Form	990	

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

АГ		and and and and and and	enaing	_			
B c a	Check if	e: C Name of organization		D Employer identifie	cation number		
	Addre	TABLE TO TABLE, INC.					
	Name Chang	Doing business as 22-3646125					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ		
	Final returr	611 ROUTE 46 WEST	240	201-444-	5500		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	53,131,902.		
	Amer returr	HASBROOCK HEIGHIS, NO 07052		H(a) Is this a group re	eturn		
	Appli tion			for subordinates	? Yes 🗶 No		
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No		
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
J٧	Nebsi	te: NWW. TABLETOTABLE. ORG		H(c) Group exemption			
κF	[:] orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1999 N	State of legal domicile: NJ		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: TABL	ΕΤΟΤ	ABLE IS A			
Activities & Governance		COMMUNITY-BASED FOOD RESCUE PROGRAM					
šrná	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.		
0 Vě	3	Number of voting members of the governing body (Part VI, line 1a)		3	13		
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			11		
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	22		
viti	6	Total number of volunteers (estimate if necessary)		6	105		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		51,619,970.	51,855,295.		
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,492.	198,008.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		213,185.	366,857.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,836,647.	52,420,160.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,802,864.	49,933,230.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,207,119.	1,275,646.		
ŝns(16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 289,4	81.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		660,345.	804,147.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,670,328.	52,013,023.		
	19	Revenue less expenses. Subtract line 18 from line 12		166,319.	407,137.		
s or			Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,486,567.	8,623,118.		
it As Id B	21	Total liabilities (Part X, line 26)		345,672.	94,331.		
_		Net assets or fund balances. Subtract line 21 from line 20		7,140,895.	8,528,787.		
Pa	art II	Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	ILENE ISAACS, EXECUTIVE DIR	CTOR	
	Type or print name and title		
	Print/Type preparer's name Preparer's		Check PTIN
Paid	PATRICIA DIAZ, CPA	bucca 2002 5-13-2	
Preparer	Firm's name DORFMAN ABRAMS MUSIC,	LLC O	Firm's EIN ▶ 22-1655803
Use Only	Firm's address 250 PEHLE AVE., SUITE	702	
	SADDLE BROOK, NJ 07663	5	Phone no.201-403-9750
May the IF	RS discuss this return with the preparer shown above? See in	structions	X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notice, see the	separate instructions.	Form 990 (2021)
S	EE SCHEDULE O FOR ORGANIZATION	MISSION STATEMENT C	ONTINUATION

PartIII Statement of Program Service Accomplishments □ Bertify describe the organizations measion: TABLE 70 TABLE 15 A COMMUNITY-BASED FOOD RESCUE PROGRAM THAT COLLECTS PREPARED AND PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES. 2 Dot the organization indicator any significant program services during the year which were not listed in the prior form 500 or 500 cr 200 CZ? Ves [X] No it "rea; "describe these new services on Schedule 0. 3 Dot the organization indicating, or make significant changes in how it conducts, any program services, as measured by expenses. 3 Dot the organization is composition are required to report the anount of grants and allocations to others, the total expenses, and revenue. If or locating or make service properties. 4 Docen: The torganization is composition to prot the REGEN, HUDSON, ESSEX AND PASSIC COUNTIES. 7 THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSIC COUNTIES. 7 THAT WOLD OTHERWISE BE WASPED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEXEN AND PASSIC COUNTIES. 7 THAT WOLD OTHERWISE TO SERVE VOLE A SECURE PRODUCE MARKETS IN THE COUNTIES. SERVER THE HUNGRY IN BERGEN, HUDSON, ESSEXEN AND PASSIC COUNTIES. 7 THE ORGANIZATION ALSO RUNS SEVERAL FRESH PRODUCE MARKETS IN THE COUNTIES. SERVER THE HUNGRY IN BERGEN (HUDSON), ESSEXEN AND PASSIC COUNTIES. 7 INCOMPACANIZATION ALSO RUNS SEV	Form	990 (2021) TABLE TO TABLE, INC. 22-3646125 Page	2
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PREPARED AND PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES. 2 Did the organization undersko ary significant program services during the year which were not listed on the proformal sources on societable 0. □ Ves [X]No 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Secton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenues, if any for each organization's program service accomplishments for each of its three largest program services, as measured by expenses. Secton 501(c)(3) and 501(c)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenues, if any for each program service accomplishments for each of its three largest program services, as measured by expenses. Secton 501(c)(3) and 501(c)(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenues, if any for each program service accompleted. 4a (cote:	1		
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 Form 990 (2021)
 TABLE TO TABLE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			37
	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		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			v
17	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? <i>If</i> "Yes," <i>complete Schedule G, Part I</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			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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 Form 990 (2021)
 TABLE
 TO
 TABLE
 INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		v	
	Schedule J	23	X	
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			v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
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? <i>If</i> "Yes," <i>complete</i>			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2021) TABLE TO TABLE, INC. 22-3646	125	Р	age 5
Pa	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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

132006 12-09-21

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th		•			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5						X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					37
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	x	
	The governing body?			8a		X
b	Each committee with authority to act on behalf of the governing body?			8b		- 23
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea 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 Re			9		
		ovenue	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			
	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 approva	al by ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	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.		41			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		
a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate	-	-			
				16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \triangleright NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (section 501(c)(3)s only	/) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.		((0)(,	,	
	X Own website Another's website X Upon request Other (explain	on Scł	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	statements available to the public during the tax year.		,			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records 🕨			
	ILENE ISAACS - 201-444-5500					
	611 ROUTE 46 WEST SUITE 240, HASBROUCK HEIGHTS, NJ	0	7604			

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

Section A. Governing Body and Management

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

22-	364	6125	Page 6
			i age 🛡

Х

7

Form 990 (2021)

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o

T) TABLE	, INC.		22-364612
ers,	Directors,	Trustees	, Key Employees	s, Highest Compensated

Т

(D)

Employees, and Independent Contractors

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

Т

(D)

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 (\mathbf{n})

 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	Position (do not check more than one) than	one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week	<u> </u>	officer and a director/trustee			or/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	e.			ated		organization	(W-2/1099-MISC/	from the	
	related	istee	truste		e	pensi		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	Jal tru	onal		ploye	ee com		1099-NEC)		and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) NADER ASHWAY	5.00	=	-	Ð	¥	포동	오				
MEMBER	5.00	x						0.	0.	0.	
(2) DAVID HILDES	5.00	11									
MEMBER		x						0.	0.	0.	
(3) DAVID BURKE	5.00										
MEMBER		x						0.	0.	0.	
(4) RUDY MUELLER	5.00										
MEMBER		x						0.	0.	0.	
(5) TRACY NIEPORENT	5.00										
MEMBER		x						0.	0.	Ο.	
(6) CHUCK RUSSO	5.00										
MEMBER		X						0.	0.	0.	
(7) CLAIRE INSALATA POULOS	10.00									_	
FOUNDER/BOARD MEMBER		Х						20,000.	0.	0.	
(8) GREGORY MUELLER	10.00									_	
CHAIRMAN		x		Х				0.	0.	0.	
(9) TANYA MAYER	5.00									•	
VICE PRESIDENT		X		Х				0.	0.	0.	
(10) DIEGO R VISCEGLIA	5.00	.,		37						0	
VICE PRESIDENT	E 00	X		Х				0.	0.	0.	
(11) LINDSEY INSERRA	5.00	x		х				0.	0.	0.	
SECRETARY	5.00	^		Λ				0.	0.	0.	
(12) PAUL ABRAMS TREASURER	5.00	x		х				0.	0.	0.	
(13) ILENE ISAACS	40.00			Δ				0.		<u></u>	
EXECUTIVE DIRECTOR		x		х				178,000.	0.	0.	
		11						170,000.			
		1									
		1									
132007 12-09-21										Form 990 (2021)	

(E)

	990 (2021) TABLE TO	TABLE,	II	VC	•					22-36	46	125	P	age 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Pos (do not check box, unless p			(C) Position check more than one less person is both an and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
											-			
1b	Subtotal								198,000.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								198,000.	000 of roportable				0.
2	compensation from the organization		1030	11510	su ai	0000	<i>-)</i> wi		eceived more than \$100		5			1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•			Ŭ	ghest compensated emp	2		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	_	4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		х
-	tion B. Independent Contractors									• • • • • • •				
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pensa			
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Co	(C omper	;) nsatio	n
								_						
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis)	stec	d above) who received m	nore than				

			Check if Schedule O	conta	ains a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts its	1	а	Federated campaigns		1 a						
ìrar oun			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				375,262.				
ar /			Related organizations								
s, C			Government grants (cont				264,252.				
rsi			All other contributions, gifts,		· · · · · · · · · · · · · · · · · · ·						
but			similar amounts not included				51,215,781.				
dotr		g				\$	49,900,500.				
ano		-	Total. Add lines 1a-1f					51,855,295.			
							Business Code	· · ·			
ø	2	а									
e rvio		b									
Program Service Revenue		с									
am		d									
ogr		е									
Pr.		f	All other program service	reve	nue						
			Total. Add lines 2a-2f								
	3	<u> </u>	Investment income (inclu								
			other similar amounts)	•				169,449.			169,449.
	4		Income from investment								
	5		Royalties								
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
							►				
			Gross amount from sales of		(i) Securi		(ii) Other				
	-	-	assets other than inventory	7a	647,	652.					
		h	Less: cost or other basis		,						
e			and sales expenses	7b	619,	093.					
en l		c	Gain or (loss)			559.					
Rev			Net gain or (loss)			-		28,559.			28,559.
Other Revenue			Gross income from fundraisi								
Oth	Ŭ	-	including \$	-	•						
-			contributions reported on								
			Part IV, line 18			8a	299,160.				
		h	Less: direct expenses				92,649.				
			Net income or (loss) from				· · · · · ·	206,511.			206,511.
			Gross income from gamir		-			, -			
	Ũ	-	Part IV, line 19	-							
		h	Less: direct expenses			9b					
			Net income or (loss) from				>				
			Gross sales of inventory,	-	-	<u> </u>					
		ü	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from								
		<u> </u>		3410	5 OF INVENTIO	лу	Business Code				
snc	44	2	MISCELLANEOUS REVEN	IUE			999999	160,346.			160,346.
Miscellaneous Revenue		a b						200,010.			
ella		D C									
Re		-	All other revenue								
Σ			Total. Add lines 11a-11d				▶	160,346.			
			Total revenue See instruction					52 420 160.		0.	564 865.

132009 12-09-21

TABLE TO TABLE, INC. Form 990 (2021) TABLE TO Part VIII Statement of Revenue

TABLE TO TABLE, INC.

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

Check if Schedule O contains a response or note to any line in this Part IX							
Do	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		ехрензез	general expenses	expenses		
•	and domestic governments. See Part IV, line 21	49,933,230.	49,933,230.				
2	Grants and other assistance to domestic						
~	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
Ũ	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,						
Ŭ	trustees, and key employees	178,000.	106,800.	53,400.	17,800.		
6	Compensation not included above to disqualified				_ ,		
Ŭ	persons (as defined under section 4958(f)(1)) and						
	persons (as defined under section 4550(1)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	916,876.	708,882.	21,052.	186,942.		
8	Pension plan accruals and contributions (include	2 _ 0 , 0 , 0 ,	,	,			
0	section 401(k) and 403(b) employer contributions						
9	Other employee benefits	84,226.	62,748.	5,728.	15,750.		
9 10	Payroll taxes	96,544.	71,925.	6,565.	18,054.		
11	Fees for services (nonemployees):		,		,		
	Management						
	Legal						
	Accounting	68,675.	29,000.	33,891.	5,784.		
	Lobbying				0,,010		
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
u a							
9	column (A), amount, list line 11g expenses on Sch O.)	24,437.	10,319.	12,060.	2.058.		
12	Advertising and promotion	38,584.	19,292.	5,788.	2,058. 13,504.		
13	Office expenses	43,881.	24,475.	10,811.	8,595.		
14	Information technology				.,		
15	Royalties						
16	Occupancy	169,331.	145,894.	18,750.	4,687.		
17	Travel	1,786.	804.	804.	178.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	512.	128.	256.	128.		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	45,030.	40,527.	4,503.			
23	Insurance	125,150.	93,863.	31,287.			
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	FOOD DELIVERY/AUTO	270,260.	270,260.				
b	FUNDRAISING EXP	16,001.			16,001.		
с	BAD DEBT	500.		500.			
d							
e	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	52,013,023.	51,518,147.	205,395.	289,481.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
_	Check here if following SOP 98-2 (ASC 958-720)						
12201	0 12-09-21		I		Form 990 (2021)		

Form 990 (2021) TABLE TO TABLE TABLE TO TABLE, INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	614,588.	1	978,817
2	Savings and temporary cash investments	42,672.	2	24,926
3	Pledges and grants receivable, net	56,344.	3	186,891
4	Accounts receivable, net	500.	4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	204,000.	8	15,20
9	Prepaid expenses and deferred charges	69,764.	9	21,34
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 127,893.			
b	Less: accumulated depreciation 10b 85,482.	182,432.	10c	<u>42,41</u> 7,327,33
11	Investments - publicly traded securities	6,294,013.	11	7,327,33
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	22,254.	15	26,19
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,486,567.	16	8,623,11
17	Accounts payable and accrued expenses	114,315.	17	90,25
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	231,357.	25	4,07
26	Total liabilities. Add lines 17 through 25	345,672.	26	94,33
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,981,217.	27	2,355,18
28	Net assets with donor restrictions	5,159,678.	28	6,173,60
	Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	7,140,895.	32	8,528,78
33	Total liabilities and net assets/fund balances	7,486,567.	33	8,623,11

Form **990** (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 52, 420, 160. 2 Total expenses (must equal Part X, column (A), line 25) 2 52, 013, 023. 3 407, 137. 3 407, 137. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7, 140, 895. 5 Net unrealized gains (losses) on investments 5 982, 592. 6	Form	990 (2021) TABLE TO TABLE, INC.	22	-3646125	Ра	ge 12
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Committee of the committee of		consolidated basis, or both:				
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Content of the organization of th		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Control of the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Au	udit		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Act and OMB Circular A-133?		За		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49	47	'(a)	(1)) n	one	xempt	chari	table tru	st.
•					-	~~~	_		

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

2021
Open to Public Inspection

OMB No. 1545-0047

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Nam	e of t	he organization תע הד.	E TO TABLE	TNC					2-3646125	
Ра	rt I	Reason for Public (omplete th	nis nart) S	ee instruction		2-3040123	
								13.		
	organ	ization is not a private found								
1	H	A church, convention of ch				n 170(a)(1	I)(A)(I).			
2	\square	A school described in secti								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit describ	bed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (Co			-			-		
8		A community trust describe		1)(A)(vi), (Complete Par	t II.)					
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college	
•		or university or a non-land-g								
		university:	grant concyc or agric			name, en		r the colleg		
10			11, 10, 10, 10, 10, 10, 10, 10, 10, 10,	than 22 1/20/ of its own	nort from	oostributio	na mambara	hin face of	ad areas respires from	
10		An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	lired by the oi	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor								
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus						. .		
с] Type III functionally inte			in connec	tion with.	and functiona	llv integrate	ed with.	
-		its supported organization								
d		Type III non-functionally						rted organi	zation(s)	
u		that is not functionally int								
		requirement (see instruct			-		-		10011055	
		7						II. Turne III		
е		Check this box if the orga					а туре ї, туре	in, rype in		
	E.t.	functionally integrated, or								
T		er the number of supported of								
g		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	fmonetany	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)	
				above (see instructions))	Yes	No		,		
Tota										

Schedule	A (Form 990) 2021
Part II	Support Scl

TABLE TO TABLE, INC.

22-3646125 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25,599,073.	29,706,183.	35,138,072.	51,619,970.	51,855,295.	193,918,593.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	25,599,073.	29,706,183.	35,138,072.	51,619,970.	51,855,295.	193,918,593.
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)						106,802,252.
6	Public support. Subtract line 5 from line 4.						87,116,341.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	25,599,073.	29,706,183.	35,138,072.	51,619,970.	51,855,295.	193,918,593.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	272,278.	311,801.	167,718.	128,977.	169,449.	1,050,223.
9	Net income from unrelated business		-	-		-	, ,
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						194,968,816.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,104,109.
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section 5		, - ,
	organization, check this box and stor	•				(0)(0)	
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (-	column (f))		14	44.68 %
	Public support percentage from 2020					15	54.25 %
	33 1/3% support test - 2021. If the c						,-
	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
۲.	10% -facts-and-circumstances tes	-		• • • •		17a and line 15 is	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
12	Private foundation. If the organization		•				
10	i male roundation. Il the organizatio	IT UIU HUL UHEUK d		a, 100, 17a, 01 17k			J 🚩 📖 🛛

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
2	•						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified 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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(h) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
	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	1					
12	assets (Explain in Part VI.)						
		Letter in the second second	l	farrith an fifth tar			
14	First 5 years. If the Form 990 is for the	0		,		()()	·
<u> </u>	check this box and stop here	ie Cumment De					P
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (15	%
_	Public support percentage from 2020					16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	n ulu not check a	box on line 14, 19	a, or 190, check t	inis box and see in		

16

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

			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		1
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	
		11

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizations	

 Yes
 No

 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
 1
 1
 1

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	2		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.*

Yes No

TABLE TO TABLE, INC. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Inco	me		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gai	า	1		
2 Recoveries of prior-year of	istributions	2		
3 Other gross income (see	nstructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletic	n	5		
6 Portion of operating expe	nses paid or incurred for production or			
collection of gross incom	e or for management, conservation, or			
maintenance of property	neld for production of income (see instructions)	6		
7 Other expenses (see instr	uctions)	7		
8 Adjusted Net Income (su	Ibtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset A	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market val	ue of all non-exempt-use assets (see			
instructions for short tax	/ear or assets held for part of year):			
a Average monthly value of	securities	1a		
b Average monthly cash ba	lances	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, a	nd 1c)	1d		
e Discount claimed for blo	ckage or other factors			
(explain in detail in Part V):			
2 Acquisition indebtedness	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1	d.	3		
4 Cash deemed held for ex	empt 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 of	istributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	rior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for	or prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or l	ne 3.	4		
5 Income tax imposed in pr	or year	5		
6 Distributable Amount. S	ubtract line 5 from line 4, unless subject to			
emergency temporary rec		6		
	urrent year is the organization's first as a non-function	ally integrat	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2021

1

Schedule A (Form 990	2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
	Excess from 2020				
6	Excess from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

		ol Financial Statementa		OMB No. 15	45-0047
		al Financial Statements		200)1
(For	m 990) ► Complete if the org Part IV, line 6, 7, 8, 9, 10	Complete if the organization answered "Yes" on Form 990, rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	tment of the Treasury	Attach to Form 990. 90 for instructions and the latest information.		Open to Inspecti	
	ne of the organization		1	oloyer identification	
	TABLE TO TABLE, IN		-	22-36461	
Pa	rt I Organizations Maintaining Donor Advise		Accou	Ints.Complete if th	e
	organization answered "Yes" on Form 990, Part IV, lir		<u> </u>		
		.,	(b) Fun	ds and other accou	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in		ode		
5	are the organization's property, subject to the organization's	-		Yes	
6	Did the organization of property, subject to the organization of Did the organization inform all grantees, donors, and donor a				
-	for charitable purposes and not for the benefit of the donor of	5 5			
	impermissible private benefit?			Yes	No No
Ра	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	', line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a histo	orically	important land area	
	Protection of natural habitat	Preservation of a cert	ified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	onserva		
	day of the tax year.			Held at the End of the	e lax year
a			2a		
b	5 ,		2b		
c			2c		
a	Number of conservation easements included in (c) acquired		24		
3	listed in the National Register		2d	during the tax	
3	year >	leased, extinguished, or terminated by the organ	lizatioi	r during the tax	
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				
-	violations, and enforcement of the conservation easements i			Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,				rear
	•				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asemer	nts during the year	
	▶\$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?			Yes	└── No
9	In Part XIII, describe how the organization reports conservat	·			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements the	hat des	cribes the	
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Simil	ar Accote	
га	Complete if the organization answered "Yes" on Form		Simil	ai A33613.	
1a	If the organization elected, as permitted under FASB ASC 95		lances	sheet works	
iu	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 95		e shee	et works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:		•		
	(i) Revenue included on Form 990, Part VIII, line 1		. 🕨 :	\$	
	···· · · · · · · · · · · · · · · · · ·			\$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain,	provid	e	
	the following amounts required to be reported under FASB A	-			
а	Revenue included on Form 990, Part VIII, line 1			-	
b	Assets included in Form 990, Part X		. 🕨 :	\$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
132051	10-28-21

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) a Ubing the organization accuston, and other records, check any of the following that make significant use of its collection terms (check all that apply): Public exhibition Charly research Charly the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of thurg generations Charly research Charly the organization collection? Yee No Part V Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI. Ine 3. Test or organization in collection? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table:			O TABLE, I		assuras or	Other		22-36 ar Asse			.ge 2
a ⊡ Public exhibition d _ Loan or exchange program b Schairly research e ⊡ Other c The exclusion for future generations e ⊡ Other c The other information of the organization collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization collection? response that the organization collection? 7 Part II Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Yes a Dethoromation during the year 1e 1e c Beginning balance 1e 1e c Both toution during the year 1e 1e c Dethoromation function annount on Form 900, Part X, Ine 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Provide the asset has a field of a mount on Form 900, Part X, Ine 20. Yes No b If Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Provide the asset has a field in the part so that its asset has a field in the part so that its asset has a field in the part so that its asset has a field in the part so that its asset hase part									La(COITIIII	ueu)	
a Public exhibition d □ can or exchange program b Scholarly research e Other c Preservation for future generations e Other 1 Provide a description of the organization's collection's collectis collectis collectis collection's collection's collection's col	3		on, and other record	s, check any of the	nollowing that h	nake sig	nincant	use of its			
b Scholary research e Other	2		d		hango program						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, trustee, custodian or other intermediary for contributions or other assets and included on Form 990, Part X, line 21, for escrew or custodial account liability? Ves Image: Control of Custom Cus			u								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Part W Endownent Funds. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. Amount Test is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Is the organization include an amount on Form 990, Part X, Ine 21. Check part = 1 It = 1 Is the organization include an amount on Form 990, Part X, Ine 21. If the organization include an amount on Form 990, Part X, Ine 21. If the organization include an amount on Form 990, Part X, Ine 21. Part W Endowment Funds. Complete if the organization nanowered 'Yes' on Form 990, Part X, Ine 20. It organization include an amount on Form 990, Part X, Ine 21. Part W Endowment Funds. Complete if the organization and explain has been provided on Part XIII Part W Endowment Funds. Contributions Is Signific 40. Jost parts and assets Is Signific 40. Jost parts and part part and the organization and explain how the asset provided on Part XII Contributions Is Signific 40. Jost parts and part part and the organization and part an			e								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Cutsodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ves X No 1a Is the organization an agent. It usate, cutstodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Armount 1c Additions during the year 1d		-	ollections and explain	how they further t	the organization	's evem	nt nurne	neo in Par	YIII		
Top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. The second of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount to Beginning balance to Amount Amount d Additions during the year to Amount Amount d Distributions during the year to Amount Amount No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. No No Beginning of year balance 6, 512, 788 6, 6, 70, 746 5, 528, 603 5, 986, 836 5, 210, 187. b Contribution Garants or scholarships 220, 000 300, 000. 300, 000. State (P) Fore years balance State (P) Fore years balance State (P) Fore years balance State (P) Fo											
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // No Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account itability? Ves X No b If "Yes," explain the arrangement in Part XIII and complete it the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account itability? Ves No c Ending balance (a) Current year (b) Prior year (c) Two years back (e) four years	5								Ves		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intervention Amount c Beginning balance 1d Intervention Intervention Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Intervention Intervention Intervention a Beginning of year balance 6,512,788. 6,670,746. 5,528,609. 5,986,836. 5,210,187. b Other organization finations 1,178,753. 81,868. 1,104,523. -466,133. 776,649. d Arants or scholarships 200.000. 300,000. 300,000. S,986,836. S,986,836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beard designated organizations 22.816.0 %	Par										NU
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Image: Control of Contof Control of Control of Co				te il the organizatio			01111 0000	, i aitiv,	in ie 0, 0i		
on Form 990, Part X? Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Ine 10. Part V Endowment Funds. Complete if the organization narwered "Yes" on Form 990, Part X, line 10. Ine 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Ine 10. Image: a contributions 6, 512, 788 6, 670, 746 5, 528, 609. 5, 986, 836. 5, 210, 187. c Not investment earnings, gains, and losses 1, 178, 763 81, 868. 1, 104, 523. -468, 193. 776, 649. g End of year balance g. 6, 512, 788. 6, 670, 746. 5, 528, 609. 5, 986, 836. 2 Provide the estimated percentage of the curre	1a			liary for contribution	ns or other asse	ts not in	cluded				
b If 'Yes," explain the arrangement in Part XII and complete the following table:	iu								Yes	X	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation nawered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance 6, 512, 788, 60, 57, 746, 5, 528, 609, 5, 986, 836, 5, 210, 187, 564, 193, 776, 649, 0 5 Did the estimated percentage of the current year end balance (line 1g, column (a)) held as: a dord not spread balance 9 Port ablance 22.8160 % 5, 528, 609, 5, 528, 609, 5, 986, 836. 2 Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasizations 36, 670, 746, 5, 528, 609, 5, 528, 609, 5, 986, 836. 9 Permanert endowment theod on	b							······			
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Yes Sease back (e) Four years back is 5, 210, 187. b Contributions 55, 178. 60, 670, 74.6 5, 928, 693.5 5, 210, 187. b Contributions 55, 178. 60, 174. 37, 614. 3, 966. 776, 649. c Grants or scholarships 1, 178, 763. 81, 868. 1, 104, 523. -466, 193. 776, 649. g End of year balance 7, 546, 729. 6, 512, 788. 6, 670, 746. 5, 528, 609. 5, 986, 836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a baad designated or quasi-endowment b 20.400.% 5 5.28, 609. 5, 986, 836. 2 Provide the estimated percentage of the curenty year end balance (line 1g, column (a))	~			lotting table.					Amount		
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f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 6,512,788. 6,670,746. 5,528,609. 5,986,836. 5,210,187. b Contributions 55,178. 660,174. 3,7,614. 9,966. - c Net investment earnings, gains, and losses 1,178,763. 81,868. 1,104,523. -468,193. 776,649. c Other expenditures for facilities 200,000. 300,000. - - - g End of year balance 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. g End of year balance 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. g End of year balance 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. g End of year balance 36.6900 % % %<	-										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Thoy sears back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Thoy sears back (e) Four years back 1b Contributions 5, 51, 78. 6, 670, 746. 5, 528, 609. 5, 986, 836. 5, 210, 187. 1b Contributions 1, 178, 763. 81, 868. 1, 104, 523. -468, 193. 776, 649. 1 Administrative expenses 200, 000. 300, 000. and programs 200, 000. 300, 000. 1 Administrative expenses 7, 546, 729. 6, 512, 788. 6, 670, 746. 5, 528, 609. 5, 986, 836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment 20.4940 % 3 Board designated or quasiendowment 40.4940 % 36.690 % 0 Term endowment 1 36.6900 %		Did the organization include an amount on Fe	orm 990. Part X. line	21. for escrow or c	ustodial accour	nt liability			Yes		No
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 6, 512, 788. 6, 670, 746. 5, 528, 609. 5, 986, 836. 5, 210, 187. b Contributions 55, 178. 60, 174. 37, 614. 9, 966. c Net investment earnings, gains, and losses 1, 178, 763. 81, 868. 1, 104, 523. -468, 193. 776, 649. and programs 200, 000. 300, 000. -											
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b Contributions 55,178, 60,174, 37,614, 9,966, c Net investment earnings, gains, and losses 1,178,763, 81,868, 1,104,523, -468,193, 776,649, d Grants or scholarships 1,178,763, 81,868, 1,104,523, -468,193, 776,649, e Other expenditures for facilities and programs 200,000, 300,000, f Administrative expenses 7,546,729, 6,512,788, 6,670,746, 5,528,609, 5,986,836, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment ▶ 2 Board designated or quasi-endowment ▶ 22.8160 % y 9% c Term endowment ▶ 36.6900 y: 7,546,729, 6,512,788, 6,670,746, 5,528,609, 5,986,836, y 9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x 3a(i) y b ff */es* on line 3a(ii), are the related organizations ilsted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Pa			(a) Current year	(b) Prior year	(c) Two years b	back (d	I) Three y	ears back	(e) Four	years l	Jack
b Contributions 55,178 60,174 37,614 9,966 c Net investment earnings, gains, and losses 1,178,763 81,868 1,104,523 -468,193 776,649 d Grants or scholarships 1,178,763 81,868 1,104,523 -468,193 776,649 e Other expenditures for facilities and programs 200,000 300,000 -	1a	Beginning of year balance	6,512,788.	6,670,746.	5,528,	609.	5,9	86,836.	5,	210,	187.
c Net investment earnings, gains, and losses 1,178,763. 81,868. 1,104,523. -468,193. 776,649. d Grants or scholarships			55,178.	60,174.	. 37,	614.		9,966.			
d Grants or scholarships			1,178,763.	81,868.	1,104,	523.	-4	68,193.		776,	649.
e Other expenditures for facilities and programs 200,000. 300,000. f Administrative expenses 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.8160 % b Permanent endowment ▶ 36.6900 % % % c Term endowment ▶ 40.4940.% % % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (i) Unrelated organizations 3a(ii) X 3a(ii) X difii Related organizations Isted as required on Schedule R? 3b 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Image: Single and S											
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f Administrative expenses 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.8160 % b Permanent endowment ▶ 22.8160 % % c Term endowment ▶ 40.4940 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Yes No ii) Related organizations 3a(ii) X 3a(ii) X iii) Related organizations 3a(iii) X 3a(ii) X iii) Related organizations 3a iiii 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value b			200,000.	300,000.							
g End of year balance 7,546,729. 6,512,788. 6,670,746. 5,528,609. 5,986,836. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.8160 % b Permanent endowment ▶ 40.4940 % % % c Term endowment ▶ 40.4940 % % rethere endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X ii) Related organizations	f	-									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 22.8160 % b Permanent endowment ▶ 36.6900 % c Term endowment ▶ 40.4940 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X iii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) basis (other) (c) Accumulated depreciation a Land			7,546,729.	6,512,788.	6,670,	746.	5,5	28,609.	5,	986,	836.
b Permanent endowment ▶ 36.6900 % c Term endowment ▶ 40.4940 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (i) Unrelated organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Related regeneration answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Equipment (e) Other (f) 976.49,496.111,300. (f) 796.49,496.311,111. </th <th>-</th> <th>-</th> <th>rent year end balanc</th> <th>e (line 1g, column (</th> <th>a)) held as:</th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th></th>	-	-	rent year end balanc	e (line 1g, column (a)) held as:	•					
c Term endowment ▶ 40.4940 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (ii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (ii) Cost or other basis (other) (c) Accumulated depreci	а	Board designated or quasi-endowment	22.8160	%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b	Permanent endowment > 36.6900	%	_							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (iii) Related organizations 3a(ii) X (ii) Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land b b b Buildings c c c Leasehold improvements 60, 796. 49, 496. d Equipment 60, 797. 35, 986. 31, 1111.	с	Term endowment ► 40.4940	%								
by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5a(i) 5a(i) 1a c Leasehold improvements 5a(i) 11, 300. d Equipment 60, 796. 49, 496. 11, 301. e Other 67, 097. 35, 986. 31, 111.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1 1 1 1 1 1 b Buildings 60,796, 49,496, 11,300, 11,300, 11,300, 11,11,1 1 1 1	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administere	d for the	organiz	zation	_		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a b Buildings 1a 1a c Leasehold improvements 60, 796. 49, 496. d Equipment 607, 097. 35, 986. 31, 111.		by:								Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 5 c Leasehold improvements 60, 796, 49, 496, 111, 300. e Other 67, 097, 35, 986, 311, 111.		(i) Unrelated organizations							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a 1a b Buildings 1a 1a 1a c Leasehold improvements 11,300. 11,300. e Other 67,097. 35,986. 31,111.									3a(ii)		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?	• 				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4			wment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipm	nent.								
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, F	Part X, lir	ne 10.				
b Buildings		Description of property				• •		ed	(d) Book	value	;
b Buildings	1a	Land									
c Leasehold improvements 60,796. 49,496. 11,300. e Other 67,097. 35,986. 31,111.											
d Equipment 60,796. 49,496. 11,300. e Other 67,097. 35,986. 31,111.											
e Other									11	.,30)0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6	57,097.	3	35 <u>,</u> 9	86.	31	.,11	[1.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)				42	2,41	11.

(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)	(b) Book value	(c) Method of valuation: Cost or end	
(2) Closely held equity interests			
(3) Other			
(A) (B) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(B) (C) (D) (E) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			-of-vear market value
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			l-of-vear market value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			l-of-vear market value
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on (a) Description of investment (a) Description of investment (1) (2) (3) (3) (4) (5)			l-of-year market value
Complete if the organization answered "Yes" on (a) Description of investment (1) (2) (3) (4) (5)			l-of-vear market value
(a) Description of investment (1) (2) (3) (4) (5)			1-of-vear market value
(1) (2) (3) (4) (5)	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
(2) (3) (4) (5)			,
(3) (4) (5)			
(4) (5)			
(5)			
(0)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" on	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
_	escription		(b) Book value
(1)	· .		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" on	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			4,075
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		4,075

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

Sche	edule D (Form 990) 2021 TABLE TO TABLE, INC.				3646125 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturı	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	53,464,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	982,592.		
b	Donated services and use of facilities	2b	63,808.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	1,046,400.
3	Subtract line 2e from line 1			3	52,418,322.
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	1,837.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,837.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	52,420,159.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Witl	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	52,076,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	63,808.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	63,808.
3	Subtract line 2e from line 1			3	52,013,023.
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			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	52,013,023.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			•	

22-3646125 Page 4

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 V, LINE 4:

THE TABLE TO TABLE ENDOWMENT, ESTABLISHED AT THE FOUNDING OF THE

ORGANIZATION, HAS A GOAL OF PROVIDING A CONTINUING FLOW OF INCOME TO

SUPPORT OPERATIONS AND LIMIT THE NECESSITY OF FUNDRAISING. ENDOWMENT FUNDS

ARE MAINTAINED WITH A FINANCIAL ADVISOR AND DIVERSIFIED BETWEEN BOND,

EQUITY AND GOVERNMENT INVESTMENTS.

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON

INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE

EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO 132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TABLE TO TABLE, INC.	22-3646125 Page 5
Part XIII Supplemental Information (continued)	
ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIF	Y AND REPORT
UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIO	NS IN
JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND E	VALUATE OTHER
MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZAT	ION HAS
DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIO	NS THAT REQUIRE
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	

_

SCHEDULE G	Suppleme	ntal Informat	tion Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	or if the	2021
Department of the Treasury Internal Revenue Service		•	ttach to Form 990			0-EZ. the latest informat	ion		Open to Public Inspection
Name of the organization								Employer i	dentification number
	TABLE T	O TABLE,	INC.					22-364	6125
	complete this par		organization answe	ered "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
1 Indicate whether th	e organization rais	ed funds throug	h any of the followi	ng acti	vities.	Check all that apply			
a 🛄 Mail solicitat					•	overnment grants			
	email solicitations	6			-	nment grants			
c Phone solici			g 🛄 Special	fundra	aising	events			
2 a Did the organization		or oral agreement	with any individual	(inclu	dina o	fficers, directors, tru	stees	or	
•		•		•	•	undraising services?			es 🗌 No
b If "Yes," list the 10) highest paid indiv	viduals or entities	(fundraisers) pursu	uant to	agree	ements under which	the fu	Indraiser is t	o be
compensated at le	east \$5,000 by the	organization.							
				(iii)	Did			Amount paic	
(i) Name and addres or entity (fund		(ii) A	Activity	fùndi have c	Did aiser ustody	(iv) Gross receipts		or retained by fundraiser	⁽⁾ to (or retained by)
				contributions? listed in col. (i				organization	
				Yes	No				
				I	1				
Total									
3 List all states in wh or licensing.	ich the organizatio	n is registered or	r licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fron	registration

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

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

		of fundraising event contributions and gr	ross income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BAG A LUNCH		_	(add col. (a) through
			HELP A BUNCH		2	col. (c)
er			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	256,708.	249,273.	168,441.	674,422.
	2	Less: Contributions	173,208.	77,623.	124,431.	375,262.
	3	Gross income (line 1 minus line 2)	83,500.	171,650.	44,010.	299,160.
	4	Cash prizes				
6	5	Noncash prizes			1,374.	1,374.
pense	6	Rent/facility costs		11,430.	14,117.	25,547.
Direct Expenses	7	Food and beverages		11,467.	14,118.	25,585.
	8	Entertainment				
	9	Other direct expenses		19,276.	9,018.	40,143.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	92,649.
		Net income summary. Subtract line 10 from	, , , , , ,			206,511.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	ח 990, Part IV, line 19, or ו	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>	1	Yes %	Yes %	Yes %	

	7 Direct expense summary. Add lines 2 through 5 in column (d)	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
_		
9	Enter the state(s) in which the organization conducts gaming activities:	
;	a Is the organization licensed to conduct gaming activities in each of these states?	Yes

b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Seco

132082 10-21-21

Schedule G (Form 990) 2021

_ No

Sch	nedule G (Form 990) 2021	TABLE	то	TABLE,	INC.		22-36	4612	5 Page 3
11	Does the organization conduct ga	aming activitie	es with	n nonmember			L	Yes	No
						a partnership or other entity formed			
	to administer charitable gaming?						C	Yes	No No
13	Indicate the percentage of gamin								
á	a The organization's facility							3a	%
								3b	%
14	Enter the name and address of th	e person who	o prep	ares the orga	nization's g	aming/special events books and record	s:		
	Name								
	Address ►								
15a	a Does the organization have a con	tract with a th	nird pa	arty from who	m the orgar	nization receives gaming revenue?		Yes	🗌 No
	b If "Yes." enter the amount of gam	nina revenue r	eceive	ed by the ora	anization 🕨	s and the amou	nt		
	of gaming revenue retained by the								
(If "Yes," enter name and address								
	Name 🕨								
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	▶ \$							
	Description of services provided	▶							
	Director/officer		ee			ent contractor			
17	Mandatory distributions:								
á	a Is the organization required under	r state law to	make	charitable dis	stributions fi	rom the gaming proceeds to		_	
	retain the state gaming license?						L	_ Yes	└── No
I		-			istributed to	o other exempt organizations or spent in	ı the		
	organization's own exempt activit					d by Part I, line 2b, columns (iii) and (v); a			
FC				•	•	rmation. See instructions.	and Part II	I, lines	9,90,100,

11	()	

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organizatio	d Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for		mation.		Open to Public Inspection
Name of the organization	TABLE TO	TABLE, IN	с.					Employer identification number 22-3646125
Part I General Info	rmation on Grants a	nd Assistance						
criteria used to awa	ard the grants or assis	stance?					sistance, and the selec	
			oring the use of grant					
		-	be duplicated if addit			anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and addr or gover		(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
								FOOD PROVIDED TO LOCAL
AMERICAN EAGLE FOOI) PANTRY							NOT FOR PROFIT
164 U.S. 46								ORGANIZATIONS TO
LODI, NJ 07644		85-1032972		٥.	18,812.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
								FOOD PROVIDED TO LOCAL
ANGELA CARES								NOT FOR PROFIT
91 ARLINGTON AVE								ORGANIZATIONS TO
JERSEY CITY, NJ 073	305	45-3555605		0.	171,300.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
								FOOD PROVIDED TO LOCAL
AT THE FEET OF JEST	JS							NOT FOR PROFIT
273 OCEAN AVE								ORGANIZATIONS TO
JERSEY CITY, NJ 073	305	46-1104171		0.	109,060.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
								FOOD PROVIDED TO LOCAL
BAYONNE ECONOMIC OF	PORTUNITY							NOT FOR PROFIT
FOUNDATION - 555 KH	ENNEDY BLVD -							ORGANIZATIONS TO
BAYONNE, NJ 07002		22-1811616		٥.	1,054,522.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
								FOOD PROVIDED TO LOCAL
BERGEN FAMILY CENTR	ER							NOT FOR PROFIT
44 ARMORY STREET								ORGANIZATIONS TO
ENGLEWOOD, NJ 07631	L	22-1487611		0.	6,408.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
								FOOD PROVIDED TO LOCAL
BERGENFIELD FOOD PA	ANTRY							NOT FOR PROFIT
198 N. WASHINGTON A	AVE							ORGANIZATIONS TO
BERGENFIELD, NJ 076	521	22-6001650		0.	34,042.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
2 Enter total number	of section 501(c)(3) a	nd government or	ganizations listed in th	ie line 1 table	-	•	•	▶
3 Enter total number	of other organization	s listed in the line	1 table					
LHA For Paperwork R	eduction Act Notice	, see the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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	IADLE, IN						22-3040123 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizatior	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
BESSIE GREEN COMMUNITY							NOT FOR PROFIT
510 BROAD STREET							ORGANIZATIONS TO
NEWARK, NJ 07102	22-2269884		0.	573,908,	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
BETHEL ASSEMBLY OF GOD							NOT FOR PROFIT
580 MT. PROSPECT AVE							ORGANIZATIONS TO
NEWARK, NJ 07104	22-1638949		0.	1,306,816	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
BEULAH GROVE BAPTIST CHURCH							NOT FOR PROFIT
59-63 SPRINGDALE AVE							ORGANIZATIONS TO
NEWARK, NJ 07107	75-3227222		0.	195,550	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
BLACK PANTHERS							NOT FOR PROFIT
373 S. ORANGE AVE							ORGANIZATIONS TO
NEWARK, NJ 07103	45-3274524		0.	119,380,	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
·							FOOD PROVIDED TO LOCAL
BOYS AND GIRLS CLUB NEWARK							NOT FOR PROFIT
1 AVON STREET							ORGANIZATIONS TO
NEWARK, NJ 07108	22-1515405		0.	49,724.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
CAFS CLIFTON							NOT FOR PROFIT
156 MARTIN AVE							ORGANIZATIONS TO
CLIFTON, NJ 07012	22-1487147		0.	12,920,	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
CAFS HASKELL							NOT FOR PROFIT
4 PARK AVE							ORGANIZATIONS TO
HASKELL, NJ 07420	22-1487147		0.	10,800.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
					-		FOOD PROVIDED TO LOCAL
CAMPUS KITCHEN							NOT FOR PROFIT
2641 KENNEDY BLVD							ORGANIZATIONS TO
JERSEY CITY, NJ 07306	22-1508627		0.	5,680.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			1	2,200			FOOD PROVIDED TO LOCAL
CANAAN ECONOMIC COMMUNITY							NOT FOR PROFIT
DEVELOPMENT CORP - 513 E 22ND ST -							ORGANIZATIONS TO
PATERSON, NJ 07514	52-2205369		0.	121,840,	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
11111100N, NO 07314		l	J. 0.	1 121,040	• • • • • •	LOOD DOWATIONS	PISIKIBULE TO THE HONGRE

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Schedule I (Form 990) IABLE IO	-						2-3040123 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch I	iedule I (⊦orm 990), Pa T	art II.) 1	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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
CATHOLIC FAMILY FOOD PANTRY							NOT FOR PROFIT
435 MAIN STREET							ORGANIZATIONS TO
PATERSON, NJ 07501	22-2132735		0.	315,682.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CENTRAL HIGH SCHOOL							NOT FOR PROFIT
246 18TH AVE							ORGANIZATIONS TO
NEWARK, NJ 07103	22-6002140		0.	1,089,164.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CHILDREN'S AID & FAMILY SERVICES							NOT FOR PROFIT
124 PASCACK RD							ORGANIZATIONS TO
PARK RIDGE, NJ 07656	22-1487147		0.	14,560.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CHOSEN GENERATION							NOT FOR PROFIT
151 MIDLAND AVE							ORGANIZATIONS TO
KEARNY, NJ 07032	46-0700182		0.	513,850.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CITY OF NEWARK							NOT FOR PROFIT
920 BROAD STREET							ORGANIZATIONS TO
NEWARK, NJ 07102	22-1714037		0.	2,198,400.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CLEAR WAY MISSIONARY BAPTIST							NOT FOR PROFIT
CHURCH - 747 SOUTH 13TH STREET -							ORGANIZATIONS TO
NEWARK, NJ 07103	22-3225195		0.	213,518.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
COMMUNITY BAPTIST CHURCH							NOT FOR PROFIT
535-549 BROADWAY							ORGANIZATIONS TO
PATERSON, NJ 07524	13-4305229		0.	334,686.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				, , , , , , , , , , , , , , , , , , , ,			FOOD PROVIDED TO LOCAL
COMMUNITY OUTREACH SERVICES							NOT FOR PROFIT
199 6TH AVE							ORGANIZATIONS TO
PATERSON, NJ 07524	26-0853750		0.	90,570.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			1				FOOD PROVIDED TO LOCAL
CONGREGATIONAL BAPTIST CHURCH							NOT FOR PROFIT
399 BERGEN STREET							ORGANIZATIONS TO
	52-1828745		0.	69,052.	TEL M 5 7	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Schedule I (Form 990) IABLE IO	-						2-3040125 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	i overnments (Sch I	iedule I (Form 990), Pa T	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
CONNEX4NPO							NOT FOR PROFIT
545 4TH AVE							ORGANIZATIONS TO
WESTWOOD, NJ 07675	85-0738991		0.	35,090.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CROSSROADS COMMUNITY CENTER							NOT FOR PROFIT
195 PAGET AVE							ORGANIZATIONS TO
CLIFTON, NJ 07011	23-7389152		0.	386,270.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
CUMAC							NOT FOR PROFIT
132 E 30TH ST							ORGANIZATIONS TO
PATERSON, NJ 07514	22-2657737		0.	468,290.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
DISABLED COMBAT VETERANS YOUTH							NOT FOR PROFIT
PROGRAM - 351 ENGLEWOOD AVE -							ORGANIZATIONS TO
ENGLEWOOD, NJ 07631	46-3817600		0.	2,347,810.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
·							FOOD PROVIDED TO LOCAL
EARLY LEARNING CENTER							NOT FOR PROFIT
1 NEW YORK AVE							ORGANIZATIONS TO
NEWARK, NJ 07105	22-1916086		0.	408,200.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
EASTSIDE HIGH SCHOOL							NOT FOR PROFIT
238 VAN BUREN ST							ORGANIZATIONS TO
NEWARK, NJ 07105	22-6002140		0.	55,000.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
,				,			FOOD PROVIDED TO LOCAL
ELIZABETH SPANISH SEVENTH DAY							NOT FOR PROFIT
ADVENTIST CHURCH - 609 MADISON AVE							ORGANIZATIONS TO
- ELIZABETH, NJ 07201	52-0643036		0.	124,802.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
,,,							FOOD PROVIDED TO LOCAL
EVANGEL CHRISTIAN							NOT FOR PROFIT
165 MAIN STREET							ORGANIZATIONS TO
LITTLE FERRY, NJ 07643	58-1320623		0.	76,380.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
LIIIL ILKKI, NO 07045	50 1520025		· · ·	,0,300.	, L 11 V	LOOD DOMATIONS	FOOD PROVIDED TO LOCAL
EVANGELIC PENTACOSTAL CHURCH							NOT FOR PROFIT
4903-07 BROADWAY AVE							ORGANIZATIONS TO
	22-2116903		0.	3 315 350	Г. М. 7	FOOD DONATIONS	
UNION CITY, NJ 07087	22-2110903		J ⁰ .	3,315,358.	, Г ш V	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Part II	Continuation of Grants and Other Assistance to Domestic Orga	anizations and Domestic Governments (Sch	hedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
FIRST AVENUE SCHOOL							NOT FOR PROFIT
214 1ST AVE							ORGANIZATIONS TO
NEWARK, NJ 07107	22-6002140		٥.	816,100.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
FIRST REFORMED CHURCH OF LITTLE							NOT FOR PROFIT
FALLS - 61 MAIN STREET - LITTLE							ORGANIZATIONS TO
FALLS, NJ 07424	22-2564250		٥.	11,680.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
FRANCISCAN COMMUNITY DEVELOPMENT							NOT FOR PROFIT
CENTER - 239 ANDERSON AVE -							ORGANIZATIONS TO
FAIRVIEW, NJ 07022	20-4909372		٥.	10,332.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GARFIELD FIRST CDC							NOT FOR PROFIT
111 OUTWATER LN							ORGANIZATIONS TO
GARFIELD, NJ 07026	47-2573965		٥.	1,004,666.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GEORGE WASHINGTON CARVER BRUCE							NOT FOR PROFIT
STREET ELEMENTARY SCHOOL - 333							ORGANIZATIONS TO
CLINTON PLACE - NEWARK, NJ 07112	22-6002140		٥.	820,828.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GOOD SHEPARD MISSION							NOT FOR PROFIT
336 BROADWAY							ORGANIZATIONS TO
PATERSON, NJ 07509	22-1526167		٥.	256,528.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GRACE MANOR WEST							NOT FOR PROFIT
301 IRVINE TURNER BLVD							ORGANIZATIONS TO
NEWARK, NJ 07108	22-2691309		٥.	48,400.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GRACE REDEEMER CHURCH							NOT FOR PROFIT
21 HARRISTOWN RD							ORGANIZATIONS TO
GLEN ROCK, NJ 07452	20-2517215		٥.	53,438.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
GREATER LIFE COMMUNITY OUTREACH							NOT FOR PROFIT
CENTER - 272 CHANCELLOR AVE -							ORGANIZATIONS TO
NEWARK, NJ 07112	30-0212814		٥.	108,170.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Schedule I (Form 990) IABLE IO							2-3040123 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sch	nedule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
HACKENSACK YMCA							NOT FOR PROFIT
360 MAIN STREET							ORGANIZATIONS TO
HACKENSACK, NJ 07601	22-1739117		0.	92,000.	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HAITIAN BAPTIST CHURCH CROSSROADS							NOT FOR PROFIT
202 S 12TH ST							ORGANIZATIONS TO
NEWARK, NJ 07107	13-5563018		0.	243,006	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HANA MISSION							NOT FOR PROFIT
10 MARSHALL STREET							ORGANIZATIONS TO
PATERSON, NJ 07501	22-3629432		0.	82,790.	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HILLTOP HAVEN FAMILY SHELTER							NOT FOR PROFIT
213 BROADWAY BROADWAY							ORGANIZATIONS TO
PATERSON, NJ 07501	22-1766323		0.	338,756	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HOBOKEN COMMUNITY CENTER							NOT FOR PROFIT
1301 WASHINGTON STREET							ORGANIZATIONS TO
HOBOKEN, NJ 07030	22-1487383		0.	14,800.	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HOPE FOR EX-OFFENDERS							NOT FOR PROFIT
259 PASSAIC STREET							ORGANIZATIONS TO
HACKENSACK, NJ 07601	51-0145306		0.	197,590.	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
HUNGER FREE UNITY IN THE COMMUNITY							NOT FOR PROFIT
135 W 25TH STREET							ORGANIZATIONS TO
BAYONNE, NJ 07002	85-2259837		0.	4,999,252,	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
IGLESIA ADVENTISTA DEL SEPTIMO DIA							NOT FOR PROFIT
DEL FARO - 220 WALKER STREET -							ORGANIZATIONS TO
CLIFFSIDE PARK, NJ 07010	95-3867863		0.	1,558,700.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
,				, ,			FOOD PROVIDED TO LOCAL
IGLESIA ADVENTISTA DEL SEPTIMO DIA							NOT FOR PROFIT
(NUEVO AMANCER) - 45 FAIRMOUNT AVE							ORGANIZATIONS TO
- HACKENSACK, NJ 07601	95-3867863		0.	2,050,106.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other	ASSISTANCE to Do		s and Domestic G	overnments (Sch	edule I (Form 990), Pa		22-3040125 Page
(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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
IRONBOUND COMMUNITY CORPORATION							NOT FOR PROFIT
29 CORTLAND STREET							ORGANIZATIONS TO
NEWARK, NJ 07105	22-1916086		0.	1,470,700.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
JERSEY CITY HEIGHTS SPANISH SDA							NOT FOR PROFIT
CHURCH - 66-68 BOWERS STREET -							ORGANIZATIONS TO
JERSEY CITY, NJ 07307	95-3867863		0.	1,069,592.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
JEWISH FAMILY SERVICES							NOT FOR PROFIT
1485 TEANECK RD							ORGANIZATIONS TO
TEANECK, NJ 07666	20-5928151		0.	36,136.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
LA CASA DE DON PEDRO							NOT FOR PROFIT
23 BROADWAY							ORGANIZATIONS TO
NEWARK, NJ 07104	23-7249368		0.	783,600.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
LOVE OF JESUS FAMILY CHURCH							NOT FOR PROFIT
396 RIVER STREET							ORGANIZATIONS TO
PATERSON, NJ 07524	75-2995459		0.	109,288.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
LUIS MUNOZ MARIN SCHOOL							NOT FOR PROFIT
663 BROADWAY							ORGANIZATIONS TO
NEWARK, NJ 07104	22-6002140		0.	425,534.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
,							FOOD PROVIDED TO LOCAL
MASJID AL-JAQQ							NOT FOR PROFIT
687 SPRINGFIELD AVE							ORGANIZATIONS TO
NEWARK, NJ 07103	22-3027000		0.	158,220.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			† · · ·				FOOD PROVIDED TO LOCAL
MEADOWLANDS YMCA							NOT FOR PROFIT
390 MURRAY HILL PKWY							ORGANIZATIONS TO
EAST RUTHERFORD, NJ 07073	22-1997720		0.	2,026,528.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
MOT NOTHERFORD, NO 07075	22 1331120			2,020,520,	• F 11 V	LOOD DOMATIONS	FOOD PROVIDED TO LOCAL
MEND							
MEND 50 S CENTER ST UNIT 6							NOT FOR PROFIT
	27 1105051		_	561 000		FOOD DONATIONS	ORGANIZATIONS TO
ORANGE, NJ 07050	27-1105051		0.	561,200.	• L.WA	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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(h) Purpose of grant or assistance

								_
P	art II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
	(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,	(g) Description of non-cash assistance	

		e de la granne	assistance	(book, FMV, appraisal, other)		
						FOOD PROVIDED TO LOCAL
MINISTERIOS AVIVAMIENTO						NOT FOR PROFIT
791 MAIN AVE						ORGANIZATIONS TO
PASSAIC, NJ 07055	83-4475806	0.	858,262.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
						FOOD PROVIDED TO LOCAL
MOUNT VERNON ELEMENTARY						NOT FOR PROFIT
142 MOUNT VERNON PL						ORGANIZATIONS TO
NEWARK, NJ 07106	22-6002140	0.	976,700.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
						FOOD PROVIDED TO LOCAL
NEVER ALONE AGAIN RESOURCE CENTER						NOT FOR PROFIT
688 AMERICAN LEGION DR						ORGANIZATIONS TO
TEANECK, NJ 07666	61-1627954	٥.	18,348.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
						FOOD PROVIDED TO LOCAL
NEW HOPE FOOD & CLOTHING						NOT FOR PROFIT
106 SUSSEX AVE						ORGANIZATIONS TO
NEWARK, NJ 07103	22-2012700	٥.	36,200.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			-			FOOD PROVIDED TO LOCAL
NEW SHILOH CHURCH						NOT FOR PROFIT
189 PALISADE AVE						ORGANIZATIONS TO
WESTWOOD, NJ 07675	22-2710787	0.	6,528.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
·			•			FOOD PROVIDED TO LOCAL
NEW VISION TABERNACLE						NOT FOR PROFIT
407 BROAD STREET						ORGANIZATIONS TO
NEWARK, NJ 07104	27-3779540	٥.	259,110.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			-			FOOD PROVIDED TO LOCAL
NJ BITE						NOT FOR PROFIT
525 BRAMHALL AVE						ORGANIZATIONS TO
JERSEY CITY, NJ 07304	82-2955055	٥.	296,500.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
			-			FOOD PROVIDED TO LOCAL
NJ SISTERHOOD						NOT FOR PROFIT
4613 COTTAGE PLACE						ORGANIZATIONS TO
UNION CITY, NJ 07087	13-1837418	٥.	11,176.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
						FOOD PROVIDED TO LOCAL
PARKSIDE COMMUNITY CHURCH						NOT FOR PROFIT
545 4TH AVE						ORGANIZATIONS TO
WESTWOOD, NJ 07675	22-1732925	0.	12,720.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Othe			s and Domestic G	overnments (Sch	edule I (Form 990) Pr	ort II.)	2 SOHOLZS Page
				lovernments (Sch	Eudie I (Form 990), Pa	u u u u u u u u u u u u u u u u u u u	
(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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
PERC							NOT FOR PROFIT
108 36TH STREE							ORGANIZATIONS TO
UNION CITY, NJ 07087	22-2985600		٥.	5,840.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
RIDGECREST SENIOR HOUSING							NOT FOR PROFIT
9 RIDGE RD							ORGANIZATIONS TO
RIDGEWOOD, NJ 07450	22-2295826		0.	8,376.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
RIDGEWOOD YMCA							NOT FOR PROFIT
112 OAK STREET							ORGANIZATIONS TO
RIDGEWOOD, NJ 07450	22-1508752		0.	439,344.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
SAINTS CYRIL AND METHODIUS RC							NOT FOR PROFIT
CHURCH - 218 ACKERMAN AVE -							ORGANIZATIONS TO
CLIFTON, NJ 07011	22-1500600		0.	133,600.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
SALVATION ARMY, UNION CITY							NOT FOR PROFIT
515 43RD STREET							ORGANIZATIONS TO
UNION CITY, NJ 07087	22-1489991		0.	574,274.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
SENIOR MARKET							NOT FOR PROFIT
32 PRINCE STREET							ORGANIZATIONS TO
NEWARK, NJ 07103	22-2691309		0.	1,245,000.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
SHILOH AME ZION CHURCH							NOT FOR PROFIT
129 WILLIAM ST							ORGANIZATIONS TO
ENGLEWOOD, NJ 07631	47-4951555		0.	5,900.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
SOLID ROCK BAPTIST CHURCH							NOT FOR PROFIT
644 CHANCELLOR AVE							ORGANIZATIONS TO
IRVINGTON, NJ 07111	22-2305385		0.	417,360.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
ST. AGNES							NOT FOR PROFIT
66 UNION AVE							ORGANIZATIONS TO
LITTLE FALLS, NJ 07424	22-6017833		0.	135,082.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Ot	her Assistance to Do	mestic Organization	s and Domestic G	iovernments (Sch	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
ST. ANDREW'S CHURCH							NOT FOR PROFIT
120 WASHINGTON AVE							ORGANIZATIONS TO
WESTWOOD, NJ 07675	22-1524177		0.	27,736.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
ST. AUGUSTINE YOUTH PROGRAM							NOT FOR PROFIT
159 GOVERNOR STREET							ORGANIZATIONS TO
PATERSON, NJ 07501	20-0860098		0.	147,694.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
STAR OF HOPE							NOT FOR PROFIT
34 BROADWAY							ORGANIZATIONS TO
PATERSON, NJ 07505	22-1489912		0.	496,240.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
STRANGERS HELPING STRANGERS							NOT FOR PROFIT
6 VETERANS PL							ORGANIZATIONS TO
ELMWOOD PARK, NJ 07407	45-0070529		0.	645,150.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
· · ·				,			FOOD PROVIDED TO LOCAL
STRENGTHEN OUR SISTERS							NOT FOR PROFIT
563 RINGWOOD AVE							ORGANIZATIONS TO
WANAQUE, NJ 07465	22-2858735		0.	121,412.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
TABERNACULO SHEKINAH							NOT FOR PROFIT
37 GOBLE ST							ORGANIZATIONS TO
NEWARK, NJ 07114	20-0960038		0.	1,267,390.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
					·		FOOD PROVIDED TO LOCAL
THE FOOD BRIGADE							NOT FOR PROFIT
185 MADISON AVE							ORGANIZATIONS TO
	85-3278219		0.	127,244.	Б.М.7	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
DUMONT, NJ 07628	03-3270213		· ·	127,244.		FOOD DONATIONS	FOOD PROVIDED TO LOCAL
THE CEENT COMMISSION SUIDOU							NOT FOR PROFIT
THE GREAT COMMISSION CHURCH							
53-57 MARSHALL ST	0.0.00000000			460.450			ORGANIZATIONS TO
PATERSON, NJ 07501	90-0033488		0.	469,170.	, ⊬`MV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
THE LIGHT UP PROJECT							NOT FOR PROFIT
7 MAPLE STREET							ORGANIZATIONS TO
EDGEWATER, NJ 07020	86-3403709		0.	22,002.	.FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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orm 990), Par	t II.)				

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							FOOD PROVIDED TO LOCAL
THE WE PROJECT							NOT FOR PROFIT
464 CENTRAL AVE							ORGANIZATIONS TO
CARLSTADT, NJ 07072	83-1971837		0.	1,488,122.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
TONI'S KITCHEN							NOT FOR PROFIT
73 S FULLERTON AVE							ORGANIZATIONS TO
MONTCLAIR, NJ 07042	31-1629166		0.	32,180.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
UNION CITY SPANISH							NOT FOR PROFIT
1908 KERRIGAN AVE							ORGANIZATIONS TO
UNION CITY, NJ 07087	14-1945311		0.	299,620.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
UNITE CHRETIENNE FOOD PANTRY							NOT FOR PROFIT
31 BLUM STREET							ORGANIZATIONS TO
NEWARK, NJ 07103	22-3833089		0.	300,284.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
				,			FOOD PROVIDED TO LOCAL
UNITED DELIVERANCE TABERNACLE							NOT FOR PROFIT
202 HAWTHORNE AVE							ORGANIZATIONS TO
NEWARK, NJ 07112	20-0529228		0.	775,820.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
UNITED METHODIST CHURCH							NOT FOR PROFIT
287 PARK AVE							ORGANIZATIONS TO
ORANGE, NJ 07050	22-1589206		0.	1,310,942.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
VILLA VICTORIA							NOT FOR PROFIT
133 7TH AVENUE							ORGANIZATIONS TO
NEWARK, NJ 07104	22-2691309		0.	13,200.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
							FOOD PROVIDED TO LOCAL
VINE DEVELOPMENT - SHIELD OF FAITH							NOT FOR PROFIT
MINISTRIES - 53 HARVEY AVE -							ORGANIZATIONS TO
JERSEY CITY, NJ 07306	22-3648767		0.	23,928.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
· ·							FOOD PROVIDED TO LOCAL
WAFA ORGANIZATION							NOT FOR PROFIT
964 MAIN STREET							ORGANIZATIONS TO
PATERSON, NJ 07505	46-2711683		0.	391,936.	FMV	FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY

Schedule I (Form 990)

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lethod of (g) Description of	(h) Purpose of grant
luation non-cash assistance ok, FMV, isal, other)	or assistance
	FOOD PROVIDED TO LOCAL
	NOT FOR PROFIT
	ORGANIZATIONS TO
	DISTRIBUTE TO THE HUNGRY
	FOOD PROVIDED TO LOCAL
	NOT FOR PROFIT
	ORGANIZATIONS TO
FOOD DONATIONS	DISTRIBUTE TO THE HUNGRY
)	ok, FMV, isal, other) FOOD DONATIONS

Schedule I (Form 990) 2021 TAE

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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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN EAGLE FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: ANGELA CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

## AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: AT THE FEET OF JESUS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

BAYONNE ECONOMIC OPPORTUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BERGEN FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BERGENFIELD FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BESSIE GREEN COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: BEULAH GROVE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BLACK PANTHERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB NEWARK (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CAFS CLIFTON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CAFS HASKELL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX
Schedule | (Form 990)

### AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CAMPUS KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

CANAAN ECONOMIC COMMUNITY DEVELOPMENT CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC FAMILY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S AID & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: CHOSEN GENERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEWARK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CLEAR WAY MISSIONARY BAPTIST CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BAPTIST CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY OUTREACH SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATIONAL BAPTIST CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX Schedule I (Form 990) 04-01-21

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CONNEX4NPO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CUMAC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

DISABLED COMBAT VETERANS YOUTH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EARLY LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: EASTSIDE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

ELIZABETH SPANISH SEVENTH DAY ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EVANGEL CHRISTIAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EVANGELIC PENTACOSTAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: FIRST AVENUE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: FIRST REFORMED CHURCH OF LITTLE FALLS
(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR
Schedule | (Form 990)

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

#### AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

FRANCISCAN COMMUNITY DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: GARFIELD FIRST CDC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGE WASHINGTON CARVER BRUCE STREET ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPARD MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: GRACE MANOR WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX
Schedule | (Form 990)

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: GRACE REDEEMER CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER LIFE COMMUNITY OUTREACH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HACKENSACK YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HAITIAN BAPTIST CHURCH CROSSROADS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HANA MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

Schedule I (Form 990) TZ	ABLE TO TABLE, INC.	22-3646125 Page 2
Part IV Supplemental Information	ation	
NAME OF ORGANIZATION	OR GOVERNMENT: HILLTOP HAVEN	FAMILY SHELTER
(H) PURPOSE OF GRANT	OR ASSISTANCE: FOOD PROVIDED	TO LOCAL NOT FOR
PROFIT ORGANIZATIONS	TO DISTRIBUTE TO THE HUNGRY I	N BERGEN, HUDSON, ESSEX
AND PASSAIC COUNTIES		

NAME OF ORGANIZATION OR GOVERNMENT: HOBOKEN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FOR EX-OFFENDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HUNGER FREE UNITY IN THE COMMUNITY (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

IGLESIA ADVENTISTA DEL SEPTIMO DIA DEL FARO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

IGLESIA ADVENTISTA DEL SEPTIMO DIA (NUEVO AMANCER)

00 0040105

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: IRONBOUND COMMUNITY CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

JERSEY CITY HEIGHTS SPANISH SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: LA CASA DE DON PEDRO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: LOVE OF JESUS FAMILY CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX Schedule I (Form 990) 32291 04-01-21 AND PASSAIC COUNTIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LUIS MUNOZ MARIN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: MASJID AL-JAQQ

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: MEADOWLANDS YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: MEND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: MINISTERIOS AVIVAMIENTO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

#### NAME OF ORGANIZATION OR GOVERNMENT: MOUNT VERNON ELEMENTARY

NAME OF ORGANIZATION OR GOVERNMENT: NEVER ALONE AGAIN RESOURCE CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE FOOD & CLOTHING (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW SHILOH CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION TABERNACLE (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: NJ BITE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

NAME OF ORGANIZATION OR GOVERNMENT: NJ SISTERHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: PARKSIDE COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: PERC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: RIDGECREST SENIOR HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: RIDGEWOOD YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SAINTS CYRIL AND METHODIUS RC CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR Schedule I (Form 990)

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, UNION CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SHILOH AME ZION CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SOLID ROCK BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. AUGUSTINE YOUTH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: STAR OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: STRANGERS HELPING STRANGERS (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: STRENGTHEN OUR SISTERS (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: TABERNACULO SHEKINAH
(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR
PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX
Schedule I (Form 990)
USED Schedule I (Form 990)

AND PASSAIC COUNTIES

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE FOOD BRIGADE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: THE GREAT COMMISSION CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: THE LIGHT UP PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: THE WE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: TONI'S KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

132291 04-01-21

#### NAME OF ORGANIZATION OR GOVERNMENT: UNION CITY SPANISH

NAME OF ORGANIZATION OR GOVERNMENT: UNITE CHRETIENNE FOOD PANTRY (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED DELIVERANCE TABERNACLE (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED METHODIST CHURCH (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: VILLA VICTORIA (H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

VINE DEVELOPMENT - SHIELD OF FAITH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

.

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: WAFA ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: WORD OF GOD MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: ZION CARES COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PROVIDED TO LOCAL NOT FOR

PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX

Form 990)       For certain Officers. Directors. Trustees. Key Employees, and Highest Compensated Employees	SCI	HEDULE J   Compensation Information	OMB No.	1545-00	47						
Compete if the organization answer? Ves' on Form 990, Part IV, Ine 23.     Destination of the organization     Attach to Form 990.     TABLE TO TABLE, INC.     TABLE TO TABL			20	2021							
Department         Attach to Form 990.         Department         Department <t< th=""><td>•</td><td>Compensated Employees</td><td>  20</td><td></td><td>1</td></t<>	•	Compensated Employees	20		1						
Image of the organization         Image of the organization number         TABLE TO TABLE, INC.         Employer identification number           Table To Table To Table, INC.         22-36.46125           Part II         Questions Regarding Complexation         Yes         No           a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980.         Yes         No           Part II.         Section A, Ino 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Tax indemnification and gross up payments         Payments for business use of personal residence reintition fees         Payments for business use of personal residence reintition of differe including the CEO/Executive Director, regarding payment or reinbusement or provision of all of the expenses described above? If "No." complete Part III to explain         1b         1b           2 Indicate which, if any, of the following the organization sold above? If "No." complete Part III.         2         2         2           3 Indicate which, if any, of the following the organization used to establish the compensation committee         Written employment contract         2         2         2           III to generate or concept approximation as upplemental annoqualified reterment plan?         4a         X         4b         X           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or a											
Name of the organization         Employer identification number 22-36 4 6125           Part I         Questions Regarding Compensation         Yes         No <ul></ul>											
Part 1       Questions Regarding Compensation       Yes       No         a 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-tasks or charter travel       Paryments for business use of personal residence       Head the organization regimes the average of personal residence of personal use initiation fees       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 abov? If "No," complete Part III to explain.       10         b If any of the boxes on line 1a are checked, did the organization used to establish the compensation or the explain.       10         c Did the organization require substantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       10         3       Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, use travel in Part III.       10         Compensation committee       Compensation consultant       Compensation analyees or study         C Form 990 of other organizations       Ca Approval by the board or compensation       X         Participate in o receive paymen	Nam		ployer identificat	ion nu	mber						
a         Check the appropriate backes) 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           B         Check the appropriate backes) if the organization provided any relevant information regarding these items.         Housing allowance or residence for personal use of personal residence or personal use of personal residence or personal use of personal residence or personal services (such as maid, chardfeur, cher)         I           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 personal services (such as maid, chardfeur, cher)         I           c         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?         I           c         Did the organization require substantiation provide the applicable the complemation or the companization to establish compensation or releted organization to establish compensation committee         Viring 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           d         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           d         During the			22-364612	25							
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-list ass or charter travel        Housing allowance or residence for personal use             First-list or comparisons        Payments for business use of personal residence             Tavel for companions        Payments for business use of personal residence             Discretionary spending account        Personal services (such as maid, chauffeur, chef)             Di fany 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 descreted above? If "No," complete Part III to explain        10             Di dith organization require substantiation prior to reimbursing or allowing appresens incurred by all directors,        10             Di Indicate which, if any, of the following the organization used to establish the compensation of the CO/Executive Director, but explain in Part III.        2             CO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to         establish compensation of the CO/Executive Director, but explain in Part III.        Compensation committee             During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with reserve to the filing         organization	Pa	rt I Questions Regarding Compensation									
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the companies of the comparison of the comparison of the companies of				Yes	No						
Image: Prist-class or charter travel       Image: Payments or business use of personal use         Payments for business use of personal use       Payments for business use of personal use         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         c       Did the organization requires substantiation prior to reintbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         c       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         Compensation committee       Written employment contract       2         indicate which, if any, of the following the organization       Written employment contract       2         Compensation committee       Written employment contract       2       2         independent compensation or analyte Director, but explain in Part III.       Compensation committee       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?       4a       X         4       Daring the sace, list th	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,								
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemification 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?       Image: Tax indemification to comparization to establish the compensation of the organization to establish 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 comsultant       Image: Tax indemification to establish the compensation are payment for many payment for many organizations         Image: Tax indemification and gross up payment in the apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Tax indemification and the expense described above? If "No," compensation area index organization to establish the compensation area organization to establish the applicable amounts or a related organization to a related organization:       Image: Tax indemification and the expense and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization smut complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
Tax indemification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Dut explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any of the following the organization       Section A, line 1a, with respect to the filing organization or a related organization       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:       4       X         b Participate in or receive payment from an equity-based compensation arrangement?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       5a       X         c Participate in or receive payment from an equity-based compensation arrangement?       5a       X											
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by al 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 or the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III.       2         1       Compensation committee       Written employment contract       2         1       Compensation committee       Written employment contract       4a         2       Form 990 of other 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         5       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         6       Participate in or creceive paymen			ence								
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's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employment contract       0         Compensation committee       Written employment contract       4a         X       Form 990 of other organization:       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:       4a       X         B       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         C       Participate in or receive payment from a negative based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accru											
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 compensation committee       2 <ul> <li>COP/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on th</li></ul>		Discretionary spending account	:hef)								
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 compensation committee       2 <ul> <li>COP/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on th</li></ul>		w which is a state of the state									
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 compensation of the CEO/Executive Director, but explain in Part III.       2         4       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         6       Compensation committee       Written employment contract       1         1       Independent compensation consultant       Compensation survey or study         3       Independent compensation consultant       Compensation or arelated organization:         a       Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental companization pay or accrue any compensation contingent on the revenues of:       a       a       X         b       Participate in or receive payment from a supplemation 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 retearings of:	b										
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.       Image: Compensation committee       Image: Ceore and CEO/Executive Director, but explain in Part III.         Compensation committee       Image: Ceore and CEO/Executive Director, but explain in Part III.       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         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         7       Tyes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         6       Tyes' on line 5a or 5b, describe in Part III.       5b       X       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	0										
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. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: 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. Check all that apply. Do not check any boxes for methods used by a related organization to establish 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:       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization 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:       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:       Image: CEO/Executive Director. Apply and apply and apply apply and apply	Z		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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>X Approval by the board or compensation committee</li> </ul> 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: <ul> <li>A Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Carticipate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>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:         <ul> <li>The organization?</li> <li>Sa</li> <li>X</li> <li>Any related organization?</li> <li>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:             <ul> <li>The organization?</li> <li>Sa</li> <li>X</li> <li>Any related organization?</li></ul></li></ul></li>		trustees, and onicers, including the CEO/Executive Director, regarding the items checked on line 12?									
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>X Approval by the board or compensation committee</li> </ul> 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: <ul> <li>A Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Carticipate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>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:         <ul> <li>The organization?</li> <li>Sa</li> <li>X</li> <li>Any related organization?</li> <li>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:             <ul> <li>The organization?</li> <li>Sa</li> <li>X</li> <li>Any related organization?</li></ul></li></ul></li>	3	Indicate which, if any, 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         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X         Approval by the board or compensation committee       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         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         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 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         f" 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	U		to								
□ Compensation committee       □ Written employment contract         □ Independent compensation consultant       □ Compensation survey or study         ▲ Form 990 of other organizations       ▲ 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         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.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         b Any related organization?       5a       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:       a       6a       X         b Any related organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7 <td></td> <td></td> <td></td> <td></td> <td></td>											
Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       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         a       Receive 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         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarnings of:       6a       X         a       The organization?       6a       X         h       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X											
Image: Section 2.3       Image: Section 2.3       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         b       Participate in or receive 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 a nequity-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.       6       7       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 revnues of:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6 Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       Az       8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not de											
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         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         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?       6a       X			mittee								
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?       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       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         b Any related organization?       6b       X         lf "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 a											
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?       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       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         b Any related organization?       6b       X         lf "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 a	4	During the year, did 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.       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 net earnings of:       5a       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       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.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       5a       X         a       The organization?       5a       X         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:       5b       X         a       The organization?       6a       X         b       Any related organization?       6a       X         c       The organization?       6a       X         b       Any related organization?       6b       X         ff "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 lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any	а	Receive a severance 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         a The organization?       Sa       X         b Any related organization?       Sb       X         if "Yes" on line 5a or 5b, describe in Part III.       So 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:       Sb       X         a The organization?       Ga       X         b Any related organization?       Ga       X         contingent on the net earnings of:       Sto       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         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 subjec	b	Participate in or receive 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:       5a       X         a The organization?       5b       X         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?       6a       X         contingent on the net earnings of:       6b       X         a The 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 desc	с	Participate in or receive 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.       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         contingent on the net earnings of:       6b       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         9       If "Yes" on line 8, did the org		If "Yes" to any of lines 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.       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         contingent on the net earnings of:       6b       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         9       If "Yes" on line 8, did the org											
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         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 <th></th> <th></th> <th></th> <th></th> <th></th>											
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         f "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 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	5										
b       Any related organization?         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?         contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         f       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not 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)?			-		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 lines 5 and 6? If "Yes," describe in Part III.         7       For persons listed 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:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         lf "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	b										
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	~										
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	6										
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	~		6-		x						
If "Yes" on line 6a or 6b, describe in Part III.       Image: constraint of the second s											
<ul> <li>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.</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	b										
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	7										
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>	'		7		x						
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	8										
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5		8		Х						
Regulations section 53.4958-6(c)?	9		·····								
	•		9								
	LHA			m 990	) 2021						

## 22-3646125

## 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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) ILENE ISAACS	(i)	178,000.	0.	0.	0.	0.	178,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2021

Department of the Treasury
Internal Revenue Service

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

**Open to Public** Inspection

Name of the	organization
-------------	--------------

Drugs and medical supplies

Name of the organization					Employer identification number 22-3646125			
Pa	TABLE TO TABLE, INC.22-3646125Part ITypes of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	114,070.	FAIR MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							

21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other 🕨 (FOOD DONATI	ON)	X	124	49,786	5,430.	FOOD	VALUED	AT	\$2/LB
26	Other 🕨 (	)								
27	Other 🕨 (	)								
28	Other 🕨 (	)								
29	Number of Forms 8283 received by th	ne orgar	nization durin	g the tax year for c	ontributions					
	for which the organization completed	Form 82	283, Part V, I	Donee Acknowledg	ement	29				
								_		Yes No
30a	During the year, did the organization r	eceive l	by contributio	on any property rep	oorted in Part I, lir	nes 1 throu	gh 28, th	at it		

000	Build the organization receive by contribution any property reported in rarely, inter rarely model 20, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	edule M (For	m 990	) 2021

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

SCHEDULE O

(Form 990)

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.

EZ 2021 Open to Public Inspection Employer identification number

22-3646125

OMB No 1545-0047

TABLE TO TABLE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TABLE TO TABLE COLLECTS PREPARED AND PERISHABLE FOOD THAT WOULD

OTHERWISE BE WASTED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE

HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES.

FORM 990, PART VI, SECTION A, LINE 8B:

SECRETARY (OR A DESIGNATED SUBSTITUTE) TAKES MINUTES WHICH ARE DISTRIBUTED

VIA E-MAIL AND ARE APPROVED AT THE NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, BOARD PRESIDENT AND

TREASURER. A COPY OF THE 990 IS GIVEN TO ALL BOARD MEMBERS FOR THEIR

REVIEW.

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

SECRETARY (OR DESIGNATED SUBSTITUTE) TAKES MINUTES WHICH ARE DISTRIBUTED VIA E-MAIL AND APPROVED AT THE NEXT MEETING. ACCOUNTING FIRM REVIEWS WITH EXECUTIVE DIRECTOR, BOARD PRESIDENT AND TREASURER. BOARD MEMBERS REVIEW AND SIGN ALL POLICY AGREEMENTS THAT ARE APPLICABLE TO BOARD MEMBERS YEARLY. EXECUTIVE COMMITTEE REVIEWS THE YEARLY SALARY STUDY IN NEW JERSEY STATE WITH COMPARABLE RESPONSIBILITY TO DETERMINE COMPENSATION. GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC, WITH THE EXCEPTION OF CONFLICT OF INTEREST POLICY, WHICH IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15:

 THE
 EXECUTIVE
 COMMITTEE
 OF
 THE
 BOARD
 REVIEWED
 EXECUTIVE
 DIRECTOR
 AND
 KEY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21
 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
TABLE TO TABLE, INC.	22-3646125

EMPLOYEES COMPENSATION, INCLUDING REVIEW OF COMPENSATION FOR SIMILAR

POSITIONS, AND APPROVED PAYMENTS FOR 2020.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

REQUEST.

SCHEDULE D, PART XI, LINE 5

THE ORGANIZATION BENEFITED FROM DONATED INVESTMENT ADVISORY SERVICES,

FACILTY USAGE AND VARIOUS OTHER SERVICES.

FORM 990, PART XI, LINE 2C

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR. BOARD OF TRUSTEES

REVIEWS THE 990 AND FINANCIALS WITH ACCOUNTANTS PRIOR TO FILING.