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Form 990

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TABLE TO TABLE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

611 ROUTE 46 WEST NO 240

City or town, state or province, country, and ZIP or foreign postal code

HASBROUCK HEIGHTS, NJ 07632

F Name and address of principal officer:

ILENE ISAACS

611 ROUTE 46 WEST NO 240

HASBROUCK HEIGHTS, NJ 07632

D Employer identification number

22-3646125

E Telephone number

(201) 444-5500

G Gross receipts \$ 53,035,501

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TABLETOTABLE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999

M State of legal domicile: NJ

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

TABLE TO TABLE IS A COMMUNITY-BASED FOOD RESCUE PROGRAM TABLE TO TABLE COLLECTS PREPARED AND PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED AND DELIVERS IT TO ORGANIZATIONS THAT SERVE THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES.

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶272,589

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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.

Signature of officer

ILENE ISAACS EXECUTIVE DIRECTOR

Type or print name and title

2021-05-17

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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 ☒ 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 ☒ 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 \$ 51,192,013 including grants of \$ 49,802,864) (Revenue \$ 0)
See Additional Data

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

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

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

4e Total program service expenses ▶ 51,192,013

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
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? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
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? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 20	2b	Yes
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a No		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a No		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15 No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16 No		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	13	
	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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	No
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 in Schedule O	9	No

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?	10a	No
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?	11a	Yes
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	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 611 ROUTE 46 WEST SUITE 240 HASBROUCK HEIGHTS, NJ 07604 (201) 444-5500

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, or 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 dotted 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) NADER ASHWAY MEMBER	5.00	X						0	0	0
(2) DAVID HILDES MEMBER	5.00	X						0	0	0
(3) DAVID BURKE MEMBER	5.00	X						0	0	0
(4) LARRY INSERRA JR TERM 2020 MEMBER	5.00	X						0	0	0
(5) RUDY MUELLER MEMBER	5.00	X						0	0	0
(6) TRACY NIEPORENT MEMBER	5.00	X						0	0	0
(7) BEN POLLINGER TERM 2020 MEMBER	5.00	X						0	0	0
(8) ELYSE PRESSNER TERM 2020 MEMBER	5.00	X						0	0	0
(9) JOHN PREUNINGER TERM 2020 MEMBER	5.00	X						0	0	0
(10) ARLENE RODRIGUEZ ROGERS TERM 2020 MEMBER	5.00	X						0	0	0
(11) CHUCK RUSSO MEMBER	5.00	X						0	0	0
(12) SUZANNE STRASSBURGER REIDY TERM 202 MEMBER	5.00	X						0	0	0
(13) DENIS SALAMONE TERM 2020 MEMBER	5.00	X						0	0	0
(14) JAMES SANDUSKI TERM 2020 MEMBER	5.00	X						0	0	0
(15) EVE MEGERLE TERM 2020 MEMBER	5.00	X						0	0	0
(16) CLAIRE INSALATA POULOS FOUNDER/BOARD MEMBER & INTERIM TREASURER	10.00	X						35,000	0	0
(17) GREGORY MULLER CHAIRMAN	10.00	X		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 dotted 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) TANYA MAYER VICE PRESIDENT	5.00	X		X				0	0	0
(19) DIEGO R VISCEGLIA VICE PRESIDENT	5.00	X		X				0	0	0
(20) LINDSEY INSERRA SECRETARY	5.00	X		X				0	0	0
(21) PAUL ABRAMS TREASURER	5.00	X		X				0	0	0
(22) SUZANNE BROWN TERM 2020 PRESIDENT	40.00			X				23,588	0	0
(23) ILENE ISAACS EXECUTIVE DIRECTOR	40.00	X		X				174,917	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								233,505	0	0

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 **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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

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**

Form 990 (2020)				Page 9			
Part VIII Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII				<input type="checkbox"/>			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	309,245			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,310,725			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	50,091,375			
	h	Total. Add lines 1a-1f			51,619,970		
Program Service Revenue	2a	Business Code					
	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)		128,977			128,977
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,004,987			
	b	Less: cost or other basis and sales expenses		1,130,472			
	c	Gain or (loss)		-125,485			
	d	Net gain or (loss)		-125,485	-125,485		
	8a	Gross income from fundraising events (not including \$ 309,245 of contributions reported on line 1c). See Part IV, line 18		279,567			
	b	Less: direct expenses		68,382			
	c	Net income or (loss) from fundraising events		211,185			211,185
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	999999	2,000			2,000	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,000			
12	Total revenue. See instructions			51,836,647	-125,485	0	342,162

Form 990 (2020)

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	49,802,864	49,802,864		
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	233,505	119,597	58,334	55,574
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	813,837	634,490	25,453	153,894
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	65,442	47,119	5,235	13,088
10 Payroll taxes	94,335	67,921	7,547	18,867
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	55,785	22,593	30,998	2,194
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 Schedule O)	11,428	4,628	6,351	449
12 Advertising and promotion	28,131	14,065	4,220	9,846
13 Office expenses	60,536	31,358	16,360	12,818
14 Information technology				
15 Royalties				
16 Occupancy	159,236	133,990	20,197	5,049
17 Travel	4,302	1,936	1,936	430
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,519	380	759	380
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,480	50,832	5,648	
23 Insurance	70,756	53,068	17,688	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in 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	158,714	158,714		
b GENERAL PROGRAM/OTHER P	48,458	48,458		
c BAD DEBT	5,000		5,000	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	51,670,328	51,192,013	205,726	272,589
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		176,166	1	614,588	
	2	Savings and temporary cash investments		60,553	2	42,672	
	3	Pledges and grants receivable, net		130,474	3	56,344	
	4	Accounts receivable, net		500	4	500	
	5	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			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	204,000	
	9	Prepaid expenses and deferred charges		1,869	9	69,764	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	410,375			
	b	Less: accumulated depreciation	10b	227,943	183,673	10c	182,432
	11	Investments—publicly traded securities		6,451,969	11	6,294,013	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		25,169	15	22,254	
16	Total assets. Add lines 1 through 15 (must equal line 33)		7,030,373	16	7,486,567		
Liabilities	17	Accounts payable and accrued expenses		125,103	17	114,315	
	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		9,093	25	231,357	
	26	Total liabilities. Add lines 17 through 25		134,196	26	345,672	
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		1,594,878	27	1,981,217	
	28	Net assets with donor restrictions		5,301,299	28	5,159,678	
	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		6,896,177	32	7,140,895	
33	Total liabilities and net assets/fund balances		7,030,373	33	7,486,567		

Part XI Reconciliation of Net AssetsCheck 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	51,836,647
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,670,328
3	Revenue less expenses. Subtract line 2 from line 1	3	166,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,896,177
5	Net unrealized gains (losses) on investments	5	80,124
6	Donated services and use of facilities	6	
7	Investment expenses	7	-1,725
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in 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	7,140,895

Part XII Financial Statements and ReportingCheck 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		No
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	Yes	
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 in Schedule O.	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 22-3646125
Name: TABLE TO TABLE INC

Form 990 (2020)

Form 990, Part III, Line 4a:

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 25,003,432 POUNDS OF FOOD WHICH ENABLED THESE ORGANIZATIONS TO SERVE OVER 38 MILLION MEALS.THE ORGANIZATION ALSO RUNS SEVERAL FRESH PRODUCE MARKETS IN THE COUNTIES SERVED WHERE MEMBERS OF THE COMMUNITY RECEIVE VARIETIES OF FRESH PRODUCE, AT NO COST.

SCHEDULE A
(Form 990 or 990EZ)

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

2020

Open to Public Inspection

Name of the organization
TABLE TO TABLE INC

Employer identification number
22-3646125

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 **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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	23,886,641	25,599,073	29,706,183	35,138,072	51,619,970	165,949,939
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	23,886,641	25,599,073	29,706,183	35,138,072	51,619,970	165,949,939
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). .						75,230,077
6	Public support. Subtract line 5 from line 4.						90,719,862

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	23,886,641	25,599,073	29,706,183	35,138,072	51,619,970	165,949,939
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	384,936	272,278	311,801	167,718	128,977	1,265,710
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						167,215,649
12	Gross receipts from related activities, etc. (see instructions)					12	3,187,269
13	First 5 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 2020 (line 6, column (f) divided by line 11, column (f))					14 54.250 %
15	Public support percentage for 2019 Schedule A, Part II, line 14					15 70.430 %
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
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>		
3b		
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>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
7		
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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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>		
9b		
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>		
9c		
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 line 10b below.</i>		
10a		
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>		
10b		

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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):	1	
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

Facts And Circumstances Test

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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

2020

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.

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?

Yes

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?

Yes

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 (e.g., recreation or education)

☐ Preservation of an 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 Year

2a

2b

2c

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?

Yes

No

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)?

Yes

No

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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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 are a 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 programs

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	6,670,746	5,528,609	5,986,836	5,210,187	4,408,743
b	Contributions	60,174	37,614	9,966		204,091
c	Net investment earnings, gains, and losses	81,868	1,104,523	-468,193	776,649	597,353
d	Grants or scholarships					
e	Other expenditures for facilities and programs	300,000				
f	Administrative expenses					
g	End of year balance	6,512,788	6,670,746	5,528,609	5,986,836	5,210,187

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment

22.797 %

b

Permanent endowment

41.667 %

c

Term endowment

35.536 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, 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	388,278	205,846	182,432
e	Other	22,097	22,097	0
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			182,432

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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)		
(10)		
Total. (Column (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)	
(10)	
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	7,105
(3) REFUNDABLE ADVANCE- PAYCHECK PROTECTION PROGRAM	224,252
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	231,357

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 FIN 48 (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	51,974,845
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	80,124
b	Donated services and use of facilities	2b	59,799
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	139,923
3	Subtract line 2e from line 1	3	51,834,922
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	1,725
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,725
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	51,836,647

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	51,730,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	59,799
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	59,799
3	Subtract line 2e from line 1	3	51,670,328
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	51,670,328

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-3646125
Name: TABLE TO TABLE INC

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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 ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS . THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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 BUNCH (event type)	GALA (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	272,694	257,458	58,660	588,812
	2 Less: Contributions	188,694	79,051	41,500	309,245
	3 Gross income (line 1 minus line 2)	84,000	178,407	17,160	279,567
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		150		150
	6 Rent/facility costs			14,000	14,000
	7 Food and beverages		12,884		12,884
	8 Entertainment				
	9 Other direct expenses	11,238	21,078	9,032	41,348
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				68,382
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				211,185

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization
TABLE TO TABLE INC

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

2020

Open to Public
Inspection

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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 22-3646125
Name: TABLE TO TABLE INC

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

(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
BAYONNE ECONOMIC OPPORTUNITY FOUNDATION 555 KENNEDY BLVD BAYONNE, NJ 07002	22-1811616			4,093,446	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
BETHEL ASSEMBLY OF GOD 580 MT PROSPECT AVENUE NEWARK, NJ 07104	22-1638949			2,022,338	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BESSIE GREEN COMMUNITY 510 BROAD STREET NEWARK, NJ 07102	22-2269884			355,214	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
BEULAH GROVE BAPTIST CHURCH 59-63 SPRINGDALE AVENUE NEWARK, NJ 07107	97-0005474			197,666	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CAMPUS KITCHEN 2641 KENNEDY BLVD JERSEY CITY, NJ 07306	22-1508627			18,220	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CANAAN ECONOMIC DEVELOP CORP PANTRY 513 EAST 22ND ST PATERSON, NJ 07514	52-2205369			316,830	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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			521,238	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
BOYS & GIRLS CLUB OF NEWARK 1 AVON ST NEWARK, NJ 07108	22-1515405			22,620	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEAR WAY MISSIONARY BAPTIST CHURCH 747 SOUTH 13TH STREET NEWARK, NJ 07103	22-3225195			233,724	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
COMMUNITY BAPTIST CHURCH 535-549 BROADWAY PATERSON, NJ 07514	13-4305229			156,360	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY OUTREACH SERVICES INC 199 6TH AVENUE PATERSON, NJ 07524	26-0853750			83,966	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CUMACECHO INC 132 EAST 30TH STREET PATERSON, NJ 07514	22-2657737			509,892	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EVANGELIC PENTACOSTAL CHURCH 4903-07 BROADWAY AVENUE UNION CITY, NJ 07087	22-2116903			4,130,666	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
FAITH TEMPLE BAPTIST CHURCH 678 OCEAN AVENUE JERSEY CITY, NJ 07305	22-3036039			40,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 DBA BRIGHT SIDE MANOR 300 TEANECK ROAD TEANECK, NJ 07666	22-3148274			33,860	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
GOOD SHEPHERD MISSION INC 336 BROADWAY PATERSON, NJ 07509	22-1526167			341,586	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOODWILL RESCUE MISSION 79 UNIVERSITY AVENUE NEWARK, NJ 07102	22-1487207			33,600	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
GRACE APOSTOLIC CHURCH FOOD PANTRY 162 OCEAN AVENUE JERSEY CITY, NJ 07305	22-2717617			63,400	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER LIFE COMMUNITY OUTREACH CENTER 272 CHANCELLOR AVENUE NEWARK, NJ 07112	30-0212814			58,620	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
HANA MISSION 10 MARSHALL STREET PATERSON, NJ 07501	22-3629432			111,530	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HILLTOP HAVEN (PATERSON TASK FORCE) 213 BROADWAY BROADWAY PATERSON, NJ 07501	22-1766323			622,170	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
HOLLAND GARDENS HOUSING 241 16TH STREET JERSEY CITY, NJ 07310	22-6002501			13,086	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HOPE OF EX-OFFENDERS 259 PASSAIC ST HACKENSACK, NJ 07601	51-0145306			221,304	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
JEWISH FAMILY SERVICES 925 ALLWOOD RD CLIFTON, NJ 07012	20-5928151			15,270	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LA CASA DE DON PEDRO 23 BROADWAY NEWARK, NJ 07104	23-7249368			937,526	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
LOVE OF JESUS 396 RIVER STREET PATERSON, NJ 07524	75-2995459			113,754	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MASJID AL-HAQQ 687 SPRINGFIELD AVE NEWARK, NJ 07103	22-3027000			111,432	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
MALCOLM X SHABAZZ HIGH SCHOOL 80 JOHNSON AVE NEWARK, NJ 07108	22-6002140			240,750	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MORNING STAR BAPTIST CHURCH 7-9 BRAGAW AVENUE NEWARK, NJ 07112	97-0005711			101,740	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
MOUNT VERNON SCHOOL 142 MOUNT VERNON PL NEWARK, NJ 07106	22-6002140			1,281,656	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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			12,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
NEW VISION TABERNACLE 407 BROAD ST NEWARK, NJ 07104	27-3779540			62,320	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PERC 108 36TH STREET UNION CITY, NJ 07087	22-2985600			67,450	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
RHEMA WORSHIP CENTER - INTERNATIONAL PO BOX 1061 HACKENSACK, NJ 07601	20-1418051			80,682	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SALVATION ARMY UNION CITY 515 43RD STREET UNION CITY, NJ 07087	22-1489991			901,606	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
SHALOM FOOD PANTRY 83 3RD AVE HAWTHORNE, NJ 07506	54-2068130			20,400	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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			232,498	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
ST PAUL'S CDC 451 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855			35,056	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STRAIGHT & NARROW MEDICAL DAY CARE 182 1ST STREET PASSAIC, NJ 07055	22-6012277			16,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
STRENGTHEN OUR SISTERS PO BOX 359 WANAQUE, NJ 07465	22-2858735			252,428	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRINITY BAPTIST CHURCH 218 PASSAIC STREET HACKENSACK, NJ 07601	22-2900888			19,380	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
UNITED DELIVERANCE TABERNACLE 202 HAWTHORNE AVENUE NEWARK, NJ 07112	20-0529228			640,516	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 METHODIST CHURCH IN ORANGE 287 PARK AVENUE ORANGE, NJ 07050	22-1589206			1,576,704	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
UNITED PASSAIC ORG 41 MYRTLE AVENUE PASSAIC, NJ 07055	22-2353163			24,768	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WORD OF GOD MINISTRIES 1123 SOUTH ORANGE AVE NEWARK, NJ 07106	22-3439838			1,287,338	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
ZION BAPTIST CHURCH 459-65 AVON AVENUE NEWARK, NJ 07108	00-3138000			92,190	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EARLY LEARNING CENTER 1 NEW YORK AVE NEWARK, NJ 07105	22-1916086			526,256	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
FAITH IN ACTION CDC 833 MADISON AVE PATERSON, NJ 07501	47-1432312			18,380	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GILMORE TABERNACLE LOOK & LIVE MINISTRY 68 Haledon Ave Paterson, NJ 07522	22-3250784			36,780	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
HUDSON GARDENS HOUSING 27 Palisade Ave Jersey City, NJ 07306	22-6002501			629,628	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PASSION CHURCH 593 RINGWOOD AVE WANAQUE, NJ 07465	22-3382220			37,090	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
ROBERTO CLEMENTE ELEMENTARY SCHOOL 257 SUMMER AVE NEWARK, NJ 07104	22-6002140			117,600	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAITIAN BAPTIST CHURCH 202 SO 12TH STREET NEWARK, NJ 07107	13-5563018			153,380	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
HUMANITY BAPTIST CHURCH 235 BERGEN ST NEWARK, NJ 07103	81-2816887			5,740	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AT THE FEET OF JESUS 273 OCEAN AVE JERSEY CITY, NJ 07305	46-1104171			780,800	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CAFS CLIFTON 156 MARTIN AVE CLIFTON, NJ 07012	22-1487147			15,910	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CAFS HASKELL 4 PARK AVE HASKELL, NJ 07420	22-1487147			14,970	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CENTRAL HIGH SCHOOL 246 18TH AVE NEWARK, NJ 07103	22-6002140			1,467,048	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONGREGATIONAL BAPTIST CHURCH 399 BERGEN STREET NEWARK, NJ 07103	52-1828745			8,580	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
HELPING HAND FOOD PANTRY (AME WILLIAM CHAPEL) 133 MYRTLE AVE PASSAIC, NJ 07055	30-0336366			106,566	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IGLESIA JEHOVA EN EL MONTE 157 ATLANTIC ST PATERSON, NJ 07503	37-1583595			158,744	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
IRONBOUND COMMUNITY CORPORATION 29 CORTLAND STREET NEWARK, NJ 07105	22-1916086			1,297,328	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LINCOLN PARK COAST CULTURAL DISTRICT 450 WASHINGTON ST NEW MILFORD, NJ 07102	22-3729215			1,672,802	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
NEW HOPE FOOD & CLOTHING 106 SUSSEX AVENUE NEWARK, NJ 07103	22-2012700			444,204	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 VISION CHRISTIAN ASSEMBLY 773-777 SO 20TH ST NEWARK, NJ 07103	56-2451192			46,294	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
TABERNACULO SHEKINAH 37 GOBLE ST NEWARK, NJ 07114	20-0960038			1,353,236	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
QUITMAN STREET SCHOOL 21 QUITMAN ST NEWARK, NJ 07103	22-6002140			295,700	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
RIVER VALE TOWNSHIP FOOD PANTRY 334 RIVERVALE RD RIVERVALE, NJ 07675	22-6002261			10,650	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SEVENTH DAY ADVENTIST OF MONTCLAIR 15 ELMWOOD AVE MONTCLAIR, NJ 07042	52-0643036			11,360	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
SHILOH AME ZION CHURCH 129 WILLIAM ST ENGLEWOOD, NJ 07631	47-4951555			6,480	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST AUGUSTINE YOUTH PROGRAM 159 GOVERNOR STREET PATERSON, NJ 07501	20-0860098			149,850	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
STAR OF HOPE 34 BROADWAY PATERSON, NJ 07505	22-1489912			1,083,608	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 GOOD NEIGHBOR BAPTIST CHURCH 100 CHANCELLOR AVENUE NEWARK, NJ 07111	22-3941364			85,900	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
THE GREAT COMMISSION CHURCH 53-57 MARSHALL ST PATERSON, NJ 07501	90-0033488			733,626	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 HOBOKEN SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286			35,800	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
THE WE PROJECT 464 CENTRAL AVE CARLSTADT, NJ 07072	83-1971837			2,047,210	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THESSALONIANS COMMUNITY OUTREACH 409-13 OCEAN AVE JERSEY CITY, NJ 07305	22-2095254			66,640	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
VINE DEVELOPMENT - SHIELD OF FAITH MINISTRIES 53 HARVEY AVE JERSEY CITY, NJ 07306	22-3648767			13,160	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEST SIDE HIGH SCHOOL 403 S ORANGE AVE NEWARK, NJ 07103	22-6002140			100,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
WAFI ORGANIZATION 964 MAIN ST PATERSON, NJ 07505	46-2711683			368,322	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ANGELA CARES 91 ARLINGTON AVE JERSEY CITY, NJ 07305	45-3555605			286,100	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
BERGEN FAMILY CENTER 44 ARMORY ST ENGLEWOOD, NJ 07631	22-1487611			17,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BERGENFIELD FOOD PANTRY 198 N WASHINGTON AVE BERGENFIELD, NJ 07621	22-6001650			155,200	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
BLACK PANTHERS 373 S ORANGE AVE NEWARK, NJ 07103	45-3274524			254,200	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHEDRAL ASSEMBLY OF GOD 154 CLIFFORD ST NEWARK, NJ 07105	27-1857894			36,600	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CHOSEN GENERATION 151 MIDLAND AVE KEARNY, NJ 07032	46-0700182			289,390	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF NEWARK 920 BROAD ST NEWARK, NJ 07102	22-1714037			2,165,100	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
CROSSROADS COMMUNITY CENTER 195 PIAGET AVE CLIFTON, NJ 07011	23-7389152			301,640	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CURRIES WOOD HOUSING AUTHORITY 3 NEW HECKMAN JERSEY CITY, NJ 07305	22-6002501			167,264	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
DISABLED COMBAT VETERANS YOUTH PROGRAM (DCVYP) 351 ENGLEWOOD AVE ENGLEWOOD, NJ 07631	46-3817600			1,282,960	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EVANGEL CHRISTIAN 165 MAIN ST LITTLE FERRY, NJ 07643	58-1320623			147,200	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
EVA'S KITCHEN 393 MAIN ST PATERSON, NJ 07501	22-2424542			6,800	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST AVENUE SCHOOL 214 1ST AVE NEWARK, NJ 07107	22-6002140			362,048	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
HACKENSACK YMCA 360 MAIN ST HACKENSACK, NJ 07601	22-1739117			170,328	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUDSON COUNTY HUNGER PROJECT 283 ST PAULS AVE JERSEY CITY, NJ 07306	94-2443282			88,800	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC
IGLESIA ADVENTISTA DEL SEPTIMO DIA DEL FARO 220 WALKER ST CLIFFSIDE PARK, NJ 07010	95-3867863			821,174	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC

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(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
IGLESIAS ADVENTISTA DEL SEPTIMO DIA (NUEVO AMANECER) 45 FAIRMOUNT AVE HACKENSACK, NJ 07601	95-3867863			781,276	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
INTERFAITH FOOD PANTRY OF THE ORANGES 105 MAIN ST ORANGE, NJ 07050	45-5497470			20,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JERSEY CITY HEIGHTS SPANISH SDA CHURCH 66-68 BOWERS ST JERSEY CITY, NJ 07307	95-3867863			889,988	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
JOI'S ANGELS 114 S ARLINGTON AVE EAST ORANGE, NJ 07018	81-1604996			36,540	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LUIS MUNOZ MARIN SCHOOL 663 BROADWAY NEWARK, NJ 07104	22-6002140			163,920	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
MARION GARDENS HOUSING 400 US-1 JERSEY CITY, NJ 07306	22-6002501			65,500	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEADOWLANDS YMCA 390 MURRAY HILL PKWY EAST RUTHERFORD, NJ 07073	22-1997720			1,499,418	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
MINISTERIOS AVIVAMIENTO 791 MAIN AVE PASSAIC, NJ 07055	83-4475806			276,190	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NJ SISTERHOOD 4613 COTTAGE PLACE UNION CITY, NJ 07087	13-1837418			446,782	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
RIDGEWOOD YMCA 112 OAK ST RIDGEWOOD, NJ 07450	22-1508752			19,780	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAINTS CYRIL AND METHODIUS RC CHURCH 218 ACKERMAN AVE CLIFTON, NJ 07011	22-1500600			124,400	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
SOUTH WARD COMMUNITY ECONOMIC DEVELOPMENT 92 THOMAS CARMICHAEL DR NEWARK, NJ 07112	84-3826463			138,812	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST AGNES 66 UNION AVE LITTLE FALLS, NJ 07424	22-6017833			111,634	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
THE LITTLE ZION UAME CHURCH 154 STEPHEN ST BELLEVILLE, NJ 07102	22-1847635			7,580	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SHARING PLACE 440 HOBOKEN AVE JERSEY CITY, NJ 07109	87-0514353			16,000	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
TONI'S KITCHEN 73 S FULLERTON AVE MONTCLAIR, NJ 07306	31-1629166			63,850	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITE CHRETIENNE FOOD PANTRY 31 BLUM ST NEWARK, NJ 07042	22-3833089			243,380	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
GARFIELD FIRST CDC 111 OUTWATER LN GARFIELD, NJ 07026	47-2573965			592,072	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GEORGE WASHINGTON CARVER BRUCE STREET ELEMENTARY SCHOOL 333 CLINTON PLACE NEWARK, NJ 07112	22-6002140			1,249,216	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
GRACE REEDEMER 21 HARRISTOWN RD GLEN ROCK, NJ 07452	20-2517215			8,420	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER BERGEN COMMUNITY ACTION 392 MAIN ST HACKENSACK, NJ 07601	22-1818014			30,200	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES
THE LEAGUERS INC 750 CLINTON AVE NEWARK, NJ 07102	22-6054365			236,800	FMV	FOOD DONATIONS	FOOD PROVIDED TO LOCAL NOT FOR PROFIT ORGANIZATIONS TO DISTRIBUTE TO THE HUNGRY IN BERGEN, HUDSON, ESSEX AND PASSAIC COUNTIES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization TABLE TO TABLE INC		Employer identification number 22-3646125

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification 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 (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing 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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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 are not 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.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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 the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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	4	84,511	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 DONATIONS)	X	196	50,006,864	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

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?

Yes

No

30a

No

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?

Yes

No

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

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.

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
TABLE TO TABLE INC

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

2020

**Open to Public
Inspection**

Employer identification number

22-3646125

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 5	THE ORGANIZATION BENEFITED FROM DONATED INVESTMENT ADVISORY SERVICES, FACILTY USAGE AND VARIOUS OTHER SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.