			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt Fron		OMB No. 1545-0047			
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023			
			Do not enter social security numbers on this form as it may		Open to Public			
Depa Inter	rtment o nal Rever	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection			
AI	or the	e 2023 calend	ar year, or tax year beginning $ m JUL1,2023$ and ending	JUN 30, 2024				
B	Check if	e: C Name of	organization	D Employer identifica	tion number			
	Addres	THE	D.C. CENTRAL KITCHEN, INC.	>				
	Name		usiness as	52-158493	6			
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number				
	 Final return/	2121	1ST STREET SW 140	202-234-0	707			
	termin ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	49,003,775.			
	Ameno	WASH	INGTON, DC 20024	H(a) Is this a group ret	urn			
	Applic tion	F Name a	nd address of principal officer: MICHAEL F. CURTIN, JR.	for subordinates?	Yes X No			
	pendir	SAME	AS C ABOVE	H(b) Are all subordinates incl	uded? Yes No			
1.7	ax-exe	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a li	st. See instructions			
	Nebsit		DCCENTRALKITCHEN.ORG	H(c) Group exemption				
			X Corporation Trust Association Other L	Year of formation: 1988 M	State of legal domicile: DC			
Pa	art I	Summary						
	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	III, LINE 1.				
nce	Ι.							
Governance	2	Check this bo	k if the organization discontinued its operations or disposed of n	nore than 25% of its net asse	ts. 15			
ove	3	Number of voting members of the governing body (Part VI, line 1a)						
	4	Number of ind	4	15				
es de	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		315			
viti			of volunteers (estimate if necessary)	6	10000			
Activities &	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12	7a	0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	14,054,311.	25,032,154.			
enu	1		ce revenue (Part VIII, line 2g)	11,256,745.	14,048,625.			
Revenue	141		come (Part VIII, column (A), lines 3, 4, and 7d)	694,016.	1,108,096.			
ш.			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,284.	247,183.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,058,356.	40,436,058.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	364,805.	583,456.			
			o or for members (Part IX, column (A), line 4)	0.	0.			
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)	14,392,761.	19,078,432.			
	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.			
Expen	b		ng expenses (Part IX, column (D), line 25) <u>1,516,682.</u>	11,531,938.	15,264,233.			
w			es (Part IX, column (A), lines 11a-11d, 11f-24e)	26,289,504.	34,926,121.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-231,148.	5,509,937.			
		Hevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year			
Net Assets or	00	Total accests "	Part V line 10	46,619,213.	52,843,178.			
Asse	20	Total assets (F		6,547,470.	6,950,594.			
let /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	40,071,743.	45,892,584.			
	22 art II	Signature		<u> </u>	10,002,004.			
			declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of my l	nowledge and belief it is			
			Declaration of preparer (other than officer) is based on all information of which prep					
in uo	001100	, and complete.	e e e e e e e e e e e e e e e e e e e	in the any monougor				

	Δ.						
Sign	Signature of officer	1.1.	Dat	e / /			
Here	THOMAS WRIGHT, CFO	nas lin		01/24/2025			
	Type or print name and title	//		1 1			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	RICHARD J. LOCASTRO, CPA	Richard J. hocastro	01/23/25	self-employed P00288314			
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	Firn	n's EIN 52-1392008			
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800N					
	BETHESDA, MD 2081	4-2930	Pho	one no.301-951-9090			
May the II	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
				E 000 (0000)			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

Form	990 (2023) THE D.C. CENTRAL KITCHEN, INC.	52-1584936	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WE USE FOOD AS A TOOL TO STRENGTHEN BODIES, EMPOWER MINDS COMMUNITIES. DCCK PREPARES PEOPLE FACING HIGH BARRIERS TO FOR CULINARY CAREERS, AND CREATES JOBS FOR OUR GRADUATES	O EMPLOYMENT	
	INNOVATIVE PROGRAMS THAT EXPAND ACCESS TO HEALTHY FOODS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, an	
4a	SUSTAINABLE COST-EFFECTIVE DINING SERVICE TO LOCAL SCHOOL SERVE HEALTHY, LOCALLY SOURCED MEALS TO LOW-INCOME STUDEN IN ADDITION TO PROMOTING ACCESS TO GOOD NUTRITION, THE PH AND SUSTAINS EMPLOYMENT OPPORTUNITIES FOR AT-RISK MEN AND HAVE COMPLETED DCCK'S CULINARY JOB TRAINING PROGRAM. DUR: ENDED JUNE 30, 2024, THIS PROGRAM SERVED MORE THAN 1,488 FOOD INSECURE CHILDREN DURING THE LAST FISCAL YEAR.	LUNCHES, AND SCHOOLS IN NABLE AND LS THAT WANT NT POPULATION ROGRAM CREATH D WOMEN WHO ING THE YEAR ,000 MEALS TO	TO NS. ES
4b	(Code:) (Expenses \$9,132,868. including grants of \$43,154.) (Revenue COMMUNITY MEALS: DURING THE YEAR ENDED JUNE 30, 2024, DCG SERVED, AND DELIVERED MORE THAN 1,294,000 MEALS TO FRONTYOUTH PROGRAMS, AND COMMUNITY- BASED ORGANIZATIONS SERVINI INSECURE AND OTHER VULNERABLE POPULATIONS.	CK PREPARED, -LINE SHELTEN	
4c		TES AN INTENS G PROGRAM FOI AS HISTORIES PROGRAM OFFEI AND SANITATIO NG. THIS YEAR,	SE , OF S DN
		056,022.)	
4e	Total program service expenses 30,236,760.	_ 0	
22000	2 10 01 02	Form 9	90 (2023)
332002	2 12-21-23 2		
701	.23 745960 10775 2023.05040 THE D.C. CENTR	AL KITCHEN,	10775

112

___1

Form	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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			
	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			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(0000)
332003	12-21-23	⊢orm	320	(2023)

332003 12-21-23

11270123 745960 10775

Form	990	(2023)
FUIII	330	(2020)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
	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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	X -	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize wippers?	4.	х	
00000	(gambling) winnings to prize winners?	1c		(2023)
332004	4 12-21-23 4	rorm	550	(2023)

11270123 745960 10775

Form	990 (2023) THE D.C. CENTRAL KITCHEN, INC.			52-15849	936	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		315			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ns? .			2b	X	<u> </u>
					3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?		4a		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBA	AR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			r	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				•		v
	any contributions that were not tax deductible as charitable contributions?				6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts				
_	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				-	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				7a	X X	
					7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired		_		v
	to file Form 8282?	1			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		τ?		7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				7f		<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file For				7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining depart advised funda. Did a depart advised fundamentaria			111 1090-01	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		N/A	8		
9	sponsoring organization have excess business holdings at any time during the year?				0		
a	Did the sponsoring organization make any taxable distributions under section 4966?			N/A	9a		
				אד / א	9b		
10	Section 501(c)(7) organizations. Enter:				50		
	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:						
	Gross income from members or shareholders N/A	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 n	?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/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					
	Enter the amount of reserves on hand	13c					
					14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or				
	excess parachute payment(s) during the year?				15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?		16		X
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			<u> </u>			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			N/A	17		
	If "Yes," complete Form 6069.				_	0000	
332005	12-21-23 E				Form	990	(2023)

11270123 745960 10775

Form	990	(2023)

52-1584936 Page 6

 Form 990 (2023)
 THE D.C. CENTRAL KITCHEN, INC.
 52-1584936
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X	

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		1b 15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th any other			
	officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the di	·			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoi		6		
7 a	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock		10		
D.	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by				
а	The governing body?	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ers, affiliates,			
			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the form?	<u>11a</u>	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		12a	х	
12a					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes, on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	it with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	tion's			
<u>C</u>	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> , VA	POD T (as at ison ED1(a)(2)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 for public inspection. Indicate how you made these available. Check all that apply.	390-1 (Section 501(C)(3)	s oniy)	avalla	bie
	Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Image: The public inspection. The public inspectincies. The public inspection. The public inspection. Th	Sobodulo ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli		finan	cial	
	statements available to the public during the tax year.	and policy, and	. man		
20	State the name, address, and telephone number of the person who possesses the organization's books	and records			
	THOMAS WRIGHT $-202-234-0707$				
	2121 1ST STREET SW, STE 140, WASHINGTON, DC 20024				
332006	12-21-23		Form	990	(2023)
	6				,

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	st con vee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL F CURTIN JR	40.00			0			4			
CEO	2.00			х				800,386.	Ο.	20,389.
(2) GLENDA COGNEVICH	40.00									
CFO	2.00			х				261,058.	Ο.	19,386.
(3) ALEX MOORE	40.00									
CDO						Х		248,814.	0.	18,284.
(4) ANDREW FINKE	40.00									
<u>coo</u>						Х		221,848.	0.	17,939.
(5) TEE OKASI-NWOZO	40.00									
СНСО						Х		222,104.	0.	14,033.
(6) JA'SENT BROWN	40.00									
СРО						Х		199,628.	0.	17,423.
(7) AMY ZERANTE	40.00									
DIRECTOR OF PROCUREMENT						X		105,173.	0.	14,385.
(8) LETICIA PROCTOR	2.00									
CHAIR		Х		Х				0.	0.	0.
(9) MAGGIE BISCARR	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ERIC ZIMMERMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) CHRISTOPHER BRADSHAW	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) DUPREE BRASWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SARAH FRIMPONG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MIKE HALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SOMEKO HANSON	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(16) MEGAN HENDRICKSEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(17) MIKE HOLLMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

7

Form 990		CENTRAL	ı K	IΤ	СН	EN	Γ,	IN	NC.	52-1	584	936	Page 8
Part V	II Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		1	
	(A) (B) Name and title Average hours per week				hours per (do not check more than one box, unless person is both an				(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ited it of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MK 1099-NEC)	SC/	compens from t organiza and rela organiza	he ation ated
(18) PF BOARD M	RIYA SARATHY JONES	1.00	x						0.		ο.		0.
	TKE KLEIN	1.00											
BOARD M	IEMBER		х						0.		Ο.		Ο.
(20) SA	MANTHA KUHN	1.00											
BOARD M			х						0.		0.		0.
	ISE PAS	1.00											•
BOARD M		1 0 0	Х						0.		0.		0.
(22) SH	IAWN TOWNSEND	1.00	x						0.		Ο.		0.
BOARD	IBMBER		~						0.		0.		0.
1b Su	btotal								2,059,011.		0.	121,8	339.
	tal from continuation sheets to Part VI								0.		0.	/	0.
	tal (add lines 1b and 1c)								2,059,011.		0.	121,8	
	tal number of individuals (including but n								eceived more than \$100	000 of reportable	э		
CO	mpensation from the organization												8
3 Dic	d the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	phest compensated emp	loyee on		Yes	
	e 1a? If "Yes," complete Schedule J for s r any individual listed on line 1a, is the su											3	X
	d related organizations greater than \$150			•								4 X	
	d any person listed on line 1a receive or a										I		V
	ndered to the organization? <i>If</i> "Yes," com B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch r</u>	oerse	on .					5	X
1 Co	mplete this table for your five highest co	•	•								pensa	tion from	
	e organization. Report compensation for t	ne calendar ye	ear e	enain	g w	ith c	or wit	nin	(B)	ear.		(C)	
	Name and business	address							Description of s	ervices	С	Compensati	ion
SWBII)												
	TH ST SW, WASHINGTON	1, DC 2	00	24					SHUTTLE BUS	SERVICE		251,6	<u>567.</u>
	SPRING		_	~ 1									. = .
	SECOND STREET, FREDER			21	70	1		_	MANAGED IT S	ERVICES		202,8	372.
	DA , 1300 PENNSYLVANI INGTON , DC 20004	AAVEN	w,						PRINTING			150,4	150
	RSON MECHANICAL, 2358	5 OVERL	AN	ות	DR			_	EQUIPMENT			130,4	± 50•
	E 140, STERLING VA 20					-	v		MAINTENANCE			104,6	576.
		-											
2 To	tal number of independent contractors (ii	ncluding but no	ot lin	nited	l to f	thos	e list	ed	above) who received m	ore than			
	00,000 of compensation from the organiz	0				4							
_			_		_	_	_	-				Form 990	(2023)

			2023) THE	D.C.	CENT	RAL KITCH	HEN, INC.		52-1584	936 Page 9
Pa	rt V	/111	Statement of Rev	/enue						
			Check if Schedule O co	ontains a	response	or note to any lin			(2)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							i otal lovende	function revenue	business revenue	from tax under
										sections 512 - 514
nts nts	1		Federated campaigns		1a	103,851.				
Gra Ioui					1b					
ts, (Am			Fundraising events		1c	299,250.				
Gifi İlar			Related organizations		1d					
ns, Simi			Government grants (contrib		1e	1,732,348.				
er S		f	All other contributions, gifts, g			00 000 505				
Cibr Oth			similar amounts not included a		1f	22,896,705.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lin		1g \$	961,661.	25 022 154			
a C		n	Total. Add lines 1a-1f	<u></u>		Ducino co do	25,032,154.			
	-					Business Code 900099	11 024 276	11024376.		
ice	2	а	CONTRACT FOOD SALES PROGRAM SERVICE SALE	<u>с</u>		900099	11,024,376. 3,024,249.	3,024,249.		
erv ue		b				300033	5,024,249.	5,024,245.		
m S ven		C d								
grai Re		d								
Program Service Revenue		e 4	1 3							
-		f	Total. Add lines 2a-2f				14,048,625.			
	3	y	Investment income (includi							
	5			•		5t, and	1,107,443.			1107443.
	4		Income from investment of				, , .			
	5		Royalties							
	•) Real	(ii) Personal				
	6	а	Gross rents	6a	3,040.					
	-			6b	0.					
			Rental income or (loss)	6c	3,040.					
			Net rental income or (loss)				3,040.			3,040.
	7		Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 8,3	309,691.					
		b	Less: cost or other basis							
an			and sales expenses	7b 8,3	309,038.					
evenue		с	Gain or (loss)	7c	653.					
Re		d	Net gain or (loss)		·····		653.			653.
Other R	8	а	Gross income from fundraising	g events (n	ot					
đ			including \$ 2	99,250.	of					
			contributions reported on I							
			Part IV, line 18							
			Less: direct expenses			246,178.				
			Net income or (loss) from fi				212,740.			212,740.
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g			1				
	10	а	Gross sales of inventory, le			12 157				
		ŀ	and allowances							
			Less: cost of goods sold			,	656.	656.		
		C	Net income or (loss) from s	ales of IN	entory	Business Code				
sn	44	~	MISCELLANEOUS			900099	30,747.			30,747.
neo Ue		a b								
scellaneo Revenue		с С								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d				30,747.			
	12		Total revenue. See instruction				40,436,058.	14049281.	0.	1354623.
33200										Form 990 (2023)

332009 12-21-23

THE D.C. CENTRAL KITCHEN, INC. Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ipiete column (A).	
De	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	43,154.	43,154.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	540,302.	540,302.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	960,687.	269,261.	400,531.	290,895.
6	Compensation not included above to disqualified	50070071	20372010	100,3310	23070330
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	13,925,368.	12,189,445.	1,123,176.	612,747.
7	Other salaries and wages			±,±45,±70•	VI4,/4/•
8	Pension plan accruals and contributions (include	742,689.	668,294.	48,672.	25 722
~	section 401(k) and 403(b) employer contributions)	2,197,538.		212,091.	<u>25,723.</u> 126,097.
9	Other employee benefits				
10	Payroll taxes	1,252,150.	1,052,668.	125,344.	74,138.
11	Fees for services (nonemployees):				
а	0				
b	0				
С	5	76,733.		76,733.	
d	, .				
е	3				
f	Investment management fees	64,169.		64,169.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	521,213.	447,746.	15,096.	58,371.
12	Advertising and promotion	31,694.	14,703.	16,082.	909.
13	Office expenses	456,339.	356,957.	21,404.	77,978.
14	Information technology	447,596.	358,863.	29,697.	59,036.
15	Royalties				
16	Occupancy	2,417,757.	1,959,071.	346,167.	112,519.
17	Travel	31,310.	24,868.	4,462.	1,980.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,823.	32,646.	7,740.	4,437.
20	Interest	12,065.		12,065.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	234,043.	148,339.	85,704.	
23	Insurance	277,648.	223,903.	40,309.	13,436.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		6,888,829.	6,888,829.		
b	KITCHEN COSTS	1,716,643.	1,551,183.	154,121.	11,339.
С	FOOD & BEV DONATED	382,652.	382,652.	,	,,
d		275,001.	127,575.	139,541.	7,885.
	All other expenses	1,385,718.	1,096,951.	249,575.	39,192.
-	Total functional expenses. Add lines 1 through 24e	34,926,121.	30,236,760.	3,172,679.	1,516,682.
<u>25</u> 26	Joint costs. Complete this line only if the organization	54,540,1410	50,250,700.	5,112,015.	1,510,002.
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2023
33201	0 12-21-23	10			Form 330 (2023

THE D.C. CENTRAL KITCHEN, INC.

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,710,298. 420,993. 1 Cash - non-interest-bearing 8,904,482. 13,467,812. 2 Savings and temporary cash investments 8,648,552. 3,410,669. Pledges and grants receivable, net 3 1,826,200. 2,265,846. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 13,668,750. 13,668,750. Notes and loans receivable, net 7 125,353. 290,615. Inventories for sale or use 8 323,090. 329,479. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,119,765. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 635,555. 765,586. 10c 12,020,422. 8,569,660. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 3,994,394. 4,415,885. Other assets. See Part IV, line 11 15 46,619,213. 52,843,178. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,202,283. 1,511,997. Accounts payable and accrued expenses 17 18 Grants payable 135,829. 162,954. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 5,209,358. 5,275,643. of Schedule D 25 6,547,470. 6,950,594. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 25,619,608. 24,586,087. Net assets without donor restrictions 27 15,485,656. 20,272,976. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30

52-1584936 Page 11

(B)

End of year

(A)

Beginning of year

Form 990 (2023)

45,892,584.

52,843,178.

40,071,743.

46,619,213.

31

32

33

332011 12-21-23

1

2

3

4

5

6

7

8

9

11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30 31

32

33

Liabilities

Net Assets or Fund Balances

Assets

_	1990 (2023) THE D.C. CENTRAL KITCHEN, INC.	52-15	84936	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,436					
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,926	5,12	21.			
3	Revenue less expenses. Subtract line 2 from line 1 3 5							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,071					
5	Net unrealized gains (losses) on investments	5	310),9(04.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X 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	e audit,			1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				I			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
			Form	ygn /	0000			

Form **990** (2023)

332012 12-21-23

90	HER	OULE A								OMB No. 1545-0047	
				Public Cha	rity Status an	d Pub	olic Su	upport			
(FU	rm 99	0)	Co	• •	ization is a section 501			or a section		2023	
Depar	tment of	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public	
		iue Service			Form990 for instruction			ormation.		Inspection	
Nam	e of t	he organizati		0					Employer	identification number	
			THE	D.C. CENTR	AL KITCHEN, I	INC.			5	2-1584936	
Pa	rt I	Reason			(All organizations must c		nis part.) S	ee instructior			
The	organ				For lines 1 through 12, cl						
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).			
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
		university:									
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fi	rom gross investment	
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	v supported or	ganizations describe	d in section 509(a)(1) o	r section \$	5 09(a)(2) .	See section	509(a)(3). 🤇	Check the box on	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	ctors or truste	es of the su	ipporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring	
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С			-	• • • •	g organization operated				ly integrate	d with,	
		its support	ed organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d			-		orting organization oper				-		
			-		ation generally must sati	•		-	l an attentiv	reness	
		- ·	-	-	nplete Part IV, Sections						
е			-		written determination from			Туре I, Туре	II, Type III		
		-	÷ .		nally integrated supportir	ng organiza	ation.				
f			of supported of	•							
g		vide the follow i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroa	inization listed	(v) Amount o	fmonetany	(vi) Amount of other	
	(organizatior			(described on lines 1-10	in your governi	ng document?	support (see in	· · ·	support (see instructions)	
			-		above (see instructions))	Yes	No				
								1			

Total

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

THE D.C. CENTRAL KITCHEN, INC.

52-1584936 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12759869.	34366606.	18387182.	14054311.	25032154.	104600122
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	250,000.	250,000.	250,000.	250,000.		1000000.
4	Total. Add lines 1 through 3	13009869.	34616606.	18637182.	14304311.	25032154.	105600122
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)						11047069.
	Public support. Subtract line 5 from line 4.						94553053.
Sec	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	<u>13009869.</u>	<u>34616606.</u>	18637182.	<u>14304311.</u>	25032154.	105600122
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	69,801.	42,322.	313,313.	698,308.	1107443.	2231187.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	170,617.					170,617.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	791.	2,724.	9,847.	79,072.		123,181.
11	Total support. Add lines 7 through 10						108125107
12	•						,049,742.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publi					<u>г г</u>	08.45
14	Public support percentage for 2023 (I					14	87.45 %
15	Public support percentage from 2022					15	84.51 %
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual		•••••				
17a	10% -facts-and-circumstances test						-
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	0	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

THE D.C. CENTRAL KITCHEN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
5	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			1	-		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10 <i>a</i>	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 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	tion,
<u> </u>	check this box and stop here					<u></u>	
	ction C. Computation of Publ		T				
	Public support percentage for 2023 (, (,,	, <u>,</u>	()/		15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	not check the box (on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizatior	۱
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
33202	23 12-21-23					Schedule	A (Form 990) 2023
			15				

11270123 745960 10775

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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.)

332024 12-21-23

16

Schedule A (Form 990) 2023 THE D.C. CENTRAL KITCHEN, INC. Part IV Supporting Organizations (continued)

1

2

No

	i i i i i i i i i i i i i i i i i i i			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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.	
Section C. Type II Supporting Organizations	

			Yes	
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		

Section D	6. 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 on 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	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

- 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.*

С		The organization supported a governmental entity.	Describe in Part VI how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------------------	-----------------------------------------	----------------------------------------------------------

17

- 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 on 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.* 332025 12-21-23 Yes No

Schedule A (Form 990) 2023

11270123 745960 10775

Sche	dule A (Form 990) 2023 THE D.C. CENTRAL KITCHEN			52-1584936 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e 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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functionally	integra	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

			KITCHEN,		52-1584936	Page 7
Part V Type III Non-Funct	ionally Integra	ited 509(a)(3)	Supporting C	rganizations	(continued)	

			loontine	100/	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

	(Form 990) 2023	THE D.	C. CENTRAL	KITCHEN,	INC.	52-1584936	Page 8
Part VI	Part IV, Section A, line	es 1, 2, 3b, 3c, 4b, D, lines 2 and 3;	. 4c, 5a, 6, 9a, 9b, 9 Part IV, Section E, I	c, 11a, 11b, and 11 ines 1c, 2a, 2b, 3a,	c; Part IV, Section B, and 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa additional information.	C, rt V,

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2023

Employer identification number

Sched	ule	В	
(Form 990)			

Department of the Treasury Internal Revenue Service

Form 990-PF

Name of the organization

	THE D.C. CENTRAL KITCHEN, INC.	52-1584936
Organization type (chec	k 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	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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), 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).

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

Schedule E	8 (Form	990)	(2023)
------------	---------	------	--------

Name of organization

Employer identification number

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
		\$697,779.	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
		\$ <u>15,000,000.</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
3		\$537,996.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

11270123 745960 10775

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.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
323453 12-26-23		\$	

Schedule B (Form 990) (2023)

Name of organization

Part II

(a)

Employer identification number

52-1584936

(c)

11270123 745960 10775

2023.05040 THE D.C. CENTRAL KITCHEN, 10775_1

THE D.C. CENTRAL KITCHEN, INC.

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

Name of organization THE D. C. CENTRAL KITCHENI, INC. S2-158/2916 Tarilli December. Complete culture (a) transfer of 50(15(17, 6), or 101 bit to the new 1as 1,000 for the system team arg are complete culture (a) transfer of 50(15(17, 6), or 101 bit to the new 1as 1,000 for the system team arg are complete culture (a) the deplete context	Schedule	B (Form 990) (2023)				Page 4	
Part II Part I Columbary regions, charitable, etc., contraintions to organizations described in section 501(27), (b), (c) (10) inst total more than \$1,000 for the year training part, can be table descriptions, related, etc., contraints of \$1000 of test to training that its in one that \$1,000 for the year training part, can be table descriptions, related, etc., contraints of \$1000 of test to training that its in one, \$ (c) No. Part I (c) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfere's name, address, and ZIP + 4 Fransfere's name, address, and ZIP + 4 (e) Transfere's name, address, and ZIP + 4 (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (f) Transfere's name, address, and ZIP + 4 (f) Trans	Name of o	organization				Employer identification number	
Part II Part I Columbary regions, charitable, etc., contraintions to organizations described in section 501(27), (b), (c) (10) inst total more than \$1,000 for the year training part, can be table descriptions, related, etc., contraints of \$1000 of test to training that its in one that \$1,000 for the year training part, can be table descriptions, related, etc., contraints of \$1000 of test to training that its in one, \$ (c) No. Part I (c) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfere's name, address, and ZIP + 4 Fransfere's name, address, and ZIP + 4 (e) Transfere's name, address, and ZIP + 4 (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (f) Transfere's name, address, and ZIP + 4 (f) Trans	THE D	.C. CENTRAL KITCHEN, INC	c.			52-1584936	
bundlering hat it, uring the local of declarge spices. centralize of \$1,000 or lists to heyses (State The Visions) ³ Use declarate copies of State it if additional ages is needed		Exclusively religious, charitable, etc., contribution	ons to organizations described				
(b) Burpose of gift (c) Use of gift (d) Description of how gift is held (e) No. (e) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held </td <td></td> <td> completing Part III, enter the total of exclusively religious, d </td> <td>charitable, etc., contributions of \$1,00</td> <td>De entry. For org DO or less for the</td> <td>year. (Enter this info. o</td> <td>once.) \$</td>		 completing Part III, enter the total of exclusively religious, d 	charitable, etc., contributions of \$1,00	De entry. For org DO or less for the	year. (Enter this info. o	once.) \$	
form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) No. Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (f) No. Form Part (e) Transfer of gift (f) Description of how gift is held (f) No. Form Part (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Form Part (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Form Part (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Form (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Fart (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. Fart (h) Purpose of gift (c) Use of gift <td< td=""><td></td><td>Use duplicate copies of Part III if additional</td><td>space is needed.</td><td>I</td><td></td><td></td></td<>		Use duplicate copies of Part III if additional	space is needed.	I			
Image: serie is name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (e) Transfer of gift Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Tran	from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Image: serie is name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (e) Transfer of gift Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Tran							
Image: serie in some, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) T							
(a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (f) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. Part 1 (e) Transfer of gift (f) Transfer of gift (g) No. (e) Transfer of gift (g) No. (g) Purpose of gift (c) Use of gift (f) Description of how gift is held (h) No. (b) Purpose of gift (c) Us		Turun fana da unana a dalaran a			lationalise of two		
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Image: Second Se		Transferee's name, address, a		Re			
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Image: Second Se							
Image: construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. from Part1 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held	
Image: construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. from Part1 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held							
Image: construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (c) Use of gift (d) Description of how gift is held (a) No. from Part1 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held			(e) Transfer (
(a) No. Form Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Transfer of transfer or to transferee (a) No. (b) Purpose in gift (b) Purpose in gift (c) Use in gift (c) Use in gift (c) Use in gift (b) Purpose in gift (c) Use in gift (c) Use in gift (c) Use i					lationship of tra	ansferor to transferee	
from Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held							
from Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held			[-				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		(e) Transfer of gift					
Part I Pa		Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	ansferor to transferee	
Part I Pa							
Part I Pa							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
			(e) Transfer	of gift			
323454 12-26-23 Schedule B (Form 990) (2023)		Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	ansferor to transferee	
323454 12-26-23 Schedule B (Form 990) (2023)							
	323454 12-26	6-23				Schedule B (Form 990) (2023)	

201		Supplement	al Financial Statements		OMB No. 1545-0047
			nization answered "Yes" on Form 990,		2023
•	,	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		LULU Open to Public
	ment of the Treasury Revenue Service		Ittach to Form 990. 0 for instructions and the latest informatio	n.	Inspection
Nam	e of the organization	on THE D.C. CENTRAL K	ΤΨΟΉΕΝ ΤΝΟ	Em	ployer identification number 52-1584936
Par	t I Organiza		d Funds or Other Similar Funds or	Accou	
		n answered "Yes" on Form 990, Part IV, lin		/10004	
	_		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at en	d of year			
2	Aggregate value of				
3	Aggregate value of				
4	Aggregate value at	end of year			
5	-		writing that the assets held in donor advised		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be use		
			r donor advisor, or for any other purpose cor	•	
Par	impermissible priva		ganization answered "Yes" on Form 990, Par	+ 11/ line 7	Yes No
1		ervation easements held by the organization		t iv, iiile 7	
•		of land for public use (for example, recrea		historically	important land area
		f natural habitat	Preservation of a	-	
		of open space			
2			fied conservation contribution in the form of a	a conserva	ation easement on the last
	day of the tax year	o o .			Held at the End of the Tax Year
а	Total number of co	nservation easements		2a	
b	Total acreage restr	icted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic struct	ure listed in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax
	year				
4		vhere property subject to conservation eas			
5	-	ion have a written policy regarding the per			
6	,	procement of the conservation easements it	holds? handling of violations, and enforcing conserv		
0		nous devoted to monitoring, inspecting,	handling of violations, and emotioning conserv	allon eas	ements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatior	easemer	its during the year
•					ine dannig the year
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)	(B)(i)	
		-			Yes No
9			on easements in its revenue and expense sta		
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial statement	s that des	cribes the
	organization's acco	ounting for conservation easements.			.
Par			Art, Historical Treasures, or Othe	r Simila	ir Assets.
		the organization answered "Yes" on Form			
1a	0		8, not to report in its revenue statement and		
		· ·	blic exhibition, education, or research in furth	erance of	public
b			ncial statements that describes these items.		tworks of
b	-		8, to report in its revenue statement and bala		
		ng amounts relating to these items.	exhibition, education, or research in furthera	ance or pu	
	•	c			\$
					\$
2	.,		asures, or other similar assets for financial ga		e
	0	ints required to be reported under FASB A		,	
а	-				\$
					\$
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
332051	09-28-23				

11270123	745960	10775
112/0125	/=5500	10115

Sche	dule D (Form 990) 2023 THE D.C	. CENTRAL	KITCHE	N, I	INC.			52-15	84936	- Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histori	cal Tr	easures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check ar	y of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	l 🗌 Lo:	an or ex	change progra	am					
b	Scholarly research	e	e 🗌 Otl	ner							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	further 1	the organizatic	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical trea	asures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	on answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custod		-					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
									Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Or	Ending balance										1
	Did the organization include an amount on F							L	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete in										
		(a) Current year	(b) Prio		(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance		(, j e u.	(0) 110 900	o suon	(,	ouro suon	(0) ! 00!	Jouro	Juon
h	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a. c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		%	,							
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	e held a	and administer	ed for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sche	dule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	t VI Land, Buildings, and Equipm				~ ~ ~ ~ ~						
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		• •	st or other s (other)	• •	ccumulate	ed	(d) Booł	value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				56,223.		192,40			3,82	
	Other				63,542.		161,7			.,70	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10c.</u>	columi	<u>n (B))</u>				765	5,58	56.

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year marke	t value
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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o			
	Description	(b) Book	
(1) INTEREST RECEIVABLE (2) RIGHT-OF-USE ASSET			<u>9,342</u> 3,225
			<u>3,225</u> 7,268
			<u>7,200</u> 6,050
		1,00	0,030
(5)			
(6) (7)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B</i>))	4.41	5,885
Part X Other Liabilities	(0))	- /	<u>- ,</u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book	value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY		4,85	8,375
(3) DEFERRED COMPENSATION			7,268
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<u>(B))</u>		5,643
2. Liability for uncertain tax positions. In Part XIII, provide t			

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

Schedule D (Form 990) 2023

332053 09-28-23

11270123 745960 10775

Sche	dule D (Form 990) 2023 THE D.C. CENTRAL KITCHEN,	INC.		52-	1584936 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With			
	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	40,946,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	310,904.		
b	Donated services and use of facilities	2b	251,443.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		12,501.		
е	Add lines 2a through 2d			2e	574,848.
3	Subtract line 2e from line 1			3	40,371,889.
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	64,169.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	64,169.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	40,436,058.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total expenses and losses per audited financial statements			1	35,125,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	251,443.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12,501.		
е	Add lines 2a through 2d			2e	263,944.
3	Subtract line 2e from line 1			3	34,861,952.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,169.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	64,169.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,926,121.
Pa	rt XIII Supplemental Information				
Drave	do the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1, and 4; Di		and Ohy Dout V line 4		V line O. Deut VI

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 XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL

12,501.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS EXPENSE ON THE FINANCIAL

12,501.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	s 0	DMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990 o						Open to Public Inspection	
Internal Revenue Service Name of the organization									
Name of the organization	-1584								
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 17. Fo	rm 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Yes		
compensated at le		viduals or entities (fundraisers) pursua organization.		agree	nents under which tr	le lundrais		3	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (or reta fundi	unt paid ained by) raiser n col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exem	pt from re	gistration	
or licensing.									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE D.C. CENTRAL KITCHEN, INC.

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

		(a) Event #1 CAPITAL FOOD FIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	758,168.			758,168
:	2 Less: Contributions	299,250.			299,250
;	3 Gross income (line 1 minus line 2)	458,918.			458,918
	4 Cash prizes				
4	5 Noncash prizes				
	6 Rent/facility costs	25,000.			25,000
•	7 Food and beverages	30,000.			30,000
	9 Entortainment	9,500.			9,500
	8 Entertainment9 Other direct expenses				181,678
	10 Direct expense summary. Add lines 4 throu		I I		246,178
	11 Net income summary. Subtract line 10 from	•			212,740
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
				(c) Other gaming	
:	1 Gross revenue			(c) Other gaming	
:	1 Gross revenue 2 Cash prizes	·		(c) Other gaming	
:	 Gross revenue Cash prizes Noncash prizes 		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (d
:	 Gross revenue Cash prizes	%		(c) Other gaming	col. (a) through col. (
	 Gross revenue	Yes%	bingo/progressive bingo	Yes%	col. (a) through col. (
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	gh 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (a)
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throut	gh 5 in column (d)	bingo/progressive bingo	Yes%	col. (a) through col. (a)
	 Gross revenue	gh 5 in column (d)	bingo/progressive bingo	Yes%	col. (a) through col. (c

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE D.C.	CENTRAL	KITCHEN,	INC.	52-1	584936	Page 3
11	Does the organization conduct ga	ming activities wit	h nonmembers?				Yes	No
12	Is the organization a grantor, bene	-				•		
40	to administer charitable gaming?						Yes	No No
	Indicate the percentage of gaming The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of the							
	Name							
	Address							
	Address							
15a	Does the organization have a cont	tract with a third p	arty from whom	the organization r	receives gaming r	evenue?	Yes	No No
b	If "Yes," enter the amount of gami	ing revenue receiv	ed by the organia	zation \$		and the amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third party:						
	Namo							
	Name							
	Address							
16	Gaming manager information:							
	News							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		Independent cont	tractor			
17	J							
а	Is the organization required under						Yes	No No
h	retain the state gaming license? Enter the amount of distributions	required under sta						
	organization's own exempt activiti	•			xompt organizatio			
Pa	rt IV Supplemental Infor	mation. Provide	the explanations	s required by Par	t I, line 2b, colum	ns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	rovide any addit	ional information.	See instructions			
_								
33208	33 09-13-23			21		Sched	ule G (Form	990) 2023
				31				

Sche	d	ule G	G (Fori	m 990)
0		11 /	•	

Part IV Su	pplemental Information (continue	ed)	
			Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)									
		ete if the organizatio					2023		
Department of the Treasury			Attach to Form	n 990.			Open to Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection		
Name of the organization THE D.C.	CENTRAL K	ITCHEN, INC	•				Employer identification number $52 - 1584936$		
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
Part II Grants and Other Assistance to recipient that received more than a	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
DAVID LYNCH FOUNDATION 228 EAST 45TH STREET 15TH FL NEW YORK, NY 10017	83-0436453	501(C)(3)	20,000.	0.			MEDITATION TRAINING FOR CULINARY JOB TRAINING STUDENTS AND ALUMNI		
DC FOOD PROJECT PO BOX 32028 WASHINGTON, DC 20007	83-1011880	501(C)(3)	18,154.	0.			SUPPORTING FOOD PANTRY OPERATIONS		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 									

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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
TUDENT STIPENDS	185	540,302.	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.

TRAINING STIPEND RECIPIENTS ARE REQUIRED TO REPORT TO DCCK EVERY DAY AND

ARE MONITORED BY STAFF FOR THE ENTIRE LENGTH OF THE PROGRAM (14 WEEKS).

(Form 990) For contain Officers, Directors, Tructiers, Key Employees, and Highest Composet of Employee. And the form 990, Part IV, line 23. Attach to Form 990. Data IV, line 23. Attach to Form 990. Unsernation Co to www.its.gov/Form990 for instructions and the latest information. Employee identification number 52–158.49.36 Part I Questions Regarding Compensation Employee identification number 52–158.49.36 Part I Questions Regarding Compensation Employee identification number 52–158.49.36 Image I Discretions Regarding Compensation Yes Image I Construction provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	SCH	EDULE J	Compensation Information	I	OMB No. 1	545-004	47
Dependent of the Insary bitment diverse servers Complete if the organization a to www.rs.gov/Erm990 for instructions and the latest information. Open to Public Inspection Name of the organization THE D.C. CENTRAL KITCHEN, INC. Employer identification numbers Part I Questions Regarding Compensation 52–1584936 Image of the organization S2–1584936 S2–1584936 Image of the organization S2–1584936 S2–1584936 Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, ine 1a. Complete Part III to provide any relevant information regarding these items. Yee No Tax indemnification and gross-up payments Payments for buildings were of personal residence are induced and processing account Personal sevice (such as maid, chauteur, che) B Indicate which, if any, of the following the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustess, and officers, including the CEO/Executive Director, batestain hera till. Z Z Indicate which, if any, of the following the organization used to establish the compensation of the corganization to establish compensation or the CEO/Executive Director, but explain hera III. X Approval by the board or compensation so CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation	(For	m 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
Dependent of the Search Open to Public Name of the organization Employer identification number THE D.C. CENTRALL KITCHEN, INC. Employer identification number Solar of the organization THE D.C. CENTRALL KITCHEN, INC. Employer identification number Solar of the organization Yes No Part Out, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any of the following to or for a personal residence Taxin domentication and gross up payments Health or social club dues or inflation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib I flat or of the organization prior to reimbursing or allowing spenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation committee I indicate which, if any, of the following the organization to testabilish the compensation of the organization to estabilish the compensation committee Image: Compensation committee Image: Compensation committee A porrowal by the bacr of or there organization to chack any boos for methods used by a related organization to estabilish compensation committee Image: Compensation committee Image: Compensation committee A porrowal by the bacr of oremonganization. Image: Compensati			Compensated Employees		ZU	Ľ٦)
Instructions brokes Co to envolving-gov/Form990 for instructions and the latest information. Imspection THE D.C. CENTRAL KITCHEN, INC. Employer identification number 52–1584936 Part II Questions Regarding Compensation Yes In Check the appropriate box(e) if the organization provide any other following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items. Yes No Part III organization and gross-up payments Payments for business use of personal residence fees Payments for business use of personal residence fees Payments for business use of personal residence fees Payments for dues or initiation fees I fary of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expanses described dow? If "No." complete Part III to explain 10 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustess, and offices, including the CEOV-Executive Director, the excluding the Items checked on line 1a? 2 2 3 Indicate which, if any, of the following the organization surger or subjection committee Written employment contract 2 A corporations Written employment contract X formal by the board or compensation or theacorporatise withe section or anisted organization: a supplementa	Departe	pept of the Treasury					
THE D.C. CENTRAL KITCHEN, INC. 52-1584936 Part II Questions Regarding Compensation Inc. Standard Sta							
Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No First class or charter travel Housing allowance or residence for personal use element. Housing allowance or residence for personal use element. No I an informitication and gross-up payments Health or social club dues or initiation frees Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b clist devinguitation require substantiation prior to reimbursing or rallowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, to techkary boxes for methods used by a relisted organization to establish compensation of the CEO/Executive Director, Direck, any boxes and Director, Direck any boxes and provide the applicable amounts or study 1b Q Orgenesation committee Written employment contract 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or all easted organization. 2 4 Durin	Name	of the organization					nber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1. Complete Part III to provide any relevant information regarding these items. Part violable decompanies Part violable decompan				52-1	158493	6	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Impact VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Impact Section 2 (Section 2 (Se	Par	t I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison Complexity Compl						Yes	No
Image: First-class or charter travel Image: Ima				990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal setaid organization or companions	F						
Tax indemnification and grossup payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b if any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 10 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4a X d' "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 5b X onty section 501c(X3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X X b Any related organization? 5a </th <td>L</td> <td></td> <td>, i i i i i i i i i i i i i i i i i i i</td> <td></td> <td></td> <td></td> <td></td>	L		, i i i i i i i i i i i i i i i i i i i				
Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10 2 Did the organization require substantiation priot or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant X Compensation committee 2 3 Indicate which, if any, of the following the organization way boxes for methods used by a related organization to establish compensation committee X Compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person sited on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are appliement from an equity-based compensation arrangement? 4a X 4 During the year, did any person and provide the applicable amounts for each item in Part III. 6a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the org	L						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish ompensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation contract 2 3 Indicate which, if any, of the following the organization to establish compensation committee Written employment contract 3 Indicate which, if any of the Seo/Executive Director, but explain in Part III. X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on payment? 4a X 4 Dericipate in or receive payment from an equity-based compensation arrangement? 4c X 4 Dericipate in or cecive payment from an equity-based compensation arrangement? 5a X <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	L						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1 a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 COPExecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 3 3 Organization committee Written employment contract 3 3 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 4 Derticipate in or receive payment from a supplemental nonqualified retirement plan? 4 4 4 Dir Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 4 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 5 a The organization? 5a X 5b X	L	Discretionary s	spending account Personal services (such as maid, chauffel	ir, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1 a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 COPExecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 3 3 Organization committee Written employment contract 3 3 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 4 Derticipate in or receive payment from a supplemental nonqualified retirement plan? 4 4 4 Dir Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. 4 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 5 a The organization? 5a X 5b X	ь,	f any of the hard	an line to ave sheeled, did the eventiation follows with a subtract "				
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the cEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 5 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 6 Participate in or receive payment from a supplemental complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarrings of: 5a X 7 Yes' on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarrings of: 5a X 5 For persons listed on Form 9		•			416		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Independent compensation Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate on from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa					01		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: CeO/Executive Director. Dut explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X X Compensation survey or study X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from a supplemental nonqualified retirement plan? 4a b Participate in or receive payment from a equity-based compensation arrangement? 4c If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. 4b Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues d: 5a a The organization? 5a X f "Yes" on line 6a or 6b, describe in Part III. 6b X Any related organization? 6		-			0		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation survey or study Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation arrangement? Image: Compensation Image: Compensation Image: Compensation: Image: Compensation: Image: Compensation Image: Compensation Imag	L	rustees, and onice					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation survey or study Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation or a related organization: Image: Compensation arrangement? Image: Compensation Image: Compensation Image: Compensation: Image: Compensation: Image: Compensation Image: Compensation Imag	3	ndicate which if ar	by of the following the organization used to establish the compensation of the organization's				
establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Independent compensation consultant Written employment contract Independent compensation consultant X Compensation survey or study Independent compensation consultant X Compensation survey or study Independent compensation consultant X Compensation survey or study Independent companization: Approval by the board or compensation committee Independent companization or a related organization: Independent companization: Independent company of the company of the compensation arrangement? Independent company of the compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Independent compensation? If "Yes" on line 5a or 5b, describe in Part III. Sa X If "Yes" on line 5a or 5b, describe in Part III. Sb X If "Yes" on line 5a or 5b, describe in Part III. Ga X If "Yes" on line 5a or 5b, describe in Part III. Ga X If "Yes" on line 5a or 5b, describe in Part III. Ga X If "Yes" on line 5a or 5b, describe in Part III. Ga X If "Yes" on line 5a or 5b, describe in Part III. Ga							
X Compensation committee Written employment contract X Independent compensation consultant X X Form 990 of other organizations X Approval by the board or compensation committee Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Beceive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X ft "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X b Any related organization? 6							
Independent compensation consultant Image: Compensation survey or study Image: Compensation survey or study Image: Compensation committee Image: Compensation or a related organization: Image: Compensation or a related organization: Image: Compensation or a related organization: Image: Compensation organization: Image: Compensation or a related organization: Image: Compensation organization: Image: Compensation or receive payment from an equity-based compensation arrangement? Image: Compensation survey or study Image: Compensation S01(c)(2), S01(c)(4), and S01(c)(29) organizations must complete lines 5-9. Image: Compensation organization Image: Compensation or the revenues of: Image: Compensation organization pay or accrue any compensation contingent on the revenues of: Image: Compensation? Image: Compensation pay or accrue any compensation contingent on the revenues of: Image: Compension intege: Compension organization? Image: Compensation pay or accrue any compensation contingent on the net earnings of: Image: Compension intege: Compension organization? Image: Compension pay or accrue any compensation contingent on the net earnings of: Image: Compension intege: Compension organization? Image: Compension organization? Image: Compension intege: Compension organization pay or accrue any compensation contingent on the net earnings of: Image: Compensisted on Form 990, Part VII, Section A, line	_						
Image: Section Section Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Beceive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization?							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5a X fl "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f				ommittee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 5b X If "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X 9 If "Yes" on li							
a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was su	4 [During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X	c	organization or a re	lated organization:				
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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 accrue any compensation contingent on the revenues of: 5a X a The organization? If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? If "Yes" on line 6a or 6b, describe in Part III. 6a X 6 Ary related organization? If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations se	a F	Receive a severanc	e payment or change-of-control payment?		4a		
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Sa X The organization? Sa X May related organization? Sb X If "Yes" on line 5a or 5b, describe in Part III. Sob X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Sa X a The organization? Ga X b Any related organization? Ga X f "Yes" on line 6a or 6b, describe in Part III. Gb X f "Yes" on line 6a or 6b, describe in Part III. Gb X f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III. 7 X 8 <td>b F</td> <td>Participate in or rec</td> <td>eive payment from a supplemental nonqualified retirement plan?</td> <td></td> <td> 4b</td> <td></td> <td></td>	b F	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		
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 accrue any compensation contingent on the revenues of: a The organization? Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? fa The organization? 6a X fi "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	сF	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X <	ľ	f "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X <							
contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X fi "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
a The organization? 5a X b Any related organization? 5b X lf "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				n			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		-			_		v
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					50		
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				n			
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				1			
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		-	-		63		x
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 					7	х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					···· ·		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					8		x
Regulations section 53.4958-6(c)?							
					9		
						n 990)	2023

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL F CURTIN JR	(i)	330,000.	447,886.	22,500.	10,257.	10,132.	820,775.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLENDA COGNEVICH	(i)	238,558.	0.	22,500.	9,254.	10,132.	280,444.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEX MOORE	(i)	226,314.	0.	22,500.	8,152.	10,132.	267,098.	0.
CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREW FINKE	(i)	199,348.	0.	22,500.	7,807.	10,132.	239,787.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TEE OKASI-NWOZO	(i)	199,604.	0.	22,500.	3,901.	10,132.	236,137.	0.
СНСО	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JA'SENT BROWN	(i)	189,628.	0.	10,000.	7,291.	10,132.	217,051.	0.
СРО	(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)							<u> </u>

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 7:

MICHAEL F CURTAIN RECEIVED A RETENTION BONUS OF 447,886.

Schedule J (Form 990) 2023

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

52-1584936

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

THE D.C. CENTRAL KITCHEN, INC.

Par	τι	Iyp	bes of Property		-		-			
				(a)	(b)	(C)		(d)		
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of noncash cont	determinin	•	
				applicable		Form 990, Part VIII, line 1g	Horicash conti	IDULION AND	ounts	\$
1	Art -	Works	of art							
2			cal treasures							
3	Art -	Fractic	onal interests							
4			publications							
5			d household goods							
6			ther vehicles							
7			olanes							
8			property							
9	Sec	urities -	Publicly traded	Х	6	579,009.	FMV			
10			Closely held stock							
11			Partnership, LLC, or							
	trus	t interes	sts							
12	Sec	urities -	Miscellaneous							
13	Qua	lified co	onservation contribution -							
	Hist	oric stru	uctures							
14	Qua	lified co	onservation contribution - Other $_{\dots}$							
15	Rea	l estate	- Residential							
16	Rea	l estate	- Commercial							
17	Rea	l estate	- Other							
18	Coll	ectibles	§							
19			tory	X	198,265	382,652.	ESTIMATED	FAIR	VAI	JUE
20	Dru	gs and i	medical supplies							
21										
22			rtifacts							
23			pecimens							
24	Arch	neologia	cal artifacts							
25	Oth	er ()							
26	Oth	()							
27	Oth	()							
<u>28</u>	Oth)							
29			Forms 8283 received by the organiz	-					0	
	tor V	vnicn tr	ne organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29				
20-	D ;	na tha	waar did the exceptration reasive by	. contributio		artad in Dart L lines 1 through	h 00 that it	· · · · ·	Yes	No
30a			year, did the organization receive by or at least 3 years from the date of							
			poses for the entire holding period?	-		·		30a		х
h		• •	scribe the arrangement in Part II.	·				. 30a		
31			ganization have a gift acceptance p	oolicy that re	auires the review o	of any nonstandard contribut	ions?	31	x	
			ganization hire or use third parties	•	-	-				
<u></u> u		tribution	•		•			32a		х
b			scribe in Part II.							
33			ization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,			
		cribe in		(-,	,, <u> </u>	(,	,			
										_

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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 \$1.93 PER POUND FOR BOTH

UNPREPARED AND PREPARED FOOD. 6 DONORS CONTRIBUTED DONATED STOCK OF

<u>\$579,009.</u>

Schedule M (Form 990) 2023

332142 09-11-23

11270123 745960 10775

SCHEDULE O

(Form 990)

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 Form 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.

WORKFORCE DEVELOPMENT: DCCK OPERATES AN INTENSE, NATIONALLY RECOGNIZED

FOURTEEN-WEEK CULINARY JOB TRAINING PROGRAM FOR ADULTS WHO HAVE

CENTRAL KITCHEN,

EXPERIENCED BARRIERS TO EMPLOYMENT SUCH AS HISTORIES OF INCARCERATION,

ADDICTION, HOMELESSNESS, AND TRAUMA. THE PROGRAM OFFERS COMPREHENSIVE

TRAINING IN CULINARY ARTS AND FOOD SAFETY AND SANITATION IN COMBINATION

WITH JOB READINESS AND LIFE SKILLS TRAINING. THIS PROGRAM OPERATED

CONTINUOUSLY THROUGHOUT THE PAST FISCAL YEAR, PRODUCING 131 GRADUATES

ACROSS 7 CLASSES, 90% OF WHOM SECURED FULL-TIME EMPLOYMENT UPON

GRADUATION.

EXPENSES \$ 2,382,437. INCLUDING GRANTS OF \$ 540,302. REVENUE \$ 660,339.

HEALTHY CORNERS: DCCK OFFERS AN AFFORDABLE WHOLESALE DELIVERY SERVICE

FOR FRESH PRODUCE AND HEALTHY SNACK ITEMS IN COMMUNITIES WHERE HEALTHY

RETAIL OPTIONS ARE SCARCE. DCCK DELIVERS NUTRITIOUS OPTIONS TO 56

CORNER STORES AND OTHER SMALL RETAILERS, PRIMARILY THOSE LOCATED IN THE

UNDERSERVED NEIGHBORHOODS OF WARDS 5, 7, AND 8. WE PROVIDE THESE SMALL

BUSINESSES WITH DISCOUNTED HEALTHY FOOD ITEMS, FREE INFRASTRUCTURE,

NUTRITION EDUCATION, MARKETING SUPPORT, AND TECHNICAL ASSISTANCE. OUR

PARTICIPATING RETAILERS SOLD MORE THAN 421,000 UNITS OF HEALTHY FOOD IN

THE LAST FISCAL YEAR.

EXPENSES \$ 1,485,569. INCLUDING GRANTS OF \$ 0. REVENUE \$ 395,683.

IMPACT & EVALUATION: THIS DEPARTMENT IS RESPONSIBLE FOR DCCK'S PROGRAM

EVALUATION ACTIVITIES, CROSS-CUTTING CASE MANAGEMENT AND CLINICAL

SERVICES, AND MANAGEMENT OF EXTERNAL, COMMUNITY-FACING PARTNERSHIPS

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

40

Schedule O (Form 990) 2023	Page 2
Name of the organization THE D.C. CENTRAL KITCHEN, INC.	Employer identification number 52-1584936
WITH PEER NONPROFIT ORGANIZATIONS. CORE FUNCTIONS INCLUDE	COLLECTING
AND ANALYZING PARTICIPANT FEEDBACK AND OUTCOMES, TRACKING	PROGRESS
TOWARD ORGANIZATIONAL GOALS, ATTENDING COMMUNITY EVENTS, A	ND CREATING
AWARENESS OF AVAILABLE PROGRAM RESOURCES WITH FOOD INSECUR	E AND
UNDERSERVED COMMUNITY MEMBERS.	
EXPENSES \$ 831,346. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
COMMUNITY PARTNERSHIPS AND GROWTH: A PROGRAM AREA THAT STA SUSTAINS MEANINGFUL PARTNERSHIPS WITH MORE THAN 50 NONPROF	
SERVICE PROVIDERS IN THE DC AREA. THEIR COLLABORATIONS ALL	OW US TO
RAISE AWARENESS ABOUT OUR PROGRAMS AND SERVICES AMONG ELIG	IBLE
PARTICIPANTS, REFER POTENTIAL STUDENTS TO OUR TRAINING PRO	GRAM, CONDUCT
FIVE OR MORE NUTRITION EDUCATION AND COOKING DEMONSTRATION	S AT
ACCESSIBLE COMMUNITY LOCATIONS EACH MONTH, AND COLLECT SUR	VEY DATA AND
COMMUNITY FEEDBACK THAT INFORMS OUR CONTINUED PROGRAMMING.	
EXPENSES \$ 327,313. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND R	EVIEWED BY SENIOR
MANAGEMENT. A COPY OF THE FINAL FORM 990 WAS PROVIDED TO T	HE 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 332212 11-14-23 41

Schedule O (Form 990) 2023	Page 2					
Name of the organization THE D.C. CENTRAL KITCHEN, INC.	Employer identification number 52-1584936					
INTEREST, IT INFORMS THE INTERESTED PERSON OF THE BASIS FO	R SUCH BELIEF AND					
AFFORDS THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN TH	E ALLEGED FAILURE					
TO DISCLOSE. IF, AFTER HEARING THE INTERESTED PERSON'S RESPONSE AND AFTER						
MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTA	NCES, THE					
GOVERNING BOARD OR COMMITTEE DETERMINES THAT THE INTERESTE	D PERSON HAS					
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTER	EST, IT TAKES					
APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.						
FORM 990, PART VI, SECTION B, LINE 15A:						
THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES AND APPROV	ES THE					
COMPENSATION OF THE CEO. SALARIES OF THE ORGANIZATION ARE	COMPARABLE TO					
OTHER NON-PROFIT ORGANIZATIONS OF DCCK'S SIZE AND SCOPE. T	HE EXECUTIVE					
COMMITTEE UTILIZES SALARY SURVEYS FROM THE CENTER FOR NONP	ROFIT ADVANCEMENT					
AND FORM 990S OF OTHER ORGANIZATIONS AS COMPARABLE DATA IN	ITS REVIEW. THE					
DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE WER	E DOCUMENTED IN					
THE MEETING MINUTES. THE SALARIES FOR OTHER OFFICERS AND K	EY EMPLOYEES ARE					
DETERMINED BY THE CEO. THE LAST SALARY REVIEWS TOOK PLACE	IN JULY 2022.					

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.

332212 11-14-23

SCHEDULE	R
(Form 990)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 52 - 1584936

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE D.C. CENTRAL KITCHEN, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) n 512(b)(13) ontrolled entity?	
				501(c)(3))		Yes	No	
DCCK SUPPORT CORPORATION - 87-3441118								
2121 1ST STREET SW, STE 140					THE D.C. CENTRAL			
WASHINGTON, DC 20024	SUBLEASE PROPERTY TO DCCK	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	KITCHEN, INC.	Х		
	7							

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE D.C. CENTRAL KITCHEN, INC.

52-1584936 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo	
	-											
	-											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?				
		country)				400010		Yes	No				

Schedule R (Form 990) 2023 THE D.C. CENTRAL KITCHEN, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV	of this schedule.						Yes	No
1 During the tax year, did the organization engage in any o	f the following transactions	with one or more re	ated organizations listed i	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) r	ent from a controlled entity					1a		X
b Gift, grant, or capital contribution to related organization						1b		Х
c Gift, grant, or capital contribution from related organization	<i>(</i>)					1c		Х
d Loans or loan guarantees to or for related organization(s)						1d		X
e Loans or loan guarantees by related organization(s)						1e	X	\vdash
f Dividends from related organization(s)						1f		Х
g Sale of assets to related organization(s)						1g		Σ
h Purchase of assets from related organization(s)						1h		Σ
i Exchange of assets with related organization(s)						1i		2
j Lease of facilities, equipment, or other assets to related of						1 j		2
k Lease of facilities, equipment, or other assets from relate	ed organization(s)					1k	x	
I Performance of services or membership or fundraising se		/ \				11		Σ
m Performance of services or membership or fundraising se	olicitations by related organ	ization(s)				1m		2
n Sharing of facilities, equipment, mailing lists, or other ass	sets with related organization	on(s)				1n		2
o Sharing of paid employees with related organization(s)						10		Σ
p Reimbursement paid to related organization(s) for expense	ses					1p		X
q Reimbursement paid by related organization(s) for expen						1q		2
r Other transfer of cash or property to related organization	(s)					1r		2
s Other transfer of cash or property from related organizati						1s		Σ
2 If the answer to any of the above is "Yes," see the instruc	ctions for information on wh	no must complete th	s line, including covered r	elationships and transact	ion thresholds.			
(-)		(16)	(-)		(a)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DCCK SUPPORT CORPORATION	к	1,221,002.	LEASE/CASH
(2) DCCK SUPPORT CORPORATION	E	1,066,050.	LOAN
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 THE D.C. CENTRAL KITCHEN, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2023

Provide additional information for responses to questions on Schedule R. See instructions.

332165 09-28-23