#### Extended to November 15, 2021

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2020 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer identifi	cation number
Г	Addres change	Community Soup Kitchen,	Incorporated			
	Name change	Doing business as			06-10718	04
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone numbe	
	□Final return/	84 Broadway			203-624-	
	termin ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	920394.
L	Ameno	I Mew mavem, or object			H(a) Is this a group re	
	Applic tion pendir		Philip Smith		for subordinates	? Yes X No
		184 Broadway Street, New			H(b) Are all subordinates in	ncluded? Yes No
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: ► csknewhaven.org			H(c) Group exemptio	
		guillanoii	ociation Other	<b>L</b> Year	of formation: 1983 N	A State of legal domicile: CT
P	art I	Summary	D	<u> </u>	1-6	1 1
9	1	Briefly describe the organization's mission or most	significant activities: Prov	ide br	eakiast and	lunch to
ă		persons in need in the New				
/er		Check this box if the organization discon				ssets.
é		Number of voting members of the governing body (				42
<u>«</u> ۆ		Number of independent voting members of the gov				5
ij		Total number of individuals employed in calendar years				75
Activities & Governance		Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, col				0.
¥		Net unrelated business taxable income from Form 9				0.
	<del>                                     </del>	Not difficiated business taxable income from Form 5	, , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			729593.	914520.
Revenue	1				0.	0.
eve	1	Investment income (Part VIII, column (A), lines 3, 4,			996.	2109.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			11285.	-6224.
		Total revenue - add lines 8 through 11 (must equal F			741874.	910405.
		Grants and similar amounts paid (Part IX, column (A			0.	0.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		206308.	204216.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line	25) •61	27.		
Ш	1/	Other expenses (Part IX, column (A), lines 11a-11d,			618325.	457557.
		Total expenses. Add lines 13-17 (must equal Part IX			824633.	661773.
		Revenue less expenses. Subtract line 18 from line 1	2		-82759.	248632.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
Sset	20				391744.	762002.
et A	21	Total liabilities (Part X, line 26)			9157. 382587.	83009. 678993.
	22 art II	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20		304307.	0/0993.
_		Ities of perjury, I declare that I have examined this return, i	noludina accompanyina echadula	ac and etatem	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer				y knowledge and beller, it is
truc	, 001100	L and complete. Beclaration of property (early than ember	) to bacou on an information of w	mon propuror	nao any knowledge.	
Sig	ın	Signature of officer			Date	
He		J. Philip Smith, Treasu	ırer			
		Type or print name and title				
_		Print/Type preparer's name	Preparer's signature	[[	Date Check	X PTIN
Pai	d		. •		if self-employ	D00007074
Pre	parer	Firm's name Michael J. Paolir	ni, C.P.A.	<u> </u>	Firm's EIN 🛌	06-1281956
Use	Only	Firm's address 174 Cherry Street	-			
		Milford, CT 06460	)		Phone no. (2	03)876-0445
Ma	v the IF	RS discuss this return with the preparer shown above	ve? See instructions		•	X Yes No

Га	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  Provide breakfast and lunch to persons in need in the New Haven	
	Connecticut area.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	0	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	•
	revenue, if any, for each program service reported.	erises, and
4a	(Code: ) (Expenses \$ 603711 • including grants of \$ ) (Revenue \$	
	The Community Soup Kitchen serves meals to needy people in the I	New
	Haven, Connecticut area.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 603711.	
		Form 990 (2020)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ <sub>3,7</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		Α_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ <sub>3,7</sub>
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Α_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

	1990 (2020) Community Soup Kitchen, Incorporated 06-1071	804	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
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	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	240 25a		х
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		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	-
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55	<u> </u>	

	Check is deficable de contains a response of flote to any line in the fact v				
				Yes	No
а	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
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?

Form **990** (2020)

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

2a St   St   St   St   St   St   St   St					Yes	No				
b If a least one is reported on line 2a, did the organization file all required feeral 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 obusiness gross income of \$1,000 or more during the year?  3a A Tarny time during the calendary year, did the organization fall interest in, or a signature or other authority over, a financial account? a foreign country (such as a bank account, securities account, or other financial account) in foreign country (such as a bank account, securities account, or other financial account).  5b If "Yes," inter the name of the foreign country.  5c If "Yes" to line Sar of the foreign country (such as a bank account, securities account, or other financial account)?  5c If "Yes" to line Sar of the foreign country.  5c If "Yes" to line Sar of the did not organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of the did not organization the Form 88861?  5c If "Yes" to line Sar of the did not organization the Form 88861?  5c If "Yes" and 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?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Obot the organization star may receive deductible contributions under section 170(c).  6c If "Yes," include the number of Forms 8822 filed during the year  6c Obot the organization star may receive deductible contribution and partly for goods and services provided to the payor?  7c If If "Yes," include the number of Forms 8822 filed during the year  6c Did the organization star and payor years with a scortibution and partly for goods and services provided to the feeral of the feeral services and payor years and years are payor years and years are payor	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 bid the organization have unrelated business gross income of \$1,000 or more during the year;  4 at Aray 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; sourced on other financial account)?  4 a X x interest the name of the foreign country \$\frac{1}{2}\$ be a bank account; sourced on other financial accounts (FBAR).  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited fax shelter transaction at any time during the tax year?  5 a X b Did any taxable party nority the organization that it was or is a party to a prohibitor tax shelter transaction?  5 b Did any taxable party nority the organization file Form 888617?  6 a 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 deductibles a charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 or organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization noticy the donor of the value of the goods or services provided?  7 b Did the organization receive a payment in excess \$15 is found party is a contribution of any party for payment and the payment in excess \$15 is made party as a contribution of a payment and the payment in excess \$15 is made party as a contribution of a payment and the payment and the payment in excess \$15 is made party as a contribution of a payment and the payment		filed for the calendar year ending with or within the year covered by this return	2a 5							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b Diff Yes, *Nast Itilized 5 From 9907 for this year? "Not *70 in \$63,000 or more during the year?  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). **  5b If Yes, *Nast Itilized 5 From 9907 for the year? "If *A is the organization and the foreign country. **  5c If Yes* 10 in the Sar 55, did the organization that it was or is a party to a prohibited tax whelter transaction? **  5c If Yes* 10 in the Sar 55, did the organization the From 8867 for **  6c If Yes* 10 in the Sar 55, did the organization the From 8867 for **  6c If Yes* 10 in the Sar 55, did the organization the From 8867 for **  6c If Yes* 10 in the Sar 55, did the organization the From 8867 for **  6c If Yes* 10 in the Sar 55, did the organization the organization the school that are normally greater than \$100,000, and did the organization solicit are yeochicultion as charitable contributions or gifts were not tax deductible? **  6c If Yes* 10 in the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? **  6c If Yes* 10 if the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? **  6c If Yes* 10 if the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile for me 8202 for the organization and party for goods and services provided? **  6d If Yes*, indicate the number of Forms 8282 filed during the year  6d If Yes*, indicate the number of Forms 8282 filed during the year  6d If Yes*, indicate the number of Forms 8282 filed during the year  7d If the organization seeling and the organization file a Form 10880 arequired. **  7d If Yes*, indicate the number of Forms 8282 fi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
b If "Yes," has it filled a Form 990-T to this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b If "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAP).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b ID day at yeastbe party notify the organization file Form 8888-17?  5c ID Did any texabile party notify the organization file Form 8888-17?  5c ID Did any texabile party notify the organization file Form 8888-17?  5c ID Did she was a manual gross receiption that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c ID Section 900 organization she was not a supplementation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)							
4a A 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)?  5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177.  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If 'Yes' to line Sar of 5b, did the organization file form \$886177.  5c If 'Yes' to line Sar of 5b, did the organization file form \$886177.  5c If 'Yes' to line Sar of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c X  5 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c A X  6d If 'Yes,' idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c A X  6d If 'Yes,' idid the organization include with every solicitation and party for goods and services provided to the payor?  6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c Did the organization sell, exchange, or otherwise dispose of tangible personal ponefit contract?  7c X  7d If 'Yes,' indicate the number of Forms 8282 filed during the year  6c Did the organization received a contribution of organization indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of organization frolled, or any approach benefit contract?  7d If the organization received a contribution of conse, boats, any payment in except the payor and payor and payor and payor and payor and payor an	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
transcial account in a foreign country   Such as a bank account, securities account, or other financial account?  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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17?  6a Does the organization senantal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To g If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0?  8 Sponsoring organizations enhanced a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 8298 as required?, If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(27) qualified nonprofit health insurance issues.  10a If the organization received is outhing the year ye	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
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 of the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Id the organization state may receive deductible contributions under section 170(c).  a Id the organization state may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8828?  d If "Yes," indicate the number of Forms 8282 filed during the year  E Did the organization received a contribution of qualified intellectual property, clid the organization file Form 8898 as required?  7c X  7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required?  7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required?  7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required?  7d If the organization received a contribution of cars, boats in ordanization file	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
	16		t income?	16		Х				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4	2		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	David O'Sullivan - 203-624-4594			
	84 Broadway, New Haven, CT 06511			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi				is bot or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Burton Alter	1.00	<del>  -</del>	-							
President		X		Х				0.	0.	0.
(2) Anne D. Peterson	1.00									
Vice President		X		Х				0.	0.	0.
(3) Julie Fitzpatrick	0.50									
Secretary		X		Х				0.	0.	0.
(4) J. Philip Smith	2.50									
Treasurer		Х		Х				0.	0.	0.
(5) Johanna Bachmair	0.00									
Director	<u> </u>	Х						0.	0.	0.
(6) Rev. Stephen Holton	0.00								_	_
Director		Х						0.	0.	0.
(7) Roger Astmann	0.00									
Director		Х						0.	0.	0.
(8) Merlyn LaPaix	0.00	↓								•
Director		Х						0.	0.	0.
(9) Karen Downer Doyle	0.00	١								•
Director		Х						0.	0.	0.
(10) John Doyle	0.00	١								•
Director	0.00	Х						0.	0.	0.
(11) Laura Esparo	0.00	١,,								0
Director	0.00	Х						0.	0.	0.
(12) Elizabeth Greenidge	0.00	٠,							_	^
Director	0 00	Х						0.	0.	0.
(13) Susan Redente	0.00	X						0.	0.	0.
Director	0.00	1						0.	0.	0.
(14) Charles Smith	0.00	X						0.	0.	0.
Director (15) Susan Stone	0.00	^	-			-		0.	0.	<u> </u>
Director	0.00	X						0.	0.	0.
(16) David Crotta	0.00	╇	$\vdash$	$\vdash$		$\vdash$		0.	· ·	•
Director	0.00	X						0.	0.	0.
(17) Thelma Ragsdale	0.00	1					$\vdash$		· ·	
Director	3.00	X						0.	0.	0.
020007 10 02 00	1		1						<u> </u>	Earm <b>990</b> (2020)

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Part VII   Section A. Officers, Directors, Tru (A)	(B)	Pios	/ees		<u>и п</u> С)	igne	SI C	(D)	(E)			(F)	
Name and title	Average			Pos	•	1		Reportable	Reportable			timate	nd.
Name and title	hours per					than		compensation	compensation	,	l	nount	
	week					or/trus		from	from related		ر ا	other	01
	(list any	ctor						the	organizations		com	pensa	ıtion
	hours for	r director				peq		organization	(W-2/1099-MIS	C)	fr	om th	е
	related	stee o	ustee			ensa		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		loyee	comp						d relat	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizati	ons
(18) Dan Stamper	0.00	흐	Ë	₽	ş.	主旨	요						
Director	0.00	X						0.		0.			0.
(19) David Rood	0.00	<del> </del>											
Director		X						0.		0.			0.
		1											
			-		$\vdash$	$\vdash$							
		-											
						t							
		1											
		1											
						1							
		1											
1b Subtotal		<u> </u>	<u> </u>		<u> </u>	1	<u> </u>	0.		0.			0.
c Total from continuation sheets to Part							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportable	9			
compensation from the organization												<b>1</b> /	0
O Did the consciention list and formation office							. 1- 1-		1			Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	•	•	-	`		-		2		Х
4 For any individual listed on line 1a, is the								har companyation from			3		
and related organizations greater than \$1	•							•	•		4		Х
5 Did any person listed on line 1a receive o											-		
rendered to the organization? If "Yes," co	•				•						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	-	-								pens	ation	from	
the organization. Report compensation for	r the calendar y	ear	endi	ng v	vith	or w	ithi		/ear.				
<b>(A)</b> Name and busines	s address	NT	INC	,				<b>(B)</b> Description of s	ervices	C	<b>))</b> ompe		n
Name and pasines	,	14/	2141				-	Decempation of a	SI VICOS		- Cilipo	- Ioatio	
							_						
							$\dashv$						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the orga	nization >				(	0							
											Form	990	วกวก

Ра	rt V	1111		or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ts	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c					
ar /			Related organizations 1d					
s, G			Government grants (contributions) 1e	40125.				
ion Si			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	874395.				
ntri d O		g	Noncash contributions included in lines 1a-1f	312405.				
Co		h	Total. Add lines 1a-1f		914520.			
				Business Code				
ė	2	а						
e Zi		b						
Se		С						
am eve		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	rest, and				
			other similar amounts)	▶	609.	609.		
	4		Income from investment of tax-exempt bond	proceeds >				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	1500.				
ω		b	Less: cost or other basis	0.				
ňué			and sales expenses	1500.				
Revenue			( )		1500.	1500.		
er B			Net gain or (loss)	<b>&gt;</b>	1300.	1300.		
Oth	8	а	Gross income from fundraising events (not including \$ of					
			including \$ of contributions reported on line 1c). See					
			Part IV, line 188a	3765.				
		h	Less: direct expenses 8					
			Net income or (loss) from fundraising events	,, <u> </u>	-6224.			-6224.
			Gross income from gaming activities. See		<b>-</b> -			
	•	-	Part IV, line 19	,				
		b	Less: direct expenses 98					
			A					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory	<b>&gt;</b>				
S				Business Code				
e e	11	а						
Miscellaneous Revenue		b						
Sel Seve		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d		010::=			
	12		Total revenue. See instructions	<b>&gt;</b>	910405.	2109.	0.	-6224.

### 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).

Δ-		(A)	this Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	165963.	141068.	19916.	4979
	Other salaries and wages	103903.	141000.	19910.	4979
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	23452.	19934.	2814.	704
9	Other employee benefits				704
0	Payroll taxes	14801.	12581.	1776.	444
1	Fees for services (nonemployees):				
а	Management				
	Legal	4000	2000	1000	
	Accounting	4000.	3000.	1000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	767.		767.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	33417.	7838.	25579.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	19200.	19200.		
17	Travel	1267.	1267.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10813.	10813.		
23	Insurance	17735.	17735.		
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Food	340444.	340444.		
	Kitchen Supplies	15566.	15566.		
	Repairs and Maintenance	5278.	5278.		
d	Storage	4500.	4500.		
	All other expenses	4570.	4487.	83.	
е :5	Total functional expenses. Add lines 1 through 24e	661773.	603711.	51935.	6127
:5 :6	Joint costs. Complete this line only if the organization	001770	000,111	31333	<u> </u>
.0	reported in column (B) joint costs from a combined				
	. , , -				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

Ра	πX	Balance Sheet						
		Check if Schedule O contains a response or	note to	any line	in this Part X		······	
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				68889.	1	209647.
	2	Savings and temporary cash investments				16691.	2	16474.
	3	Pledges and grants receivable, net					3	50000.
	4	Accounts receivable, net			4			
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ubstantia	al contril	butor, or 35%			
		controlled entity or family member of any of t		5				
	6	Loans and other receivables from other disquared						
		under section 4958(f)(1)), and persons descr	ibed in s	section 4	4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			Г		7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges				3640.	9	5595
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10	a	281653.			
	b	Less: accumulated depreciation			106121.	151258.	10c	175532
	11	Investments - publicly traded securities		151266.	11	304754		
	12	Investments - other securities. See Part IV, lin			12			
	13	Investments - program-related. See Part IV, li			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must e				391744.	16	762002
	17	Accounts payable and accrued expenses				9157.	17	22592
	18	Grants payable			18			
	19	Deferred revenue		19	60417			
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Comple	hedule D		21			
es	22	Loans and other payables to any current or f	ormer o	fficer, di	rector,			
Liabilities		trustee, key employee, creator or founder, su						
ia de		controlled entity or family member of any of t					22	
_	23	Secured mortgages and notes payable to un					23	
	24	Unsecured notes and loans payable to unrel					24	
	25	Other liabilities (including federal income tax,			1			
		parties, and other liabilities not included on li	nes 17-2	24). Con	nplete Part X			
		of Schedule D				0157	25	02000
	26	Total liabilities. Add lines 17 through 25				9157.	26	83009
S		Organizations that follow FASB ASC 958,	check h	ere 🕨	I I			
nce.		and complete lines 27, 28, 32, and 33.				202507		670002
ala	27	Net assets without donor restrictions				382587.	27	678993
D B	28	Net assets with donor restrictions					28	
μ		Organizations that do not follow FASB AS	C 958, c	check h	ere 🕨 📖 📗			
ō		and complete lines 29 through 33.						
ets	29	Capital stock or trust principal, or current fur					29	
\SS	30	Paid-in or capital surplus, or land, building, o			Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				382587.	31	678993.
ž	32	Total net assets or fund balances				391744.	32	762002
	33	Total liabilities and net assets/fund balances				371/44•	33	/02002

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		104	
2	Total expenses (must equal Part IX, column (A), line 25)	2		617	
3	Revenue less expenses. Subtract line 2 from line 1	3		486	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		825	
5	Net unrealized gains (losses) on investments	5		477	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	789	<u>93.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes	No
22			2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	 1 on a	Za		
	separate basis Consolidated basis Both consolidated and separate basis	Jona			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
С		e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Community Soup Kitchen, Incorporated 06-1071804 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 Community Soup Kitchen, Incorporated 06-1071804 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	474282.	601858.	656683.	729593.	914520.	3376936.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	474282.	601858.	656683.	729593.	914520.	3376936.
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)						2276226
	Public support. Subtract line 5 from line 4.						3376936.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2016 474282.	(b) 2017	(c) 2018	(d) 2019 729593.	(e) 2020 914520.	(f) Total
	Amounts from line 4	4/4/8/.	601858.	656683.	729593.	914520.	3376936.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11405	20200	1.00	006	2100	45501
	and income from similar sources	11425.	29389.	1602.	996.	2109.	45521.
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.)						3422457.
11						40	149286.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth town		12	147200.
13	organization, check this box and stor	-					
Sec	ction C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2020 (			column (f))		14	98.67 %
	Public support percentage from 2019					15	97.42 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	-					$\triangleright X$
b	33 1/3% support test - 2019. If the o						nis box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to			=			<b>.</b> .
b	10% -facts-and-circumstances tes	-		• • •	•	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization						s ▶ 🗌
	Schedule A (Form 990 or 990-EZ) 2020						

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							-
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	1
	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2016	<b>(b)</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						
	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						
12	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						<del> </del>
	-	o organization's f	first seeped third	fourth or fifth toy	Voor on a conting	1 501(a)(2) organizat	L
14	First 5 years. If the Form 990 is for the	· ·		•	-		ion,
200	check this box and stop here		arcentage				
	Public support percentage for 2020 (li			oolumn (f))		15	
							9
	Public support percentage from 2019 etion D. Computation of Inves					16	(
			<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	47:
198	33 1/3% support tests - 2020. If the						17 IS not
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2019. If the	•			·	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
0		oported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	_	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).  son of the relationship described in line 2, above, did the organization's supported organizations have a	2		
3	•				
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	2		
Sec		i. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. complete line 2 solow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization is the parent of each of its supported organizations. <i>Somplete line &amp; seem.</i> The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a governmental entity</i> (see in	struction	าร)	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
– a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e 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.

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (e <i>xplain in</i> <b>I</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	v integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
organizations, in excess of income from activity		2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations		s <b>3</b>	
4 Amounts paid to acquire exempt-use assets		4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6 Other distributions (describe in Part VI). See instructions.	Other distributions (describe in Part VI). See instructions.		
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to which	h the organization is responsive	<b>.</b>	
(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	
	(i)	(ii)	(iii)

Sect	ion 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

Employer identification number

Community Soup Kitchen, Incorporated

06 - 1071804

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

# Community Soup Kitchen, Incorporated

06 - 1071804

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ferraro's Market 210 Universal Drive	\$\$	Person Payroll Noncash X
	North Haven, CT 06473		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Stop & Shop Supermarkets		Person Payroll
	1385 Hancock Street Quincy, MA 02169	\$65000.	Noncash X  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Atticus Bookstore/Cafe  1082 Chapel Street,	\$22500.	Person Payroll Noncash X
	New Haven, CT 06510		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Yale New Haven Hospital		Person Payroll
	20 York Street	\$ 35000.	Noncash X
	New Haven, CT 06510		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Yale University		Person X
	PO Box 209010	\$30000.	Payroll Noncash
	New Haven, CT 06520		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KFC		Person
	141 Gardiner Lane	\$125000 <b>.</b>	Payroll Noncash X (Complete Part II for
002450 11 0	Louisville, KY 40213	Calcadula B (Faura	noncash contributions.)

Name of organization

Community Soup Kitchen, Incorporated

06-1071804

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Community Foundation for Greater New Haven  70 Audubon Street  New Haven, CT 06510	\$55000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Small Business Administration  409 Third Street SW  Washington, DC 20024	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
140.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

# Community Soup Kitchen, Incorporated

06 - 1071804

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food		
1   ]		_	
-		<u>\$</u>	07/15/20
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	Food		
2		<del>-</del>	
		\$65000 <b>.</b>	07/15/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food		
3			
-		\$	07/15/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food		
$\frac{4}{}$			
-		\$\$	07/15/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food		
6		_	
-		\$125000 <b>.</b>	07/15/20
(a)	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. from Part I	Description of noncasti property given	(See instructions.)	
No. from	Description of noncasti property given	(See Instructions.)	

Employer identification number

Name of organization

	_	06-1071804					
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations  less for the year. (Enter this info. once.)  \$\\$\\$					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transferee's name, address, a	(e) Transfer of gif	nsfer of gift  Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(a) Transfer of side	*					
Transferee's name, address, a		Relationship of transferor to transferee					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  (b) Purpose of gift	from any one contributor. Complete columns (a) through (e) and the following line en completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (f) Use of gift					

#### **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 Open to Public Inspection

Name of the organization

Community Soup Kitchen, Incorporated

**Employer identification number** 06 - 1071804

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	~		
	are the organization's property, subject to the organization's $% \left( \frac{1}{2}\right) =\frac{1}{2}\left( \frac{1}{2}\right) \left( \frac{1}{$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
Da	impermissible private benefit?			
Par		-		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	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 quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			****
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year •			
4	Number of states where property subject to conservation ea	_		
5	Does the organization have a written policy regarding the per			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	aforcina conconvatio	on agraments during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.	note to the organization		its that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	n, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			- · · · -
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			

032051 12-01-20

Schedule D (Form 990) 2020

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	reasures, c	or Othe	r Similar <i>A</i>	<b>\ssets</b> (con	tinued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	t make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	ey further t	the organizati	on's exem	npt purpose i	n Part XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	aintained as part of	the orgai	nization's c	ollection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered '	'Yes" on F	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII a									
								Amou	nt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII			$\square$	
Pai	rt V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10	).			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	d) Three years	back (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment	%								
С	Term endowment > 9	<del>/</del> 6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses		ation tha	t are held a	and administe	red for the	e organizatio	n		
	by:								Yes	No
	(i) Unrelated organizations							3a(i	,	
	(ii) Related organizations								)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endo	owment t	funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. \$	See Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Acc	cumulated	(d) Bo	ok value	e
		basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			1	98726.		54188		1445	
	Equipment				82927.		51933		309	94.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must ed		X, colun	nn (B), line	10c.)				1755	32.

Schedule D (Form 990) 2020

		soup Kitchen,	Incorporated	06-10/1804 Page
Part	VII Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
<b>(a)</b> D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Fir	nancial derivatives			
(2) Clo	osely held equity interests			
(3) Ot				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	VIII Investments - Program Related.	•	•	
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part		<u> </u>		
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part		·		· •
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	X, line 25.
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(8)

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Sche	dule D (Form 990) 2020 COMMUNITY Soup Kitchen, I				LU/1804 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			0.65404
1	Total revenue, gains, and other support per audited financial statements			1	967401.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	47774.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9989.		
е	Add lines 2a through 2d			2e	57763.
3	Subtract line 2e from line 1			3	909638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	767.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	767.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	910405.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	670995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		9989.		
е	Add lines 2a through 2d			2e	9989.
3	Subtract line 2e from line 1			3	661006.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		767.		
	Add lines 42 and 4h			40	767.

#### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

#### Part X, Line 2:

The Organization is a not-for-profit corporation exempt from federal income taxes under Internal Revenue Service Code Section 501(c)(3) of the Internal Revenue Code.

On January 1, 2009, the Organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more likely than not be sustained upon examination by taxing authorities. The Organization has analyzed tax

661773

positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in material adverse effects on the Organization's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions as of December 31, 2019.

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2013.

The Organization's policy is to classify income tax related interest and penalties in interest expense and other expenses, respectively.

Part XI, Line 2d - Other Adjustments:

Fundraising Direct Expenses Netted Against Fundraising

9989. Revenues

Part XI, Line 4b - Other Adjustments:

Investment Fees 767.

Part XII, Line 2d - Other Adjustments:

Fundraising Direct Expenses Netted Against Fundraising

9989. Revenues

Schedule D (Form 990) 2020

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

Community Soup Kitchen, Incorporated

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number 06-1071804

Pa	rt I Types of Property								
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	lon	(d) Method of de noncash contribu		•	s
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				-				
10	Securities - Publicly traded Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X		312/	105 N	Market Valu			
19	Food inventory			3124	± 0 3 • E	Market valu	<u> </u>		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organize		•						
	for which the organization completed Form 828	33, Part V, [	Oonee Acknowledg	jement2	9				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		•	•					
	exempt purposes for the entire holding period?	·					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard of	contribut	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell no	oncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a	) is chec	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	l (Forr	n 990)	2020

Schedule M	(Form 990) 2020	Community	Soup	Kitchen,	Incorporated	06-1071804	Page 2
Part II	Supplementa	I Information. Pr t I, column (b), the nu dditional information	ovide the umber of o	information requi	red by Part I, lines 30b, 32b, number of items received, o	and 33, and whether the organizar a combination of both. Also com	ation iplete

032142 11-23-20

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

Community Soup Kitchen, Incorporated

**Employer identification number** 06-1071804

Total Communication of the Com
Form 990, Part VI, Section B, line 11b:
A copy of the tax return was provided to the Organization governing body
before filing.
Form 990, Part VI, Section B, Line 12c:
Every other year all employees and officers of the Organization are sent
written reminders of the policy and are asked to sign a statement that they
are in compliance.
Form 990, Part VI, Section C, Line 19:
A copy of the tax return was provided to the Organization governing body
before filling.
Form 990, Part XII, Line 2c
The Organization's Board of Directors assumes responsibility for
oversight of the audit of its financial statements as well as the
hiring of an independent accountant.

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C Lir	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment													
1	Fire Alarm	01/04/98	200DB	7.00	ну17	7450.				7450.	7450.		0.	7450.
2	Refrigerator	12/04/98	200DB	7.00	ну17	2425.				2425.	2425.		0.	2425.
3	2 Bay Kitchen Sinks	03/31/98	200DB	7.00	ну17	561.				561.	561.		0.	561.
5	Walk-in Cooler	10/08/99	200DB	7.00	ну17	8122.				8122.	8122.		0.	8122.
6	Shelf, Post & Caster	01/01/00	200DB	7.00	НУ17	960.				960.	960.		0.	960.
7	Electrical Upgrade	03/27/00	200DB	7.00	ну17	717.				717.	717.		0.	717.
8	Sink & Faucet	02/04/00	200DB	7.00	ну17	2200.				2200.	2200.		0.	2200.
9	Range	08/04/03	200DB	7.00	ну17	3526.				3526.	3527.		0.	3527.
10	Office Equipment	06/27/01	200DB	3.00	ну17	568.				568.	568.		0.	568.
11	Dell Computer	07/19/01	200DB	3.00	ну17	606.				606.	606.		0.	606.
13	(D)2008 Ford E250	04/17/09	200DB	5.00	НУ17	21460.				21460.	21460.		0.	21460.
14	WATER HEATER	02/18/10	200DB	7.00	НУ17	880.				880.	880.		0.	880.
16	Kitchen Hood	09/02/11	200DB	7.00	НУ17	12955.			12955.				0.	
17	Work Table	09/02/11	200DB	7.00	ну17	3395.			3395.				0.	
18	Refrigerator	08/16/11	200DB	7.00	НҮ17	2648.			2648.				0.	
19	Carpet	05/14/12	200DB	7.00	ну17	826.			413.	413.	413.		0.	413.
22	Dining Room	04/24/18	SL	39.00	MM16	12517.				12517.	535.		321.	856.

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 Page 10 Total Machinery & Equipment						81816.			19411.	62405.	50424.		321.	50745.
	Other														
15	Kitchen Renovation	10/15/11	SL	27.50	MM	16	151487.				151487.	45449.		5509.	50958.
21	Floors	04/24/18	SL	39.00	MM	16	34722.				34722.	1484.		890.	2374.
23	2019 Ford Transit	06/13/20	SL	5.00		16	35087.				35087.			4093.	4093.
	* 990 Page 10 Total Other						221296.				221296.	46933.		10492.	57425.
	* Grand Total 990 Page 10 Depr						303112.			19411.	283701.	97357.		10813.	108170.
	Current Year Activity														
	Beginning balance						268025.			19411.	248614.	97357.			104077.
	Acquisitions						35087.			0.	35087.	0.			4093.
	Dispositions/Retired						21460.			0.	21460.	21460.			21460.
	Ending balance						281652.			19411.	262241.	75897.			86710.
	Ending accum depr less dispositions											106121.			
	Ending book value											175531.			

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone