

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.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TABLE TO TABLE, INC.		D Employer identification number 22-3646125
	Doing business as		E Telephone number 201-444-5500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ENGLEWOOD CLIFFS, NJ 07632		G Gross receipts \$ 36,925,652.
F Name and address of principal officer: ILENE ISAACS SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.TABLETOTABLE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1999 M State of legal domicile: NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TABLE TO TABLE IS A COMMUNITY-BASED FOOD RESCUE PROGRAM THAT COLLECTS PREPARED AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	29,706,184.	35,138,072.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311,801.	142,947.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	478,044.	417,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,496,029.	35,698,704.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,456,744.	33,938,838.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,151,999.	1,286,225.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 304,806.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	689,408.	586,133.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,298,151.	35,811,196.
19 Revenue less expenses. Subtract line 18 from line 12	197,878.	-112,492.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,175,689.	End of Year 7,030,373.
	21 Total liabilities (Part X, line 26)	128,709.	134,196.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,046,980.	6,896,177.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 Here	Signature of officer	Date			
	ILENE ISAACS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PATRICIA DIAZ, CPA	Preparer's signature <i>Patricia Diaz</i>	Date 5-14-2020	Check if self-employed <input type="checkbox"/>	PTIN P01362006
	Firm's name DORFMAN ABRAMS MUSIC, LLC	Firm's EIN 22-1655803	Firm's address 250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663	Phone no. 201-403-9750	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
TABLE TO TABLE IS 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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 35,255,789. including grants of \$ 33,938,838.) (Revenue \$)
COMMUNITY-BASED FOOD RESCUE PROGRAM THAT COLLECTS FRESH AND PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES. THE ORGANIZATION DONATED 16,969,419 POUNDS OF FOOD WHICH ENABLED THESE ORGANIZATIONS TO SERVE OVER 26 MILLION MEALS. THE ORGANIZATION ALSO RUNS A MOBILE FRESH PRODUCE MARKET FROM APRIL THROUGH NOVEMBER. FAMILIES WEEKLY COME TO A CENTRAL LOCATION IN NEWARK WHERE THEY RECEIVE SEVERAL VARIETIES OF FRESH PRODUCE, AT NO COST.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 35,255,789.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," 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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **▶**
ILENE ISAACS - 201-444-5500
611 ROUTE 46 WEST SUITE 240, HASBROUCK HEIGHTS, NJ 07604

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TANYA MAYER MEMBER	5.00	X						0.	0.	0.
(2) DAVID BURKE MEMBER	5.00	X						0.	0.	0.
(3) GREGORY MULLER MEMBER	5.00	X						0.	0.	0.
(4) LARRY INSERRA, JR MEMBER	5.00	X						0.	0.	0.
(5) LINDSEY INSERRA MEMBER	5.00	X						0.	0.	0.
(6) RUDY MUELLER MEMBER	5.00	X						0.	0.	0.
(7) TRACY NIEPORENT MEMBER	5.00	X						0.	0.	0.
(8) CHEF BEN POLLINGER MEMBER	5.00	X						0.	0.	0.
(9) ELYSE PRESSNER MEMBER	5.00	X						0.	0.	0.
(10) JOHN PREUNINGER MEMBER	5.00	X						0.	0.	0.
(11) ARLENE RODRIGUEZ ROGERS MEMBER	5.00	X						0.	0.	0.
(12) CHUCK RUSSO MEMBER	5.00	X						0.	0.	0.
(13) SUZANNE STRASSBURGER REIDY MEMBER	5.00	X						0.	0.	0.
(14) DENIS SALAMONE MEMBER	5.00	X						0.	0.	0.
(15) RANA LIEBOWITZ- TERM DATE 3/19 MEMBER	5.00	X						0.	0.	0.
(16) JENNIFER BORG TERM DATE 9/19 MEMBER	5.00	X						0.	0.	0.
(17) LINDA ROMITA TERM DATE 3/19 MEMBER	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES SANDUSKI CHAIRMAN	10.00	X		X				0.	0.	0.
(19) DIEGO R. VISCEGLIA VICE PRESIDENT	8.00	X		X				0.	0.	0.
(20) EVE MEGERLE SECRETARY	5.00	X		X				0.	0.	0.
(21) CLAIRE INSALATA POULOS TREASURER & FOUNDER	40.00	X		X				115,753.	0.	13,978.
(22) SUZANNE BROWN PRESIDENT	40.00	X		X				146,250.	0.	0.
(23) ILENE ISAACS EXECUTIVE DIRECTOR	40.00	X		X				159,583.	0.	0.
1b Subtotal								421,586.	0.	13,978.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								421,586.	0.	13,978.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	376,022.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	34,762,050.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 33,969,258.				
	h Total. Add lines 1a-1f		35,138,072.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		167,718.			167,718.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,072,723.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,097,494.				
c Gain or (loss)	7c	-24,771.					
d Net gain or (loss)		-24,771.	-24,771.				
8 a Gross income from fundraising events (not including \$ 376,022. of contributions reported on line 1c). See Part IV, line 18	8a		546,849.				
b Less: direct expenses	8b	129,454.					
c Net income or (loss) from fundraising events		417,395.			417,395.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		999999	290.		290.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			290.				
12 Total revenue. See instructions			35,698,704.	-24,771.	0.	585,403.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,938,838.	33,938,838.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	435,564.	164,745.	75,473.	195,346.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	680,477.	621,214.	14,090.	45,173.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,255.	59,151.	5,661.	9,443.
10 Payroll taxes	95,929.	68,110.	7,674.	20,145.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,692.	15,364.	31,129.	199.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	22,185.	7,300.	14,790.	95.
12 Advertising and promotion	18,678.	9,339.	2,802.	6,537.
13 Office expenses	59,950.	34,581.	13,932.	11,437.
14 Information technology				
15 Royalties				
16 Occupancy	145,599.	72,800.	58,240.	14,559.
17 Travel	10,542.	4,744.	4,744.	1,054.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,273.	818.	1,637.	818.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,726.	50,153.	5,573.	
23 Insurance	59,426.	44,570.	14,856.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DELIVERY/AUTO	148,097.	148,097.		
b GENERAL PROGRAM/OTHER P	15,965.	15,965.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	35,811,196.	35,255,789.	250,601.	304,806.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	454,701.	1	176,166.
	2 Savings and temporary cash investments	32,973.	2	60,553.
	3 Pledges and grants receivable, net	46,832.	3	130,474.
	4 Accounts receivable, net	10,450.	4	500.
	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		8	
	9 Prepaid expenses and deferred charges	10,414.	9	1,869.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 756,301.		
	b Less: accumulated depreciation	10b 572,628.		
	11 Investments - publicly traded securities	227,904.	10c	183,673.
	12 Investments - other securities. See Part IV, line 11	5,364,246.	11	6,451,969.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	28,169.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,175,689.	15	25,169.	
		16	7,030,373.	
Liabilities	17 Accounts payable and accrued expenses	118,672.	17	125,103.
	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	10,037.	25	9,093.
	26 Total liabilities. Add lines 17 through 25	128,709.	26	134,196.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,738,927.	27	1,594,878.
	28 Net assets with donor restrictions	4,308,053.	28	5,301,299.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	6,046,980.	32	6,896,177.
33 Total liabilities and net assets/fund balances	6,175,689.	33	7,030,373.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,698,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,811,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	-112,492.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,046,980.
5	Net unrealized gains (losses) on investments	5	965,180.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-3,491.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,896,177.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization TABLE TO TABLE, INC.	Employer identification number 22-3646125
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,386,726.	23,886,641.	25,599,073.	29,706,183.	35,138,072.	134,716,695.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	20,386,726.	23,886,641.	25,599,073.	29,706,183.	35,138,072.	134,716,695.
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)						38,977,352.
6 Public support. Subtract line 5 from line 4.						95,739,343.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	20,386,726.	23,886,641.	25,599,073.	29,706,183.	35,138,072.	134,716,695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,090.	384,936.	272,278.	311,801.	167,718.	1,211,823.
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						135,928,518.
12 Gross receipts from related activities, etc. (see instructions)					12	3,697,703.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	70.43 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.77 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 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 Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HELLO FRESH	41,695,922.	38,977,352.
Total Excess Contributions to Schedule A, Part II, Line 5		38,977,352.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **TABLE TO TABLE, INC.** Employer identification number **22-3646125**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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's collection? Yes No

Part IV 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, 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	5,528,609.	5,986,836.	5,210,187.	4,408,743.	4,408,011.
b Contributions	37,614.	9,966.		204,091.	149,662.
c Net investment earnings, gains, and losses	1,104,523.	-468,193.	776,649.	597,353.	-148,930.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,670,746.	5,528,609.	5,986,836.	5,210,187.	4,408,743.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.02 %
 - b Permanent endowment 39.78 %
 - c Term endowment 38.20 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		756,301.	572,628.	183,673.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				183,673.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	9,093.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,093.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	36,729,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	965,180.
b	Donated services and use of facilities	2b	69,207.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,034,387.
3	Subtract line 2e from line 1	3	35,695,213.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,491.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,491.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,698,704.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	35,880,403.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	69,207.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	69,207.
3	Subtract line 2e from line 1	3	35,811,196.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	35,811,196.

Part XIII Supplemental Information.

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

PART 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

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BAG A LUNCH HELP A BRUNCGALA (event type)	(event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	317,802.	170,933.	434,136.	922,871.
	2	Less: Contributions	211,692.	57,568.	106,762.	376,022.
	3	Gross income (line 1 minus line 2)	106,110.	113,365.	327,374.	546,849.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		5,939.		5,939.
	6	Rent/facility costs	2,123.		1,585.	3,708.
	7	Food and beverages	1,619.	10,932.	33,182.	45,733.
	8	Entertainment				
	9	Other direct expenses	24,569.	12,146.	37,359.	74,074.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				129,454.
11	Net income summary. Subtract line 10 from line 3, column (d)				417,395.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	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 No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **TABLE TO TABLE, INC.** Employer identification number **22-3646125**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAYONNE ECONOMIC OPPORTUNITY FOUNDATION - 555 KENNEDY BLVD. - BAYONNE, NJ 07002	22-1811616		0.	2,227,362.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
BETHEL ASSEMBLY OF GOD 580 MT. PROSPECT AVENUE NEWARK, NJ 07104	22-1638949		0.	1,585,938.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
BESSIE GREEN COMMUNITY 510 BROAD STREET NEWARK, NJ 07102	22-2269884		0.	266,320.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
BEULAH GROVE BAPTIST CHURCH 59-63 SPRINGDALE AVENUE NEWARK, NJ 07107	97-0005474		0.	219,000.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CAMPUS KITCHEN AT ST. PETER'S UNIVERSITY - 2641 KENNEDY BLVD - JERSEY CITY, NJ 07306	22-1508627		0.	113,680.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CANAAN ECONOMIC DEVELOP. CORP. PANTRY - 513 EAST 22ND ST - PATERSON, NJ 07514	52-2205369		0.	284,282.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC FAMILY FOOD PANTRY 435 MAIN STREET PATERSON, NJ 07501	22-2132735		0.	339,406.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
BOYS & GIRLS CLUB OF NEWARK 1 AVON ST NEWARK, NJ 07108	22-1515405		0.	24,140.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CLEAR WAY MISSIONARY BAPTIST CHURCH - 747 SOUTH 13TH STREET - NEWARK, NJ 07103	22-3225195		0.	407,082.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
COMMUNITY BAPTIST CHURCH 535-549 BROADWAY PATERSON, NJ 07514	13-4305229		0.	100,196.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
COMMUNITY OUTREACH SERVICES, INC. 199 6TH AVENUE PATERSON, NJ 07524	26-0853750		0.	200,700.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CUMAC/ECHO, INC. 132 EAST 30TH STREET PATERSON, NJ 07514	22-2657737		0.	603,536.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
EVANGELIC PENTECOSTAL CHURCH 4903-07 BROADWAY AVENUE UNION CITY, NJ 07087	22-2116903		0.	1,569,100.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
FAITH TEMPLE BAPTIST CHURCH 678 OCEAN AVENUE JERSEY CITY, NJ 07305	22-3036039		0.	161,300.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
FIRST REFORMED CHURCH OF LITTLE FALLS - 61 MAIN STREET - LITTLE FALLS, NJ 07424	22-2564250		0.	9,300.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERIATRIC SVCS. D/B/A BRIGHT SIDE MANOR - 300 TEANECK ROAD - TEANECK, NJ 07666	22-3148274		0.	41,070.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
GOOD SHEPHERD MISSION, INC. 336 BROADWAY PATERSON, NJ 07509	22-1526167		0.	472,400.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
GOODWILL RESCUE MISSION 79 UNIVERSITY AVENUE NEWARK, NJ 07102	22-1487207		0.	49,800.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
GRACE APOSTOLIC CHURCH FOOD PANTRY 162 OCEAN AVENUE JERSEY CITY, NJ 07305	22-2717617		0.	322,300.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
GREATER LIFE COMMUNITY OUTREACH CENTER - 272 CHANCELLOR AVENUE - NEWARK, NJ 07112	30-0212814		0.	139,360.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HANA MISSION 10 MARSHALL STREET PATERSON, NJ 07501	22-3629432		0.	446,240.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HILLTOP HAVEN (PATERSON TASK FORCE) - 213 BROADWAY BROADWAY - PATERSON, NJ 07501	22-1766323		0.	135,030.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HOLLAND GARDENS HOUSING 241 16TH STREET JERSEY CITY, NJ 07310	22-6002501		0.	274,400.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HOPE FOR EX-OFFENDERS 259 PASSAIC ST HACKENSACK, NJ 07601	51-0145306		0.	471,006.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES 925 ALLWOOD RD CLIFTON, NJ 07012	20-5928151		0.	30,980.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
LA CASA DE DON PEDRO 23 BROADWAY NEWARK, NJ 07104	23-7249368		0.	749,756.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
LOVE OF JESUS 396 RIVER STREET PATERSON, NJ 07524	75-2995459		0.	247,494.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
MASJID AL-HAQQ 687 SPRINGFIELD AVE NEWARK, NJ 07103	22-3027000		0.	262,688.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
MALCOLM X SHABAZZ HIGH SCHOOL 80 JOHNSON AVE NEWARK, NJ 07108	22-6002140		0.	830,498.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
MORNING STAR BAPTIST CHURCH 7-9 BRAGAW AVENUE NEWARK, NJ 07112	97-0005711		0.	762,194.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
MOUNT VERNON SCHOOL 142 MOUNT VERNON PL NEWARK, NJ 07106	22-6002140		0.	1,113,292.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
MT. MORIAH BAPTIST CHURCH 9-11 TULIP STREET PASSAIC, NJ 07053	22-3263681		0.	17,010.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NEW EPHEBUS BAPTIST CHURCH 175 BROOKWOOD STREET EAST ORNAGE, NJ 07018	22-3043796		0.	19,340.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIGHT BAPTIST CHURCH 89-91 DEWEY STREET BLOOMFIELD, NJ 07003	22-6083897		0.	23,350.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NEW MILFORD SENIOR ACTIVITY CENTER 275 RIVER ROAD NEW MILFORD, NJ 07646	22-6002130		0.	32,590.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NEW VISION TABERNACLE 407 BROAD ST NEWARK, NJ 07104	27-3779540		0.	90,296.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NJ CORRECTIONS-MILLICENT FENWICK HOUSE - 369-371 MARKET STREET - PATERSON, NJ 07501	22-1729877		0.	6,620.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
PERC 108 36TH STREET UNION CITY, NJ 07087	22-2985600		0.	118,420.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
RHEMA WORSHIP CENTER - INTERNATIONAL - PO BOX 1061 - HACKENSACK, NJ 07601	20-1418051		0.	454,540.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SALVATION ARMY PASSAIC 550 MAIN AVENUE PASSAIC, NJ 07055	13-5562351		0.	94,240.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SALVATION ARMY UNION CITY 515 43RD STREET UNION CITY, NJ 07087	22-1489991		0.	770,420.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SHALOM FOOD PANTRY 83 3RD AVE HAWTHORNE, NJ 07506	54-2068130		0.	209,958.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLID ROCK BAPTIST CHURCH 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385		0.	272,130.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ST. PAUL'S CDC 451 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855		0.	68,400.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
STRAIGHT & NARROW MEDICAL DAY CARE 182 1ST STREET PASSAIC, NJ 07055	22-6012277		0.	157,440.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
STRENGTHEN OUR SISTERS PO BOX 359 WANAQUE, NJ 07465	22-2858735		0.	100,390.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
TRINITY BAPTIST CHURCH 218 PASSAIC STREET HACKENSACK, NJ 07601	22-2900888		0.	284,000.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
TRUE WITNESS OF JESUS CHRIST FOOD PANTRY - 377 HAMILTON STREET - PATERSON, NJ 07514	22-2348389		0.	26,400.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
UNITED CENTER OF HACKENSACK 101 HUDSON STREET HACKENSACK, NJ 07601	22-6002426		0.	46,760.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
UNITED DELIVERANCE TABERNACLE 202 HAWTHORNE AVENUE NEWARK, NJ 07112	20-0529228		0.	488,960.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
UNITED METHODIST CHURCH IN ORANGE 287 PARK AVENUE ORANGE, NJ 07050	22-1589206		0.	1,190,962.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PASSAIC ORG. 41 MYRTLE AVENUE PASSAIC, NJ 07055	22-2353163		0.	214,954.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
WORD OF GOD MINISTRIES 1123 SOUTH ORANGE AVE NEWARK, NJ 07106	22-3439838		0.	1,434,162.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ZION BAPTIST CHURCH 459-65 AVON AVENUE NEWARK, NJ 07108	00-3138000		0.	147,566.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ZION HILL BAPTIST CHURCH 152 OSBORNE TERRACE NEWARK, NJ 07112	55-0835824		0.	27,420.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
EARLY LEARNING CENTER 1 NEW YORK AVE NEWARK, NJ 07105	22-1916086		0.	511,598.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
FAITH IN ACTION CDC 833 MADISON AVE PATERSON, NJ 07501	47-1432312		0.	90,566.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
GILMORE TABERNACLE LOOK & LIVE MINISTRY - 68 HALEDON AVE - PATERSON, NJ 07522	22-3250784		0.	157,480.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HUDSON GARDENS HOUSING 27 PALISADE AVE JERSEY CITY, NJ 07306	22-6002501		0.	413,600.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
PASSION CHURCH 593 RINGWOOD AVE WANAQUE, NJ 07465	22-3382220		0.	43,780.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GEORGE WASH CARVER BRUCE STREET SCHOOL - 333 CLINTON PLACE - NEWARK, NJ 07112	22-6002140		0.	1,030,158.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HAITIAN BAPTIST CHURCH 202 SO 12TH STREET NEWARK, NJ 07107	13-5563018		0.	201,178.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HUMANITY BAPTIST CHURCH 235 BERGEN ST NEWARK, NJ 07103	81-2816887		0.	53,982.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SALVATION ARMY BOYS & GIRLS CLUB IRONBOUND - 11 PROVIDENCE STREET - NEWARK, NJ 07103	13-5562351		0.	14,730.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ST ANNE'S SOUP KITCHEN/FRANCISCAN CHARITIES - 355 SO 6TH STREET - NEWARK, NJ 07103	20-1557589		0.	152,208.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ABUNDANT GRACE & TRUTH MINISTRIES 26 WALNUT ST TEANECK, NJ 07666	22-3254771		0.	22,430.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
AT THE FEET OF JESUS 273 OCEAN AVE JERSEY CITY, NJ 07305	46-1104171		0.	817,420.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CAFS, CLIFTON 156 MARTIN AVE CLIFTON, NJ 07012	22-1487147		0.	49,510.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CAFS, HASKELL 4 PARK AVE HASKELL, NJ 07420	22-1487147		0.	19,020.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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CAFS, MONTVALE 42 SO. MIDDLE TOWN RD MONTVALE, NJ 07645	22-1487147		0.	7,100.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CENTRAL HIGH SCHOOL 246 18TH AVE NEWARK, NJ 07103	22-6002140		0.	1,083,764.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
CONGREGATIONAL BAPTIST CHURCH 399 BERGEN STREET NEWARK, NJ 07103	52-1828745		0.	81,050.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
HELPING HAND FOOD PANTRY (AME WILLIAM CHAPEL) - 133 MYRTLE AVE - PASSAIC, NJ 07055	30-0336366		0.	709,764.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
IGLESIA JEHOVA EN EL MONTE 157 ATLANTIC ST PATERSON, NJ 07503	37-1583595		0.	573,082.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
IRONBOUND COMMUNITY CORPORATION 29 CORTLAND STREET NEWARK, NJ 07105	22-1916086		0.	1,384,940.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
LINCOLN PARK COAST CULTURAL DISTRICT - 450 WASHINGTON ST - NEW MILFORD, NJ 07102	22-3729215		0.	88,600.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NEW HOPE FOOD & CLOTHING 106 SUSSEX AVENUE, NEWARK, NJ 07103	22-2012700		0.	322,760.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
NEW VISION CHRISTIAN ASSEMBLY 773-777 SO. 20TH ST NEWARK, NJ 07103	56-2451192		0.	103,316.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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PATERSON TASK FORCE 109 WASHINGTON ST PATERSON, NJ 07501	22-1766323		0.	346,680.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
QUITMAN STREET SCHOOL 21 QUITMAN ST NEWARK, NJ 07103	22-6002140		0.	412,080.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
RIVER VALE TOWNSHIP FOOD PANTRY 334 RIVERVALE RD. RIVERVALE, NJ 07675	22-6002261		0.	46,500.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SEVENTH DAY ADVENTIST OF MONTCLAIR 15 ELMWOOD AVE MONTCLAIR, NJ 07042	52-0643036		0.	59,060.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
SHILOH AME ZION CHURCH 129 WILLIAM ST ENGLEWOOD, NJ 07631	47-4951555		0.	26,420.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ST. AGNES 66 UNION AVE LITTLE FALLS, NJ 07424	22-6017833		0.	115,904.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
ST. AUGUSTINE YOUTH PROGRAM 159 GOVERNOR STREET PATERSON, NJ 07501	20-0860098		0.	377,180.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
STAR OF HOPE 34 BROADWAY PATERSON, NJ 07505	22-1489912		0.	372,500.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
THE GOOD NEIGHBOR BAPTIST CHURCH 100 CHANCELLOR AVENUE NEWARK, NJ 07111	22-3941364		0.	312,780.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREAT COMMISSION CHURCH 53-57 MARSHALL ST PATERSON, NJ 07501	90-0033488		0.	67,670.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
THE HOBOKEN SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286		0.	33,500.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
THE LITTLE ZION UAME CHURCH 154 STEPHEN ST BELLEVILLE, NJ 07109	22-1847635		0.	81,020.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
THE WE PROJECT 464 CENTRAL AVE CARLSTADT, NJ 07072	83-1971837		0.	2,324,432.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
THESSALONIANS COMMUNITY OUTREACH 409-13 OCEAN AVE JERSEY CITY, NJ 07305	22-2095254		0.	278,378.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
TRINITY OF GOD CHURCH 160 PASSAIC AVE PASSAIC, NJ 07055	80-0814603		0.	6,000.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
VINE DEVELOPMENT - SHIELD OF FAITH MINISTRIES - 53 HARVEY AVE - JERSEY CITY, NJ 07306	22-3648767		0.	46,464.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
WEST SIDE HIGH SCHOOL 403 S. ORANGE AVE NEWARK, NJ 07103	22-6002140		0.	234,000.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY
Wafa ORGANIZATION 964 MAIN ST PATERSON, NJ 07505	46-2711683		0.	96,690.	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY

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

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:

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: BETHEL ASSEMBLY OF GOD

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

Part IV Supplemental Information

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 AND PASSAIC COUNTIES

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:

CAMPUS KITCHEN AT ST. PETER'S UNIVERSITY

(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 DEVELOP. CORP. 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: 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB 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, INC.

(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/ECHO, INC.

(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 PENTECOSTAL CHURCH

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: FAITH TEMPLE 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: FIRST REFORMED CHURCH OF LITTLE FALLS

(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:

GERIATRIC SVCS. D/B/A BRIGHT SIDE MANOR

(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 SHEPHERD MISSION, INC.

(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: GOODWILL RESCUE 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GRACE APOSTOLIC CHURCH 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:

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: 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 AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HILLTOP HAVEN (PATERSON TASK FORCE)

(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: HOLLAND GARDENS 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: HOPE FOR EX-OFFENDERS

Part IV Supplemental Information

(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

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

(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-HAQQ

(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: MALCOLM X SHABAZZ 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MORNING STAR 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: MOUNT VERNON 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: MT. MORIAH 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: NEW EPHEBUS 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: NEW LIGHT 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

NAME OF ORGANIZATION OR GOVERNMENT: NEW MILFORD SENIOR ACTIVITY CENTER

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

Part IV Supplemental Information

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

NJ CORRECTIONS-MILLICENT FENWICK HOUSE

(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

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

NAME OF ORGANIZATION OR GOVERNMENT: RHEMA WORSHIP CENTER - INTERNATIONAL

(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

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY PASSAIC

(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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: SHALOM 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

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. PAUL'S 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

NAME OF ORGANIZATION OR GOVERNMENT: STRAIGHT & NARROW MEDICAL DAY CARE

(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

NAME OF ORGANIZATION OR GOVERNMENT: STRENGTHEN OUR SISTERS

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY 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:

TRUE WITNESS OF JESUS CHRIST 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 CENTER OF HACKENSACK

(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 IN ORANGE

(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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED PASSAIC ORG.

(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 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: ZION HILL 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: 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 AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: FAITH IN ACTION CDC

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

GILMORE TABERNACLE LOOK & LIVE MINISTRY

(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: HUDSON GARDENS 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: PASSION 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:

GEORGE WASH CARVER BRUCE STREET 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: HAITIAN 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

Part IV Supplemental Information

AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: HUMANITY 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:

SALVATION ARMY BOYS & GIRLS CLUB IRONBOUND

(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 ANNE'SOUP KITCHEN/FRANCISCAN CHARITIES

(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: ABUNDANT GRACE & TRUTH 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: 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

Part IV Supplemental Information

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 AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CAFS, MONTVALE

(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: 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 AND PASSAIC COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

HELPING HAND FOOD PANTRY (AME WILLIAM CHAPEL)

Part IV Supplemental Information

(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 JEHOVA EN EL MONTE

(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: 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: LINCOLN PARK COAST CULTURAL DISTRICT

(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 VISION CHRISTIAN ASSEMBLY

(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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PATERSON TASK FORCE

(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: QUITMAN STREET 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: RIVER VALE TOWNSHIP 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: SEVENTH DAY ADVENTIST OF MONTCLAIR

(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: ST. AGNES

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

Part IV Supplemental Information

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: THE GOOD NEIGHBOR 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: 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 HOBOKEN SHELTER

(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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE LITTLE ZION UAME 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 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: THESSALONIANS COMMUNITY OUTREACH

(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: TRINITY OF GOD 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:

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: WEST SIDE HIGH SCHOOL

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

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

TABLE TO TABLE, INC.

Employer identification number

22-3646125

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- 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?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ILENE ISAACS EXECUTIVE DIRECTOR	(i)	159,583.	0.	0.	0.	0.	159,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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

Name of the organization: **TABLE TO TABLE, INC.** Employer identification number: **22-3646125**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	3	30,420.	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD DONATION)	X	156	33,938,838.	FOOD VALUED AT \$2/LB
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, 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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

TABLE TO TABLE, INC.

Employer identification number

22-3646125

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

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 2:

LARRY INSERRA AND LINDSEY INSERRA ARE FATHER AND DAUGHTER.

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.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization TABLE TO TABLE, INC.	Employer identification number 22-3646125
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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED EXECUTIVE DIRECTOR AND KEY EMPLOYEES COMPENSATION, INCLUDING REVIEW OF COMPENSATION FOR SIMILAR POSITIONS, AND APPROVED PAYMENTS FOR 2019.

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, FACILITY 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 AUDITORS PRIOR TO FILING.