 10 Paye 11 Fees a Man b Lega c Accord d Loble e Profe f Inve g Othe colunt 12 Adve 13 Offici 14 Infor 15 Roye 16 Occc 17 Travion 18 Paye for a 19 Con 20 Inter 	sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	1,210,566.	420,500. 928,947.		
9 Othe 10 Paye 11 Fees a Man b Lega c Acco d Lobe e Profe f Inve g Othe colunt 12 Adv. 13 Offici 14 Infor 15 Roy. 16 Occ 17 Trav 18 Paye for a 19 Con 20 Inter	ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al	1,210,566.	928,947.		44,926
 9 Othe 10 Paye 11 Fees a Man b Lega c According d Lobil e Profe f Inverging Othe columnation 12 Adv. 13 Officient 14 Information 15 Roy. 16 Occordination 17 Travis 18 Paye for a 19 Connect 20 Interview 	er employee benefits roll taxes s for services (nonemployees): nagement al				
 10 Paya 11 Fees a Man b Lega c Acca d Lobi e Profa f Inve g Other coluri 12 Advi 13 Offici 14 Information 15 Roya 16 Occa 17 Trave 18 Paya for a 19 Con 20 Inter 	roll taxes s for services (nonemployees): nagement al	717,622.	544,882.		105,089
 Fees a Man b Lega c Acca d Lobi e Profa f Inve g Other coluit 12 Adva 13 Offici 14 Infor 15 Roya 16 Occa 17 Trav 18 Paya for a 19 Con 20 Inter 	s for services (nonemployees): nagement al			108,699.	64,041
b Lega c Acca d Lobble e Profit f Inverge g Other g Other it Infor 13 Official 14 Infor 15 Roya 16 Occa ifor a Payre ifor a Con 20 Inter	al				
b Lega c Acca d Lobble e Profit f Inve g Other g Other 12 Adv. 13 Offici 14 Infor 15 Roy. 16 Occc 17 Trav 18 Payr for a 19 20 Interview	al				
 c Acc. d Lobi e Profe f Inveg g Other colunt 12 Adv. 13 Offici 14 Infor 15 Roy. 16 Occ. 17 Trav. 18 Paya for a 19 Con 20 Inter 					
d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Infor 15 Roy 16 Occ 17 Trav 18 Pay for a 19 Con	ounting	45,380.		45,380.	
e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Infor 15 Roy 16 Occ 17 Trav 18 Pay for a 19 Con 20 Inter	bying				
g Other column column 12 Adv 13 Official 14 Information 15 Roya 16 Occord 17 Trave 18 Payre 19 Conn 20 Interview	essional fundraising services. See Part IV, line 17	180,000.			180,000
colui 12 Adv 13 Offici 14 Infor 15 Roy 16 Occ 17 Trav 18 Pay for a 19 Con 20 Inter	estment management fees	605.		605.	
12 Adv. 13 Offici 14 Infoi 15 Roy. 16 Occc 17 Trav. 18 Payr. 19 Con 20 Inter	er. (If line 11g amount exceeds 10% of line 25,				
 13 Official 14 Information 15 Roya 16 Occentration 17 Travential 18 Payer 19 Connect 20 Interval 	mn (A) amount, list line 11g expenses on Sch 0.)	153,315.	95,040.	23,803.	34,472
14 Information 15 Roya 16 Occc 17 Trave 18 Payre for a for a 19 Con 20 Interview	vertising and promotion	24,882.	16,697.	5,713.	2,472
15 Roy 16 Occ 17 Trav 18 Pays for a Con 19 Con 20 Inter	ce expenses	147,475.	79,875.	39,075.	28,525
 Occ Trav Trav Pays for a Con Inter 	rmation technology	322,062.	177,380.	101,372.	43,310
 17 Trav 18 Pays for a 19 Con 20 Inter 	valties	E10 010	400.005	20.010	
 18 Paye for a 19 Con 20 Inter 	cupancy	513,040.	420,275.	38,019.	54,746
for a 19 Con 20 Inter	vel	10,071.	3,308.	5,216.	1,547
19 Con 20 Inter	ments of travel or entertainment expenses				
20 Inter	any federal, state, or local public officials	2 7 4 2		266	010
	ferences, conventions, and meetings	3,743.	2,659.	266.	818
	ments to affiliates	179,206.	161,744.	17,462.	
	preciation, depletion, and amortization	128,367.	97,558.	29,526.	1,283
	urance er expenses. Itemize expenses not covered	120,307.		49,540.	1,205
abov line 2	ve (List miscellaneous expenses not covered 24e amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule O.)				
	OD & BEV PURCHASED	4,150,375.	4,150,304.		71
	OD & BEV DONATED	1,001,190.	1,001,190.		
		780,141.	780,072.		69
-		249,149.	249,149.		
	TCHEN COSTS	821,519.	540,522.	234,255.	46,742
	TCHEN COSTS HER PROGRAM EXPENSES		15,440,602.	2,031,203.	1,272,203
	TCHEN COSTS HER PROGRAM EXPENSES other expenses	18,744,008.		. ,	
	TCHEN COSTS THER PROGRAM EXPENSES other expenses al functional expenses. Add lines 1 through 24e				
-	TCHEN COSTS HER PROGRAM EXPENSES other expenses				
Checl	TCHEN COSTS THER PROGRAM EXPENSES other expenses al functional expenses. Add lines 1 through 24e at costs. Complete this line only if the organization				

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Form **990** (2020)

10051108 745960 10775

-1								
		controlled entity or family member of any of these p	persons				5	
	6	Loans and other receivables from other disqualified	d persor	ns (as defined				
		under section 4958(f)(1)), and persons described in	n sectior	n 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use			2,284.		103,023.	
	9	Prepaid expenses and deferred charges		485	5,463.	9	711,606.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 1	10a	3,778,493. 2,359,997.				
	b	Less: accumulated depreciation1	10b	2,359,997.	465	5,153.	10c	1,418,496. 5,961,910.
	11	Investments - publicly traded securities			2,683	3,523.	11	5,961,910.
	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	19	9,321.	15	543,530.		
	16	Total assets. Add lines 1 through 15 (must equal li	10,105			33,380,527.		
	17	Accounts payable and accrued expenses			1,529	9,551.	17	1,501,457.
	18	Grants payable					18	
	19	Deferred revenue	175	5,000.	19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete Par			21			
	22	Loans and other payables to any current or former	r officer,	director,				
		trustee, key employee, creator or founder, substan	ntial cont	ributor, or 35%				
		controlled entity or family member of any of these p	persons				22	
	23	Secured mortgages and notes payable to unrelated	ed third p	arties	1,462	2,500.	23	
	24	Unsecured notes and loans payable to unrelated the	third part	ies			24	
	25	Other liabilities (including federal income tax, payat	bles to r	elated third				
		parties, and other liabilities not included on lines 17	7-24). Co	omplete Part X				
		of Schedule D			4	1,134. L,185.	25	0. 1,501,457.
1	26	Total liabilities. Add lines 17 through 25			3,171	L,185.	26	1,501,457.
		Organizations that follow FASB ASC 958, check	k here 🕨					
		and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions			4,653	3,114.	27	9,569,509.
	28	Net assets with donor restrictions			2,281	L,420.	28	22,309,561.
		Organizations that do not follow FASB ASC 958,	3, check	here 🕨 🛄				
		and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds \ldots					29	
	30	Paid-in or capital surplus, or land, building, or equip	pment fu	ind			30	
1	~ 1	B · · · · · · · · · · · · · · · · · · ·					1	

THE D.C. CENTRAL KITCHEN, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35%

1

2

3

4

31

32

33

6,934,534.

10,105,719.

(A)

Beginning of year

2,860,442.

1,300,106.

591,667. 1,597,760.

(B)

End of year

2,106,406.

6,431,478. 1,508,789.

31,879,070.

33,380,527.

Form 990 (2020)

14,595,289.

Form 990 (2020) Part X Balance Sheet

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

032012 12-23-20	032012	12-23-20	
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Form 990 (2020)

THE D.C. CENTRAL KITCHEN, INC.

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Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,				
3	Revenue less expenses. Subtract line 2 from line 1	3	24,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				34. 75.	
5	3 ()						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9							
10							
	column (B))	10	31,8	879	, 0'	70.	
Par	t 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 in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0					
	Act and OMB Circular A-133?		·····	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2020)

13 2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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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
2020
Open to Public Inspection

Namo	of the	organization
Name	or the	organization
		-

Nan	ne of t	the organization							identification number
		THE	D.C. CENTR	AL KITCHEN,	INC.				2-1584936
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	See instruction	าร.	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support	irom a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.							
		See section 509(a)(2). (Cor							
11		An organization organized a		sively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, t	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting
		organization. You must o	complete Part IV, S	ections A and B.					
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or management o	-				-		-
		organization(s). You mus			·				
с		Type III functionally inte	-		in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supported organization	n(s) (see instruction:	s). You must complete	Part IV, Se	ections A,	D, and E.	, ,	
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int		• •				-	
		requirement (see instruct			-		-		
е		Check this box if the orga		-				II, Type III	
		functionally integrated, or					51 / 51	<i>,</i> ,	
f	Ente	er the number of supported of		, ,	0 0				
g		vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								
		Paperwork Reduction Act N	Notice, see the Inst	ructions for Form 990 c	or 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

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Schedule A (Form 990 or 990-EZ) 2020 THE D.C. CENTRAL KITCHEN, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,562,307.	7,750,145.	9,375,919.	12,759,869.	34,366,606.	70,814,846.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots	250,000.	250,000.	250,000.	250,000.	250,000.	1,250,000.
4	Total. Add lines 1 through 3	6,812,307.	8,000,145.	9,625,919.	13,009,869.	34,616,606.	72,064,846.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10,874,760.
6	Public support. Subtract line 5 from line 4.						61,190,086.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,812,307.	8,000,145.	9,625,919.	13,009,869.	34,616,606.	72,064,846.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	127,548.	129,953.	45,538.	69,801.	42,322.	415,162.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	52,406.	259,209.	93,908.	170,617.	Ο.	576,140.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,706.	5,797.	5,524.	791.	2,724.	17,542.
11	Total support. Add lines 7 through 10						73,073,690.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 40	,202,786.
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publ						· · · · · ·
	Public support percentage for 2020 (column (f))		14	83.74 %
	Public support percentage from 2019					15	96.43 %
	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	•	•	,	•		
	more, and if the organization meets th	•				-	
	organization meets the facts-and-circ						
18	Private foundation. If the organization						s
	~ ~ ~ ~ ~ ~		•	•		dule A (Form 990	

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Schedule A	(Form 990 d	or 990-EZ) 2020) THE	D.C.	CENTRAL	KITCHEN	, INC.
Part III	Support	Schedule for	or Orga	anization	s Described	in Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L	<u> </u>	1		 	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u> </u>	check this box and stop here			<u></u>			▶∟
	ction C. Computation of Publ					<u> </u>	
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage			, <u>,</u>	
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3% , and line ⁻	17 is not
	more than 33 1/3%, check this box a						►
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check 1			
03202	23 01-25-21			16	Sch	edule A (Form 990) or 990-EZ) 2020
051	L108 745960 10775	20:	20.05000	16 THE D.C.	CENTRAL K	ITCHEN, I	107751

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

17

Schedule A (Form 990 or 990-EZ) 2020 THE D.C. CENTRAL KITCHEN, INC. Part IV Supporting Organizations (continued)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|--|

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

18

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Schedule A	(Form 990 or 990-EZ) 2020	THE D.C	CENTRAL	KITCHEN	, INC.	
Part V	Type III Non-Functi	onally Integ	rated 509(a)(3) Supporting	Organizatio	ons

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functiona	Illy integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 THE D.C. CENTRAL KITCHEN, INC.

га	i v Type in Non-Functionally integrated 509	(a)(5) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	9		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines	11a, 11b, and 11c; Par s 1c, 2a, 2b, 3a, and 3	t IV, Section B, lines 1 b; Part V, line 1; Part V	and 2; Part IV, Section C, Section B, line 1e; Part V
	(See instructions.)	Int V, Section E, lines 2, 5, a	nd 6. Also complete tr	is part for any addition	a information.
32028 01-25-2	1			Schedule	A (Form 990 or 990-EZ)
OLOLO OI LO L			21		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY	· **
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization	on	Employer identification number
	THE D.C. CENTRAL KITCHEN, INC.	52-1584936
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. I1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo D-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror Iring the year, total contributions of more than \$1,000 exclusively for religious, charitable, s cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I In (b) instead of the contributor name and address), II, and III.	scientific,

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

10051108 745960 10775

52-1584936

THE D.C. CENTRAL KITCHEN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>9,954,641</u> .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,739,304.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,462,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-2	5-20	\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)
	23		, _, _, _, _, _, , _, _, _, _, _, _, _, _, _, _, , , , , , , , , , , , , , , , , , ,

2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

Schedule B	(Form 990,	990-EZ,	or 990-PF) (2020)	
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Name of organization

10051108 745960 10775

Employer identification number

52-1584936

THE D.C. CENTRAL KITCHEN, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	8,232 SHARES OF CSGP		
-		\$6,954,641.	05/27/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	7,877 SHARES OF VTI		
-		<u> </u>	12/01/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢	
3453 11-25-20	° 24		90, 990-EZ, or 990-PF) (

2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

	C. CENTRAL KITCHEN, INC			52 - 1584936		
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line e aritable, etc., contributions of \$1,000 c	ntry For organization	2		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
F		(e) Transfer of g	ift			
F	Transferee's name, address, and	ZIP + 4	Relationshi	ip of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c) Use of gift (d) D			
ŀ		(e) Transfer of g	ift			
F	Transferee's name, address, and	ZIP + 4	Relationshi	ip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
F	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationshi	ip of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held		
	(e) Transfe					
ŀ	Transferee's name, address, and	I ZIP + 4	Relationshi	ip of transferor to transferee		

SCHEDULE D

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))

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.



Name of the organization

Department of the Treasury

Internal Revenue Service

THE D.C. CENTRAL KITCHEN, INC.

Employer identification number 52-1584936

		ne 6. (a) Donor advised funds	(b) Funds and of	her accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		vised funds	
-	are the organization's property, subject to the organization's	-		Yes
6	Did the organization inform all grantees, donors, and donor			
-	for charitable purposes and not for the benefit of the donor			
				Yes
Par	t II Conservation Easements. Complete if the or), Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).		
	Preservation of land for public use (for example, recre	ation or education)	of a historically importan	t land area
	Protection of natural habitat		of a certified historic stru	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the for	m of a conservation ease	ement on the la
	day of the tax year.			e End of the Tax
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic st			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			he tax
-	year ►		···· ··· ······· ·····················	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe		– of	
•	violations, and enforcement of the conservation easements			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting			
•				anng tro your
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conser	vation easements during	the vear
-	► \$,,
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conserva			
-	balance sheet, and include, if applicable, the text of the foot			e
	organization's accounting for conservation easements.			-
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or	Other Similar Asse	ets.
	Complete if the organization answered "Yes" on Forr			
1a	If the organization elected, as permitted under FASB ASC 9		t and balance sheet wor	ks
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina		•	
b	If the organization elected, as permitted under FASB ASC 9			of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			,
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical th			
-	the following amounts required to be reported under FASB.		Sal gain, provide	
2	Revenue included on Form 990, Part VIII, line 1		▶\$	
	Assets included in Form 990, Part X			
h	Access included in Form 330, Falt A		ΨΨ	
			Schodul	D (Form 000)
ΗA	For Paperwork Reduction Act Notice, see the Instruction		Schedule	e D (Form 990)
IA			Schedule	e D (Form 990)

Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche	dule D (Form 990) 2020 THE D.C	• CENTRAL	KITC	HEN,	INC.		ļ	52-15	84930	5 Page 2
collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other The organization is collections and explain how they further the organization's exempt purpose in Part XIII. c Provide a description of the organization scolections and explain how they further the organization scolection? Yes No Part VI Escrow and Custofial Arrangements. Complete if the organization collection? Yes No Part VI Escrow and Custofial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line B, or resported an amount on Form 990, Part X, line 21. The table organization included on Form 900, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII. Yes No b If Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete If the organization include an amount on Form 990, Part XI, line 10. Tab Bogrining of year balance (e) Current year <th>Pa</th> <th>rt III Organizations Maintaining C</th> <th>Collections of A</th> <th>rt, Hist</th> <th>orical 7</th> <th>Freasures,</th> <th>or Othe</th> <th>r Simila</th> <th>ar Asse</th> <th>ts(contin</th> <th>ued)</th>	Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical 7	Freasures,	or Othe	r Simila	ar Asse	ts (contin	ued)
a Public schibition d Clean or exchange program b Scholarly research e Other	3	Using the organization's acquisition, access	ion, and other record	ds, check	any of th	ne following the	at make si	gnificant	use of its		
b Scholary research e Other											
c Provide acception of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV. Ine 9, or reported an amount on Form 990, Part X, line 21. 9 If "Ves," explain the arrangement in Part XIII and complete the following table:	а		c								
Provide a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII. During the year, did the organization scill or receive donations of art, historical treasures, or other similar assets to be sold to raise funds ather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X > Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X > Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X > Is defined by Part X Is defined by Pa			e	• □ (Other						
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be acid to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XII. and complete the following table:					<i>.</i>						
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Image: Complete the estimated part of the organization answered 'Yes' on Form 990, Part IV, line 10. Part IV Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10. Part IV Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete the organization and the part of the organization answered 'Yes' on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete the organization and the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete the organization answered 'Yes' on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete the organization for the organization answered 'Yes' on Form 990, Par			•			•			se in Par	t XIII.	
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b If "Yes," explain the arrangement in Part XII and complete the following table: 										Yes	No
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Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back	_	·									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Pa	TV Endowment Funds. Complete									<u> </u>
b Contributions			(a) Current year	(b) P	rior year	(c) I wo yea	ars back (d) Three y	ears back	(e) ⊦our	years back
c Net investment earnings, gains, and losses	-										
d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs											
f Administrative expenses	e										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation (d) Book value basis (investment) basis (other) basis (investment) 1, 184, 736, 573, 287, 611, 449. c Leasehold improvements d 1, 110, 937, 1, 031, 070, 79, 867. e Other 1, 482, 820, 755, 640, 727, 180.											
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization set organizations is ted as required on Schedule R? (iii) Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (ii) Land (ii) Land (ii) Cost or other basis (other) (ii) Accumulated depreciation (iii) Related improvements (iii) Related improvements	b	Permanent endowment	%	_							
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	га				lina 11a	Soo Form 00		lina 10			
basis (investment) basis (other) depreciation 1a Land									d		
1a Land 1,184,736. 573,287. 611,449. b Buildings 1,184,736. 573,287. 611,449. c Leasehold improvements 1 1,031,070. 79,867. d Equipment 1,482,820. 755,640. 727,180.		Description of property			• •					(u) D00ł	value
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					<u>1,4</u>	82,820.	7	55,64			· ·
				X, colum	nn (B), line	e 10c.)				1,418	3,496.

Schedule D (Form 990) 2020

032052 12-01-20

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 990 Part IV line	11d See Form 990 Part X line 15	
Part IX Other Assets. Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a)	l " on Form 990, Part IV, line) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9)) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin) Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities.) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2)) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) linter Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (3)) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (5)) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) linter transmission answered "Yes Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)) Description		
Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lint Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (5)) Description		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

032053 12-01-20

(9)

Schedule D (Form 990) 2020 THE D.C. CENTRAL KITCHEN, INC.

(a) Description of security or category (including name of security)

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

(b) Book value

Part VII Investments - Other Securities.

(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2020	\mathbf{THE}	D.C.	CENTRAL	KITCHEN,	INC.

Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	44,237,473.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	815,975.		
b	Donated services and use of facilities	2b	528,129.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	628.		
е	Add lines 2a through 2d			2e	1,344,732.
3	Subtract line 2e from line 1			3	42,892,741.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	605.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	605.
_				5	12 803 316
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	42,893,346.
	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit		•	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wit	h Expenses per	Retu	irn.
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements Wit	h Expenses per	•	
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	h Expenses per	Retu	irn.
Par 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a	h Expenses per	Retu	irn.
Pa 1 2	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2b	h Expenses per	Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a 2b 2c	h Expenses per 528,129.	Retu	irn.
Par 1 2 a b	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a. 2a 2b 2c	h Expenses per	1	ırn. 19,272,160.
Par 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	h Expenses per 528,129. 628.	1 2e	ırn. 19,272,160. 528,757.
Par 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	h Expenses per 528,129. 628.	1	ırn. 19,272,160.
Par 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	h Expenses per 528,129. 628.	1 2e	ırn. 19,272,160. 528,757.
Par 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a	h Expenses per 528,129. 628.	1 2e	ırn. 19,272,160. 528,757.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 4a	h Expenses per 528,129. 628.	1 2e	ırn. 19,272,160. 528,757. 18,743,403.
Par 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2c 2d 2d 4a 4b 4b	h Expenses per 528,129. 628. 605.	1 2e	ırn. 19,272,160. 528,757.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR TH	ΉE	YEAR	\mathbf{ENDED}	JUNE	30,	2021,	DCCK	HAS	DOCUMENTED	THEIR	CONSIDERATION
--------	----	------	------------------	------	-----	-------	------	-----	------------	-------	---------------

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL

628.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

PART XII, LINE 2	2D - OTHER ADJUSTMENTS:	
032054 12-01-20	20	Schedule D (Form 990) 2020

THE D.C. CENTRAL KITCHEN, INC.

Part XIII Supplemental Information (continued)

COST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL

628.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

Schedule D (Form 990) 2020

032055 12-01-20

10051108 745960 10775

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2020
Department of the Treasury	· · · ·	Attach to Form 99						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informat	ion.		Inspection
Name of the organization		. CENTRAL KITCHEN	TN	C.			Employer ide 52-1584	ntification number
Part I Fundrais		Complete if the organization answ			n Form 990, Part IV,	line 1		
!	complete this par							
a X Mail solicitat b X Internet and c X Phone solicit d X In-person so	ions email solicitations tations licitations		ation of ation of al fundra	non-g gover aising	overnment grants nment grants events		, or	
• • •	highest paid indi	Part VII) or entity in connection with viduals or entities (fundraisers) purs e organization.	-		-		X Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid r retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
ORR GROUP, INC - 3		CONSULTANT ON CAPITAL	Yes	No				
STREET NW, WASHING	TON, DC	CAMPAIGN		X	0.		180,000.	-180,000.
Total							180,000.	-180,000.
 List all states in whi or licensing. 	ch the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from r	egistration
DC, MD, VA								
		· · · · · · · · · · · · · · · · · · ·	000	000				
		ice, see the Instructions for Form FOR CONTINUATIONS	1 990 or	990-l	=Z. S	sched	ule G (Form 9	90 or 990-EZ) 2020
032081 11-25-20			31					

10051108 745960 10775 2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

 Schedule G (Form 990 or 990-EZ) 2020 THE D.C. CENTRAL KITCHEN, INC.
 52-1584936 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributior s and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			-	,
			(a) Event #1 CAPITAL FOOD FIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	463,425.			463,425.
	2	Less: Contributions	421,175.			421,175
	3	Gross income (line 1 minus line 2)	42,250.			42,250.
	4	Cash prizes				
ŝ	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	47,920.			47,920.
	8	Entertainment	4,000.			4,000.
	9	Other direct expenses	60,200.			60,200.
	10	, , , , , , , , , , , , , , , , , , , ,			►	112,120
	11	,				-69,870
-a	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
anu		¢.0,000 0.1. 0.1. 000 <u></u> , m.0 024	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Hevenue						
r	1	Gross revenue				
	•					
lises	2	Cash prizes				
Щ Ц Х Ц Х Ц	3	Noncash prizes				
Uirect Expenses	4	Rent/facility costs				
UIrect	4 5					
DILECT	4 5	Rent/facility costs	Yes %	Yes %	Yes %	
	5	Rent/facility costs		└── Yes% └── No	└── Yes % └── No	
Ulrect	5	Rent/facility costs	└── Yes% └── No		□ No	
DILECT	5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No No	□ No	<u>No</u> No ►	
DILECT	5	Rent/facility costs Other direct expenses Volunteer labor	Yes% No No	□ No	<u>No</u> No ►	
	5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No % 1 5 in column (d)	□ No	<u>No</u> No ►	
9 a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes % No	No No	No ►	Yes No
9 a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No	No No	No ►	YesNo
9 a	5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes % No	No No	No ►	Yes No
9 a b	5 6 7 8 Is t If "	Rent/facility costs	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9 a b	5 6 7 8 Is t If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes % No No from line 1, column (d) ucts gaming activities:	No states?	No	
9 a b	5 6 7 8 Is t If "	Rent/facility costs	Yes % No No from line 1, column (d) ucts gaming activities:	No states?	No	
9 a b	5 6 7 8 Is t If "	Rent/facility costs	Yes % No No from line 1, column (d) ucts gaming activities:	No states?	No	
a b Da b	5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Rent/facility costs	Yes % No No from line 1, column (d) ucts gaming activities:	No states?	No ►	

<u>Sc</u> he	edule G (Form 990 or 990-EZ) 2020 THE D.C. CENTRAL KITCHEN, INC. 52-1	158493	6 Page
	Does the organization conduct gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		s 📖
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s 🗌
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
-	If "Yes," enter name and address of the third party:		
C	in res, entername and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	📖 Yes	s L
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	\S:	
I) NAME OF FUNDRAISER: ORR GROUP, INC		
Ί) ADDRESS OF FUNDRAISER: 3000 K STREET NW, WASHINGTON, DC 200)07	
3208	3 11-25-20 Schedule G (Forr	n 990 or 9	90-EZ)
F 1	33 109 745960 10775 2020 05000 mue D.C. CENTRAL FINCHEN	T 10	775
ът	108 745960 10775 2020.05000 THE D.C. CENTRAL KITCHEN,	т то	112

hedule G	(Form 990 o
Oct IV	Supplan

	Schedule G (Form 990 or 990-E
032084 04-01-20	34
051108 745960 10775	2020.05000 THE D.C. CENTRAL KITCHEN, I 107751
02TT00 1#2200 T0112	2020.00000 Ine D.C. CENIKAL KIICHEN, I 10775_1

SCHEDULE I (Form 990)	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.										
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization THE D.C.	CENTRAL K	ITCHEN, INC	2.				Employer identification number 52-1584936				
Part I General Information on Grants											
1 Does the organization maintain records criteria used to award the grants or ass	istance?										
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					anization answered "\	/es" on Form 990 Par	t IV line 21 for any				
recipient that received more than	-										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
SANCTUARY DMV 4730 ARGYLE TERRACE NW WASHINGTON, DC 20011		OTHER	0.	13,149.	воок	INFANT FORMULA	HUNGER-FIGHTING EFFORTS IN THE FACE OF COVID-19				
DREAMING OUT LOUD 2451 18TH ST NW WASHINGTON, DC 20009	26-1286043	501(C)(3)	72,000.	0.			HUNGER-FIGHTING EFFORTS IN THE FACE OF COVID-19				
WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW WASHINGTON, DC 20001	27-3521132	501(C)(3)	25,000.	0.			HUNGER-FIGHTING EFFORTS IN THE FACE OF COVID-19				
FOOD RESCUE IS 165 WATER ST #201 NORWALK, CT 06854	27-4486556	501(C)(3)	10,000.	0.			HUNGER-FIGHTING EFFORTS IN THE FACE OF COVID-19				
DC FOOD PROJECT PO BOX 32028 WASHINGTON, DC 20007	83-1011880	501(C)(3)	10,000.	0.			HUNGER-FIGHTING EFFORTS IN THE FACE OF COVID-19				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table				<u>4.</u>				

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

Schedule I (Form 990) 2020

52-1584936

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT STIPENDS	107	33,086.	. 0.		

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

PART I, LINE 2:

THE GRANT DETAILED ABOVE ASSISTS ORGANIZATIONS WITH SIMILAR MISSIONS TO

D.C. CENTRAL KITCHEN (DCCK). DCCK REQUIRES A YEAR-END REPORT ON THE USE OF

THE FUNDS FROM EACH GRANT RECIPIENT.

SC	CHEDULE J Compensation Information	on	1	OMB No.	1545-00	47		
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
.	Compensated Employees	. –		ZU	ZU			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.							
	epartment of the Treasury ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	ame of the organization		Employer i	dentificati	on nu	mber		
	THE D.C. CENTRAL KITCHEN, INC.		52-1	58493	6			
Pa	Part I Questions Regarding Compensation							
	·				Yes	No		
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a pe	erson listed on Form	990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding th	nese items.						
	First-class or charter travel Housing allowance or I	residence for perso	nal use					
	Travel for companions Payments for business	s use of personal re	sidence					
	Tax indemnification and gross-up payments	lues or initiation fee	S					
	Discretionary spending account Personal services (suc	h as maid, chauffeu	ır, chef)					
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regard	ding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part I	III to explain		1 b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurre	ed by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked or	n line 1a?		2				
3	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	-						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	a related organizat	ion to					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment co							
	X Independent compensation consultant X Compensation survey							
	X Form 990 of other organizations X Approval by the board	l or compensation c	ommittee					
4	During the year did any nergen listed on Ferm 000. Best V/II. Section A. line 1. with respect	to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect organization or a related organization:	to the filing						
2				4a		x		
a b				·····		X		
						X		
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each ite			+0				
		art m.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru	ue any compensatio	on					
-	contingent on the revenues of:							
а	a The organization?			5a		X		
	b Any related organization?					X		
	If "Yes" on line 5a or 5b, describe in Part III.							
6		ue any compensatio	on					
	contingent on the net earnings of:							
а	a The organization?			6a		Х		
	b Any related organization?					Х		
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any	nonfixed payments	6					
	not described on lines 5 and 6? If "Yes," describe in Part III			7		X		
8								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	e in Part III		8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure des	scribed in						
	Regulations section 53.4958-6(c)?			9				
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forr	n 990) 2020		

52-1584936

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MICHAEL F. CURTIN JR.	(i)	224,003.	0.	0.	9,937.	9,600.	243,540.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLENDA COGNEVICH	(i)	162,970.	0.	0.	6,962.	9,600.	179,532.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEX MOORE	(i)	152,894.	0.	0.	6,116.	9,600.	168,610.	0.
CDO	(ii)	0.	0.	0.	0.	0.		0.
(4) TEE OKASI-NWOZO	(i)	144,966.	0.	0.	2,249.	9,600.	156,815.	0.
СНСО	(ii)	0.	0.	0.	0.	0.		0.
(5) ANDREW FINKE	(i)	136,606.	0.	0.	6,132.	9,600.	152,338.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE M Noncash Contributions (Form 990)												
	 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 3 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 											
Nam	e of the organi	zation								En		
		т	ΉE	D.C.	CEN	TRAL K	ITCHEN, I	NC.				
Pa	rt I Type	s of Pro	pert	y								
	·					(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	I	non		
1	Art - Works o	art										
2	Art - Historica	l treasures	3									

1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	23	8,788	,662.	FMV			
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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	537,026	1,001	,190.	ESTIMATED	FAIR	VA	LUE
20	Drugs and medical supplies								
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 organi	zation during	g the tax year for c	ontributions				~	
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive b	-	• • • • •			-			
	must hold for at least three years from the date								v
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.						31	x	
31									
32a	Does the organization hire or use third parties		-						v
_	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y tor which columr	n (a) is che	ecked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedu	e M (For	n 990) 2020

2020 Open to Public

Inspection

Employer identification number 52-1584936

(d) Method of determining noncash contribution amounts

OMB No. 1545-0047

032141 11-23-20

10051108 745960 10775

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

SCHEDULE M, PART I, COLUMN (B):

DONATED FOOD IS VALUED AT AN AVERAGE OF \$2.67 PER POUND FOR BOTH

UNPREPARED AND PREPARED FOOD. 23 DONORS CONTRIBUTED DONATED STOCK OF

\$8,786,209.

Schedule M (Form 990) 2020

032142 11-23-20

10051108 745960 10775

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

INC.



52-1584936

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE D.C. CENTRAL KITCHEN,

WORKFORCE DEVELOPMENT: DCCK OPERATES AN INTENSE, NATIONALLY RECOGNIZED

TWELVE-WEEK CULINARY JOB TRAINING PROGRAM FOR UNEMPLOYED AND/OR

FORMERLY INCARCERATED MEN AND WOMEN LIVING IN HOMELESS SHELTERS OR

RECEIVING WELFARE BENEFITS. THE PROGRAM OFFERS COMPREHENSIVE TRAINING

IN FOOD PREPARATION AND SANITATION IN COMBINATION WITH JOB READINESS

AND LIFE SKILLS TRAINING. DUE TO THE PANDEMIC, IN-PERSON INSTRUCTION

WAS SUSPENDED FOR MUCH OF THE YEAR, ALLOWING DCCK TO OPERATE ONLY ONE

COURSE CYCLE FOR 11 TOTAL STUDENTS. HOWEVER, PROGRAM STAFF PROVIDED

INTENSIVE CASE MANAGEMENT AND JOB PLACEMENT SUPPORT TO PRIOR GRADUATES

THROUGHOUT THE PANDEMIC, CONNECTING 78 INDIVIDUALS WITH NEW OR IMPROVED

JOBS.

EXPENSES \$ 919,592. INCLUDING GRANTS OF \$ 38,085. REVENUE \$ 0.

CAFES & CATERING: DCCK CREATES JOB OPPORTUNITIES FOR INDIVIDUALS FACING

BARRIERS TO EMPLOYMENT THROUGH THESE SOCIAL ENTERPRISE ACTIVITIES.

DCCK'S CAF IN WARD 8 ALSO HOSTS ON-THE-JOB TRAINING SERVICES FOR

OPPORTUNITY YOUTH WHILE PROVIDING A DIGNIFIED FOOD ACCESS POINT AND

COMMUNITY GATHERING SPACE IN AN UNDERSERVED NEIGHBORHOOD. THIS SOCIAL

ENTERPRISE ALSO SUPPORTS THE ORGANIZATION'S EFFORTS TO PURCHASE

HEALTHY, LOCAL FOODS FROM LOCAL AND DISADVANTAGED FARMERS.

REVENUE \$ 596,329. EXPENSES \$ 985,152. INCLUDING GRANTS OF \$ 0.

COMMUNITY DEVELOPMENT AND PARTNERSHIPS: THIS DEPARTMENT IS RESPONSIBLE FOR DCCK'S PROGRAM EVALUATION ACTIVITIES, CROSS-CUTTING CASE MANAGEMENT AND CLINICAL SERVICES, AND MANAGEMENT OF EXTERNAL, COMMUNITY-FACING LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20 42

10051108 745960 10775

2020.05000 THE D.C. CENTRAL KITCHEN, I 10775_1

Name of the organization THE D.C. CENTRAL KITCHEN, INC.	Employer identification number 52-1584936
PARTNERSHIPS WITH PEER NONPROFIT ORGANIZATIONS. CORE FUNC	TIONS INCLUDE
COLLECTING AND ANALYZING PARTICIPANT FEEDBACK AND OUTCOME	S, TRACKING
PROGRESS TOWARD ORGANIZATIONAL GOALS, ATTENDING COMMUNITY	EVENTS, AND
CREATING AWARENESS OF AVAILABLE PROGRAM RESOURCES WITH FO	OD INSECURE
AND UNDERSERVED COMMUNITY MEMBERS.	
EXPENSES \$ 182,660. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND	REVIEWED BY SENIO

MANAGEMENT. A COPY OF THE FINAL FORM 990 WAS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ALL DIRECTORS AND OFFICERS TO SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THESE FORMS AND ACTS ON ANY POTENTIAL OR PRECEIVED CONFLICTS. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT INFORMS THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE INTERESTED PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THAT THE INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

	FORM 990, PART VI, SECTION B, LINE 15A:											
			~~~~~~~~~~	~-								
	THE	EXECUTIVE	COMMITTEE	OF	THE	BOARD	DETERMINES	AND	APPROVES	THE		
	032212 1	1-20-20							Schedule C	) (Form	990 or 990-EZ	) 2020
							43					
10	0511	08 745960	10775		202	0.0500	0 THE D.C.	CENT	RAL KITCH	EN,	I 10775	1

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization THE D.C. CENTRAL KITCHEN, INC.	Employer identification number 52-1584936
COMPENSATION OF THE CEO. SALARIES OF THE ORGANIZATION ARE	COMPARABLE TO
OTHER NON-PROFIT ORGANIZATIONS OF DCCK'S SIZE AND SCOPE.	THE EXECUTIVE
COMMITTEE UTILIZES SALARY SURVEYS FROM THE CENTER FOR NON	PROFIT ADVANCEMENT
AND FORM 990S OF OTHER ORGANIZATIONS AS COMPARABLE DATA I	N ITS REVIEW. THE
DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE WE	RE DOCUMENTED IN
THE MEETING MINUTES. THE SALARIES FOR OTHER OFFICERS AND	KEY EMPLOYEES ARE
DETERMINED BY THE CEO. THE LAST SALARY REVIEWS TOOK PLACE	IN JULY 2021.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST. THE
FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE	ALSO AVAILABLE ON
OUR WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS ADJUSTMENT INCLUDED ON THE FY20 FINAL AUDIT	-20,777.

10051108 745960 10775