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Extended to November 15, 2022

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number
	_Addre _chang _Name			06 10710	0.4
	Name chang			06-10718	
	_return Final return	Number and street (or P.0. box if mail is not delivered to street address) 84 Broadway	Room/suite	E Telephone numbe	
	termir	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	853718.
	Amen	ded Now Havon CT 06511		H(a) Is this a group re	
	_return]Applic _tion				
	pendi	^{ng} 84 Broadway Street, New Haven, CT 065	11	for subordinates	
<u> </u>	-			H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1)$	or 527	,,	list. See instructions
				H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	r of formation: 1983	A State of legal domicile: CT
Pa	rt I		<u>- 1 - 1 -</u>		1
e	1	Briefly describe the organization's mission or most significant activities: Prov			lunch to
Activities & Governance		persons in need in the New Haven, Connec			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		I I	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
ن مح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9	
ΥİĖ	6	Total number of volunteers (estimate if necessary)		6	75
∖ cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		914520.	833104.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2109.	1344.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6224.	2096.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		910405.	836544.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		204216.	234244.
Jse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ►71	51.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	— E	457557.	481910.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		661773.	721154.
	19	Revenue less expenses. Subtract line 18 from line 12		248632.	115390.
es			B	eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		762002.	923685.
Ass Bal	20			83009.	103460.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		678993.	820225.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		• • • • • • •	
		Isignature brock Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and states	nente and to the heet of m	v knowledge and boliof it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			א הווטשובעטב מווע טבוובו, וג וא
uue,	correc	n, and complete. Declaration of preparer (other than onlicer) is based on an information of wi	men prepare	i nas any knowleuge.	

Sign Here	Signature of officer J. Philip Smith, Treas Type or print name and title	urer	Date
Paid Preparer	Print/Type preparer's name Firm's name Michael J. Paoli	Preparer's signature Date ni, C.P.A.	Check X PTIN if self-employed ₽00907074 Firm's EIN ▶ 06-1281956
Use Only May the IF	Firm's address 174 Cherry Stree Milford, CT 0646	0	Phone no. (203)876-0445

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	ity Soup Kitchen, Inc	corporated 0	6-1071804 Page
	•		Г
Briefly describe the organization's mis	sion:		
	nd lunch to persons i	n need in the New	Haven,
			Yes X
Did the organization cease conducting	g, or make significant changes in how it co	onducts, any program services?	Yes X
-		ree largest program services, as me	asured by expenses
Section 501(c)(3) and 501(c)(4) organiz	zations are required to report the amount		
	679912 installation ments of the	5000 .) (5	
	Kitchen serves meals	to needy people i	n the New
(Code:) (Expenses \$	including grants of \$) (Revenue \$	
(Code:) (Expenses \$	including grants of \$) (Revenue \$	
Other program services (Describe on \$	Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
	679912.		
	t III Statement of Program S Check if Schedule O contains a Briefly describe the organization's mis Provide breakfast a Connecticut area.	till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Provide breakfast and lunch to persons i Connecticut area. Did the organization undertake any significant program services during the year prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it co f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its thu Section 501(c)(3) and 501(c)(4) organizations are required to report the amount or revenue, if any, for each program service reported. (Code:) (Expenses \$ 679912. including grants of \$ The Community Soup Kitchen serves meals Haven , Connecticut area.	IIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. Provide breakfast and lunch to persons in need in the New Connecticut area. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900 E27. If 'Yes,' describe these envices on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services, as me Section 5010(kg) and 5010(kg) organizations are required to report the anount of grants and allocations to others, revenue, if any, for each program service accomplishments for each of its three largest program services, as me Section 5010(kg) and 5010(kg) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service accomplishments for each of its three largest program services accomplishments for each of the three largest program services, as me If 'Yes,' describe these changes on Schedule 0. Did the organization's program service accomplishments for each of its three largest program services, as me Section 5010(kg) and 500

^{2021.04030} Community Soup Kitchen, Inc COMMSOU1

Form	aan	(2021)
гош	990	(2021)

1 Its be organization described in sectors D10(kg) or 4947(a)(1) (bither than a private foundation)? 1 X 2 Its be organization requiped to complete Schedule <i>B</i> , Schedule <i>G</i> Contributors? See instructions 2 X 3 Its be organization reques in direct or inder polarity of the second to and dates for public office? <i>H</i> "Yes," complete Schedule <i>C</i> , Part <i>I</i> 3 X 4 Section SO((kg) organization. D1 the organization reques in obbitying activities, or have a section SO(1) election in effect during the taxy sec? <i>II</i> "Yes," complete Schedule <i>C</i> , Part <i>II</i> 6 X 5 D1 the organization maximum and oncor advised finds or any smilling essements to preserve coren spaces. The provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> "Yes," complete Schedule <i>D</i> , Part <i>II</i> 7 X 8 D1 the organization maximum and once advessed in the schedule <i>D</i> , Part <i>II</i> 7 X 9 D1 the organization negation advices are schedule advices. The schedule <i>D</i> , Part <i>II</i> 7 X 9 D1 the organization maximum and oncellations of ordical treasures, or other similar asset? <i>II</i> 'Yes," complete Schedule <i>D</i> , Part <i>II</i> 7 X 10 D1 the organization maximum and oncellation advices are schedule <i>D</i> , Part <i>II</i> 7 X 11 B1 the organ				Yes	No
2 Is the organization engage in decis or Medice Diffuence ampaign activities on behalf of on in opposition to candidates for public direct or Medice Diffuence ampaign activities, or have a section 501(f) election in offect direct or Medice Diffuence ampaign activities, or have a section 501(f) election in offect direct or Medice Diffuence ampaign activities, or have a section 501(f) election in offect direct or Medice Diffuence ampaign activities, or have a section 501(f) election in offect direct ampairs and the organization analysis of the organization analysis of the organization analysis of the organization matrix and section Browless Checkel D, Part II 3 X 6 It the organization assettion 501(f) election of the organization matrix and section Browless Checkel D, Part II 6 X 7 X Bit the organization matrix and another assettion that searce are setting transport. The science of the distribution or investment of the anounts in such India or accounts IP 1 Wes, "complete Schedule D, Part II 6 X 8 Did the organization matrix and brown analysis of an instance and the section transport analysis of anounts in such India organization. The science of the distribution for amounts in such India assets in donorrestricted and comments or in task india organization. The science of the distribution of the section or the section or the science science or or such dia account is a science of the science of	1				
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public officer // Yes,** complete Schedule C, Pert / 3 X 4 Section 501(h) election in effect during the tax year? if Yes,** complete Schedule C, Pert if 4 X 5 Is the organization as defined in Rev. Proc. 98 197 if Yes,** complete Schedule C, Pert if 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to similar amounts as defined in Rev. Proc. 98 197 if Yes,** complete Schedule C, Pert if 6 X 7 Did the organization reserve or hold a conservation easement, incloring at ama, or historic at trouts.PM if Yes,** complete Schedule D, Part I 6 X 8 Did the organization reserve or hold a conservation easement, incloring at manut, in collections or vorse or custoid at account liability, serve as a custodant for amounts not listed in Part X, ino 21, for sercer or custoid at account liability, serve as a custodant for amounts not listed in Part X, ino 21, for sercer or custoid at account liability, serve as a custodant for amounts not listed in Part X, ino 21, for sercer or custoid at account liability, serve as a custodant for or in quasil endowments? If Yes,* complete Schedule D, Part V 10 X 9 Did the organization, interport an amount for land, building, and equipment in Part X, line 107 If Yes,* complete Schedule D, Part V 11a X 11 the organization report an amount for investements - other securitis in Part X, line 127 If Yes,*			2	^	
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 H 20a X	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20a X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		complete Schedule G, Part III			
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 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
	21		21		x
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Form 990	(2021)
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1 41			Vee	
20	Did the experimetion report more than $\Phi = 0.00$ of events or other assistance to as far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			- 23
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04 -	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	‡ 12-09-21	Form	990	(2021)
	5			

021)	Community	Soup	Kitchen,	Incorporated
Statements R	legarding Other	IRS Fili	ngs and Tax (Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a	-	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
32	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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," 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		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x
h	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
3200	If "Yes," complete Form 6069. 5 12-09-21 6	Form	990	(2021)
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Form 990 (2021)

Part V

Form 990 (
Part VI	Gov

Community Soup Kitchen, Incorporated

06-1071804 Page **6**

X

art 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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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 th					
-	of officers, directors, trustees, or key employees to a management company or other person?		-	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			-		
74		•••		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1a		
b				76		x
0	persons other than the governing body?			7b		123
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0.5	Х	
a	The governing body?			8a	л Х	
b	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
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 approva	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-				
	exempt status with respect to such arrangements?			16b		
Sec	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, a	ind 99	0-T (section 501(c)(3)s onlv) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		· · · · · · · · · · · · · · · · · · ·	, ,	,	-
	Own website Another's website X Upon request Other (explain	on So	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	statements available to the public during the tax year.	501	e. meeroor policy, al	ma		
20	State the name, address, and telephone number of the person who possesses the organization's bo	noke or	nd records			
20	Joshua Watkins - 203-624-4594	ions di				
	84 Broadway, New Haven, CT 06511					
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Community Soup Kitchen, Incorporated

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	' Em	ployees, and Independ	ent Contra	ctors			

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

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

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

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

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

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

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>				n/uus		from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee	Institutional trustee	5	mplo	est co o yee	ы	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) Burton Alter	1.00									
President		X		X				0.	0.	0.
(2) Anne D. Peterson	1.00									
Vice President		X		X				0.	0.	0.
(3) Julie Fitzpatrick	0.50									
Secretary		X		X				0.	0.	0.
(4) J. Philip Smith	2.50									
Treasurer		X		X				0.	0.	0.
(5) Johanna Bachmair	0.00									
Director		X						0.	0.	0.
(6) Rev. Stephen Holton	0.00									
Director		X						0.	0.	0.
(7) Roger Astmann	0.00									
Director		X						0.	0.	0.
(8) Merlyn LaPaix	0.00									
Director		X						0.	0.	0.
(9) Karen Downer Doyle	0.00									
Director		Х						0.	0.	0.
(10) John Doyle	0.00									
Director		Х						0.	0.	0.
(11) Laura Esparo	0.00									
Director		Х						0.	0.	0.
(12) Elizabeth Greenidge	0.00									
Director		Х						0.	0.	0.
(13) Susan Redente	0.00									
Director		Х						0.	0.	0.
(14) Charles Smith	0.00									
Director		Х						0.	0.	0.
(15) Susan Stone	0.00									
Director		Х						0.	0.	0.
(16) David Crotta Jr.	0.00									
Director		Х						0.	0.	0.
(17) Thelma Ragsdale	0.00									
Director		Х						0.	0.	0.
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		y Soup I	Xi	tcl	ner	ı,	Ir	lC	orporated	06-10	71	804	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos) than	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatior	n	an	nount	of
		week		cer ar	10 a 0	recto	or/trus	tee)	from	from related			other	
		(list any hours for	irecto						the	organizations			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	6/		om the anizati	
		organizations	ruste	l trus		ee	mpen		1099-NEC)	1033-NEO)		•	d relate	
		below	Individual trustee or director	Institutional trustee	L	nploy	st col	er	10001120)				anizatio	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				Ū		
(18)	Dan Stamper	0.00												
Dire	ctor		X						0.		0.			0.
	David Rood	0.00									_			~
Dire	ctor		X						0.		0.			0.
									0		~			
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
-	Total (add lines 1b and 1c)										-			0.
2	Total number of individuals (including but n	ot limited to th	lose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. I	kev e	emp	love	e. o	hic	hest compensated emr	olovee on	[
Ũ	line 1a? If "Yes," complete Schedule J for s					-		-				3		Х
4	For any individual listed on line 1a, is the su											-		
	and related organizations greater than \$150	-		-								4		Х
5	Did any person listed on line 1a receive or a	accrue compei	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	for si	uch	pers	son .					5		X
	ion B. Independent Contractors		-1						No 4	<u> </u>		- 1' 6		
1	Complete this table for your five highest co the organization. Report compensation for	-									pens	ation t	rom	
	(A)	the calendar y	cai	enui	ng v	VILII			(B)			(0	;)	
	Name and business	address	N	ONE	Ξ				Description of s	ervices	С		nsatio	n
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	e					0	-	,					
												Form	990 (2021)

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			2021) Community Sou	ıp Kitchen	, Incorpo	rated	06-1071	804 Page 9
Pa	rt \	VIII						
			Check if Schedule O contains a response	or note to any line	(A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Grai		b	Membership dues 1b					
År, e			Fundraising events 1c					
ilar İlar			Related organizations 11	21520				
Sin			Government grants (contributions) 1e	31538.				
her		т	All other contributions, gifts, grants, and similar amounts not included above 1f	801566.				
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in lines 1a-1f 1g \$	306950.				
anc		-	Total. Add lines 1a-1f		833104.			
				Business Code				
e	2	а						
ervi Je		b						
n S /ent		с						
Program Service Revenue		d						
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		1344.	1344.		
	4		Income from investment of tax-exempt bond p	proceeds 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	0	a b	Gross rents 6a Less: rental expenses 6b	<u> </u>				
		c	Rental income or (loss) 6c	<u> </u>				
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
0		b	Less: cost or other basis					
venue			and sales expenses 7b Gain or (loss) 7c					
Reve			Gain or (loss)					
erF	<u>8</u>		Gross income from fundraising events (not					
Other	ľ	u	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· ►	2096.			2096.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a	1				
			Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory					
sne		-		Business Code				
neo	11	a b		├				
ella ever		с С		<u>├</u>				
Miscellaneous Revenue		-	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		836544.	1344.	0.	2096.
13200	9 12	2-09	-21					Form 990 (2021)

08481019 808354 COMMSOUP 2021.04030 Community Soup Kitchen, Inc COMMSOU1

Part IX Statement of Functional Expenses

Community Soup Kitchen, Incorporated

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

Do -	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5000.	5000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	197258.	167669.	23671.	5918
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits	20292.	17248.	2435.	609
10	Payroll taxes	16694.	14190.	2003.	501
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	4913.	3685.	1228.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4261.		4261.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4107.	3491.	493.	123
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	19800.	19800.		
17	Travel	5969.	5969.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10-0-			
22	Depreciation, depletion, and amortization	13737.	13737.		
23	Insurance	20183.	20183.		
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	346496.	346496.		
b	Kitchen Supplies	38734.	38734.		
с	Repairs and Maintenance	11916.	11916.		
d	Outside Labor	6813.	6813.		
е	All other expenses	4981.	4981.		
25	Total functional expenses. Add lines 1 through 24e	721154.	679912.	34091.	7151
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

08481019 808354 COMMSOUP

Part X Balance Sheet

Community Soup Kitchen, Incorporated

Form 990 (2021)

	Check if Schedule O contains a response or not	te to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			209647.	1	218187.
2	Savings and temporary cash investments			16474.	2	69526.
3	Pledges and grants receivable, net			50000.	3	132480.
4	Accounts receivable, net				4	
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
	controlled entity or family member of any of the	se perso		5		
6	Loans and other receivables from other disquali	fied pers				
	under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			5595.	9	3643.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	281653.			
b	Less: accumulated depreciation		119858.	175532.	10c	161795.
11	Investments - publicly traded securities			304754.	11	338054.
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		······ -	860000	15	00005
16	Total assets. Add lines 1 through 15 (must equ			762002.	16	923685.
17	Accounts payable and accrued expenses			22592.	17	6592.
18	Grants payable			C0 41 7	18	0.000
19	Deferred revenue			60417.	19	96868.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa	•				
	parties, and other liabilities not included on lines				05	
000	of Schedule D			83009.	25	103460.
26			N X	05005.	26	103400.
	Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	eck nere				
27				678993.	27	820225.
27 28	Net assets without donor restrictions			070555.	27	020223.
20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9				20	
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or ed		29 30			
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances		E	678993.	32	820225.
33	Total liabilities and net assets/fund balances			762002.	33	923685.
100	rotar nabilities and net assets/fully baidlices				00	

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part XI, column (A), line 29) 2 2 Total expenses (must equal Part XX, column (A), line 29) 2 3 11153300. 4 6789933. 5 Net unrealized gains (losses) on investments 5 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 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)) 1 8 202225. Part XII X 1 8 200225. Part XII Yes< No 1 8 200225. Part XII Yes No 1 2 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 X 1 Acco	Form	1990 (2021) Community Soup Kitchen, Incorporated	06-107	1804	Pag	je 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 836544. 2 Total expenses (must equal Part IX, column (A), line 25) 2 7211154. 3 Revenue less expenses. Subtract line 2 from line 1 3 11153300. 4 Met assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 678993. 5 Donated services and use of facilities 6 7 7 7 newstment expenses 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 8 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)) 820225. 820225. Part XII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule 0. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 721154. 3 Revenue less expenses. Subtract line 2 from line 1 3 1115390. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 678993. 5 Net unrealized gain (losses) on investments 5 25842. 6 0 6 7 8 6 7 8 9 0. 8 9 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 820225. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on		Check if Schedule O contains a response or note to any line in this Part XI	·····			
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5 Net unrealized gains (losses) on investments 5 25842. 6 0nated services and use of facilities 7 7 1 6 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 8202225. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2b X 16" "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16" "Yees," check a box below to indicate whether the financial statements and separate basis Consolidated basis Both consolidated and separate basis 2b X 1	3	Revenue less expenses. Subtract line 2 from line 1	-			
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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 820225. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Bot	6	Donated services and use of facilities	6			
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X <t< th=""><th>1</th><td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td><td></td><td></td><td></td><td></td></t<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b Image: State in the stat	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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 basis, consolidated basis, or both: X Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolid						
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consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2 X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3a		•			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				. 3a		<u> X </u>
	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

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SCH	EDU	LE	A

Department of the Treasury

(Form 990)

Total

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.

	OMB No. 1545-0047
	2021
	Open to Public Inspection
ver	identification numbe

Interna	I Rever	nue Service		Go to www.irs.go	v/Form990 for instruction		he latest i	nformation.		Inspection	
Nam	e of t	the organizati	on						Employer	identification number	
			Comm	unity Soup	Kitchen, In	corpo	rated	L	0	6-1071804	
Pa	rtl	Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ns.		
The	organ	ization is not a	private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)				
1	Ľ				on of churches describe						
2					Attach Schedule E (Forn						
3					anization described in s e)(b)(1)(A)(i	ii).			
4					onjunction with a hospita				.)(iii). Enter	the hospital's name,	
		city, and state	-	·							
5		An organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local go	overnment or governr	mental unit described in	section 1	70(b)(1)(A))(v).			
7	Х				antial part of its support f				the general	public described in	
				complete Part II.)		•			Ū		
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college	
					culture (see instructions).						
		university:									
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from	
					ct to certain exceptions;						
		income and u	inrelated busi	iness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	on organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
		lines 12a thro	ugh 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
а		Type I. A su	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
		the suppor	ted organizati	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. You must o	complete Part IV, S	ections A and B.						
b		J Type II. A s	upporting org	ganization supervised	d or controlled in connec	tion with i	ts support	ed organization	on(s), by ha	aving	
		control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported	
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	egrated. A supportin	ng organization operated	in connec	tion with,	and functiona	ully integrate	ed with,	
		its supporte	ed organizatio	on(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionall	y integrated. A supp	porting organization oper	rated in co	nnection \	with its suppo	rted organi	ization(s)	
			-		zation generally must sa	-		-	d an attent	iveness	
		requiremen	t (see instruct	tions). You must co r	mplete Part IV, Sections	s A and D	, and Part	V .			
е		Check this	box if the org	anization received a	written determination fro	om the IRS	s that it is a	а Туре I, Туре	II, Type III		
					onally integrated support						
f											
g		ide the followi	0	n about the support	<u> </u>	(iv) is the ora:	anization listed	(v) Amount o	functions	(vi) Amount of other	
	(organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	support (see ii	,	support (see instructions)	
		organization			above (see instructions))	Yes	No				
				1							

Schedule A	(Form 990) 2021	Community	Soup	Kitchen,	Incorporated	06-1071804	Page 2
Part II	Support Schedule f	or Organization	s Descr	ribed in Section	ons 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	601858.	656683.	729593.	914520.	833104.	3735758.
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	601858.	656683.	729593.	914520.	833104.	3735758.
5							
	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)						
6	Public support. Subtract line 5 from line 4.						3735758.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	601858.	656683.	729593.	914520.	833104.	3735758.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29389.	1602.	996.	2109.	22925.	57021.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3792779.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	118518.
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop				-		
See	ction C. Computation of Publ						
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	98.50 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.67 %
	33 1/3% support test - 2021. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the c						nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	0 10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio						s 🕨
							(Eorm 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021	Community	Soup	Kitchen,	Incorporated	06-1071804	Page 3
Part III Support Schedule for	r Organizations	s Descri	ibed in Sectior	n 509(a)(2)		

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	tion,
		-			·····		
Sec	ction C. Computation of Publ						· · ·
15	Public support percentage for 2021 (ine 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in		
13202	23 01-04-22			16		Schedule /	A (Form 990) 2021

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1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10a 10b Schedule A (Form 990) 2021

17 2021.04030 Community Soup Kitchen, Inc COMMSOU1

06-1071804 Page 4 Community Soup Kitchen, Incorporated

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Schedule A (Form 990) 2021 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

Sche		0/100	74 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Se	ction C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	an two stars of each of the even picture is a supervised even institution (a) of #No. # describe in David VI how control			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2021

1001004

1

Т

Yes No

2a

2b

За

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Schedule A (Form 990) 2021Community Soup Kitchen, IncorporatedPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Community Soup Kitchen, Incorporated

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

Schedule A (Form 990) 2021

132027 01-04-22

Part VI	(Form 990) 2021 Com Supplemental Informatio	munity Soup Kitchen, Incorporated 06-1071804 Pa n. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Pa
	Part IV, Section A, lines 1, 2, 3b,	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2	and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)	art V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	· · ·	
	200	Cabadula & (Faun 000
2028 01-04-2	22	Schedule A (Form 990) 21
	808354 COMMSOUP	2021.04030 Community Soup Kitchen, Inc COMMSC

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Community Soup Kitchen, Incorporated	06-1071804
--------------------------------------	------------

Organization type (check one):				
Section:				
X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				
•				

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

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

06 - 1071804

Community Soup Kitchen, Incorporated

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Ferraro's Market Person Payroll 210 Universal Drive 42500. Noncash Х \$ (Complete Part II for North Haven, CT 06473 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 Stop & Shop Supermarkets Person Payroll 65000. 1385 Hancock Street Noncash X \$ (Complete Part II for Quincy, MA 02169 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Atticus Bookstore/Cafe Person Payroll 1082 Chapel Street 22500. Noncash X (Complete Part II for New Haven, CT 06510 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Yale University Person Pavroll PO Box 209010 20000. Noncash X \$ (Complete Part II for New Haven, CT 06520 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 KFC Person Payroll 141 Gardiner Lane 125000. X Noncash (Complete Part II for Louisville, KY 40213 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Community Foundation for Greater New 6 X Haven Person Pavroll 70 Audubon Street 25000. Noncash (Complete Part II for New Haven, CT 06510 noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

Employer identification number

06 - 1071804

Community Soup Kitchen, Incorporated

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Small Business Administration 409 Third Street SW Washington, DC 20024	\$28082.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(See instructions)		(d) Date received		
	Food Inventory				
1					
		\$42500.	05/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	Food Inventory				
		\$ <u>65000.</u>	05/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	Food Inventory				
3					
		\$	05/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	Food Inventory				
4					
		\$	05/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	Food Inventory				
5					
		\$125000.	05/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
123453 11-1	1-21		Schedule B (Form 990) (2021)		

Community Soup Kitchen, Incorporated

Name of organization

Employer identification number

06 - 1071804

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2021.04030 Community Soup Kitchen, Inc COMMSOU1

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Schedule E	B (Form 990) (2021)			Page
Name of o	rganization			Employer identification number
Commui	nity Soup Kitchen, Inco	rporated		06-1071804
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations described in s	section 501(c)(7), (8), or (10)) that total more than \$1,000 for the yes
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. of	nce.) ► \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Faiti				
Ī		(e) Transfer of git	t	
	Transforce's name address a	nd 7 ID + 4	Polationship of tr	anoforor to transforos
f	Transferee's name, address, a		Relationship of t	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
F		e) Transfer of gif	<u> </u>	
		(0) 112110101 01 51	-	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
		[
		[
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
Ī				
		[
123454 11-11	1-21	26		Schedule B (Form 990) (202

Department of the Treasury

Internal Revenue Service Name of the organization

(Form	990)
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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.



Employer identification number

	Community Soup Kitchen, Incorporated	06-1071804
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cont	ferring
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	storically important land area
		rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	
-	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
Ŭ		ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•	S	caterine damig the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	that describes the
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and t	palance sheet works
iu	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala	nco shoot works of
D	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherai	
	provide the following amounts relating to these items:	ice of public service,
		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1	• •
0	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
a L	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
13205	1 10-28-21 2.7	

08481019 808354 COMMSOUP

	dule D (Form 990) 2021 Communi	ty Soup Ki Collections of A							4 Page 2
3	Using the organization's acquisition, accessi								,
	collection items (check all that apply):	,		,	0	0			
а	Public exhibition	d	I 🗌 Loa	an or exchang	ge program				
b	Scholarly research	е		ner					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they	further the o	rganization's ex	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	ation's collect	tion?			Yes	No No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganization an	swered "Yes" o	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntributions or	other assets no	t included			
	on Form 990, Part X?							Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or custo	dial account liab	ility?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete i								<u> </u>
		(a) Current year	(b) Prio	ryear (c)	Two years back	(d) Three ye	ears back	(e) Four	years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	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 cur	-		column (a)) he	eld as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
с		%							
-	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held and a	dministered for	the organiz	ation	Г	Yes No
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
	t VI Land, Buildings, and Equipm		owment fun	as.					
Fai	Complete if the organization answere		0 Part IV li	na 112 Saa F	Form 990 Part)	line 10			
							~		
	Description of property	(a) Cost or o basis (investr		(b) Cost or o basis (othe		Accumulate epreciation		(d) Bool	(value
10	Land			0000		presiation			
	Land								
	Buildings			198	726.	6090	08.	1 '	37818.
	Leasehold improvements				087.	1111			23977.
	Equipment Other				840.	4784			0.
	Add lines 1a through 1e. (Column (d) must e		X column					10	<u>51795.</u>
1010		gaan onn ooo, i ait	.,	,			F	- 1	

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 Community	Soup Kitchen,	Incorporated	06-1071804 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part	t X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions und	er FASB ASC 740. Check	nere if the text of the footnote ha	as been provided in Part XIII X

Schedule D	(Form	990)	2021
	-	-	

132053 10-28-21

Sche	dule D (Form 990) 2021 Community Soup Kitchen, 1	-)71804 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total revenue, gains, and other support per audited financial statements			1	875300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		25843.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	17174.		
е	Add lines 2a through 2d			2e	43017.
3	Subtract line 2e from line 1			3	832283.
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	4261.		
с	Add lines 4a and 4b			4c	4261.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	836544.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Return	.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	734067.
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	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		17174.		
е	Add lines 2a through 2d			2e	17174.
3	Subtract line 2e from line 1			3	716893.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4261.		
с	Add lines 4a and 4b			4c	4261.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	721154.
Pa	t XIII Supplemental Information.				

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

Part 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 Or	ganization a	dopted th	ne recog	gnition r	equirements
<u>for uncertai</u>	n income tax <u>p</u>	positions as	required	by gene	erally ac	cepted
accounting p	principles, wit	ch no cumulat	ive effec	t adju	stment re	equired.
Income tax h	penefits are re	cognized for	r income t	ax pos:	itions ta	ken or
expected to	be taken in a	tax return,	only wher	n it is	determin	ed that the
income tax <u>p</u>	osition will m	nore likely t	han not k	oe susta	ained upc	n
examination	by taxing auth	orities. Th	ne Organiz	ation 1	has analy	zed tax
132054 10-28-21			30		Scl	hedule D (Form 990) 2021
3481019 80835	4 COMMSOUP	2021.04030		y Soup	Kitchen,	Inc COMMSOU1

Schedule D (Form 990) 2021 Community Soup Kitchen, Incorporated 06-1071804 Page 5 Part XIII Supplemental Information (continued) 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

Revenues

Part XI, Line 4b - Other Adjustments:

Investment Fees

Part XII, Line 2d - Other Adjustments:

Fundraising Direct Expenses Netted Against Fundraising

Revenues

132055 10-28-21

Schedule D (Form 990) 2021

31

17174.

4261.

17174.

Schedule D (Form 990) 2021 Part XIII Supplemental Info	Community rmation (continued)	Soup	Kitchen,	Incorporated	06-1071804 Page 5
Part XII, Line 4b -			its:		
Investment Fees					4261.
					Sebadula D (Farma 000) 0001
132055 10-28-21			32		Schedule D (Form 990) 2021

08481019 808354 COMMSOUP 2021.04030 Community Soup Kitchen, Inc COMMSOU1

SCHEDULE G (Form 990)		ntal Information Regarding e organization answered "Yes" on						OMB No. 1545-0047
		organization entered more than \$1					, or in the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		_{o to} www.irs.gov/Form990 for instru	uction	s and	the latest informat	ion.	Employer ide	Inspection ntification number
	Communi	ty Soup Kitchen, I					06-1071	804
	complete this par	 Complete if the organization answe 	red "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether the a Mail solicitate Mail solicitate Internet and c Phone solicitate In-person solicitate In-person solicitate In-person solicitate 	ne organization rais tions I email solicitations itations olicitations on have a written o	sed funds through any of the followir $\mathbf{e} \square$ Solicitat	ion of ion of fundra (incluo	non-g gover iising ding o	overnment grants nment grants events fficers, directors, tru	stees	s, or	s No
) highest paid indiv	viduals or entities (fundraisers) pursu			-			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		on is registered or licensed to solicit o		b utions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-l	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

06-1071804 Page 2

|--|

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of farfalaining of one contributions and gr	1		* :	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual			(add col. (a) through
			Dinner	Music Event	1	col. (c)
a l			(event type)	(event type)	(total number)	
nu						
Revenue	1	Gross receipts	16015.	2735.	520.	19270.
ũ						
	2	Less: Contributions				
	-					
	2	Gross income (line 1 minus line 2)	16015.	2735.	520.	19270.
-	5				0200	
	4	Cooh prizos				
	4	Cash prizes				
	-	Negerskerde				
s	5	Noncash prizes				
Direct Expenses	_					
be	6	Rent/facility costs				
Ш						
ect	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses	14255.	2404.	515.	17174.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	17174.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	2096.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
~				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
۳	1	Gross revenue				
	·					
	2	Cash prizes				
ses	2	Cash phizes				
Direct Expenses	2	Noncash prizes				
ЩЩ	3	Noncash phzes				
ğ		Dest (seilite eeste				
Ē	4	Rent/facility costs				
	_					
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	└── No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		►	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended or t	erminated during the tax	vear?	Yes No
				einated during the tax	,	
5		Yes," explain:				
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

11 Des the organization consult gaming activities with nonmembers? Yes No 12 Is the organization a guntor, benchlavy or turkes of a trut, or a member of a partnership or other entity formed Yes No 13 Indicate the percentage of gunting activity conducted in: Is the organization tacity Is the organization tacity Yes No 14 Effer the name and address of the person who prepares the organization's gaming/special events books and records: Name	Schedule G (Form 990) 2021	<u>Community</u> Sou	p Kitchen,	, Incorporated	06-1071804	Page 3
12 is the cognitization a grant to, beneficiary or trustee of a trust, or a member of a partnership or other entity formed Yes _ No. 13 Indicate the percentage of granting activity conducted in: a mercination facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility a not side facility b if "Yes, " enter the amount of garning revenue received by the organization is each side side in the anount of garning revenue received by the organization is a not side facility is a not side facility. b if "Yes," enter name and address of the third party is a not side facility. and the amount of garning revenue received by the organization is a not side facility. b if "Yes," enter name and address of the third party. Name is	11 Does the organization conduc					No
13 Indicate the percentage of gaming activity conducted in: 13 14 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
b An outside facility						
14 Exter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	a The organization's facility				13a	%
Name						%
Address	14 Enter the name and address of	of the person who prepares the	organization's gami	ing/special events books and re	cords:	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ↓ Yes ↓ No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶	Name ►					
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶	Address 🕨					
of gaming revenue retained by the third party ▶§	15a Does the organization have a	contract with a third party from	whom the organiza	tion receives gaming revenue?	Yes	🗌 No
c If "Yes," enter name and address of the third party: Name ▶				and the a	mount	
Name	of gaming revenue retained by	the third party ▶\$				
Address ▶ 16 Ganing manager information: Name ▶ Ganing manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Director/officer □ Director/officer □ Director/officer □ Director/officer □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make chairtable distributions from the gaming proceeds to retain the state gaming license? □ Caralization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. □	c If "Yes," enter name and addr	ess of the third party:				
16 Garning manager information: Name ▶	Name					
Name ▶	Address 🕨					
Gaming manager compensation ▶ \$ Description of services provided ▶	16 Gaming manager information:					
Garning manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • •	Name >					
Description of services provided						
□ Director/officer □ Employee □ Independent contractor 17. Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 13008 10-21-21 Schedule G (Form 990) 2021	Gaming manager compensation	φ				
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Description of services provid	ed 🕨				
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Director/officer	Employee	Independent	contractor		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17 Mandatory distributions:					
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		nder state law to make charitab	le distributions from	the gaming proceeds to		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	retain the state gaming license	e?			Yes	🗌 No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	b Enter the amount of distribution	ons required under state law to	be distributed to ot	her exempt organizations or spe	ent in the	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						
12083 10-21-21 Schedule G (Form 990) 2021					(v); and Part III, lines 9, 9	96, 106,
	150, 150, 10, and 170	, as applicable. Also provide al				
55	132083 10-21-21		35		Schedule G (Form S	990) 2021

Schedule G (Form 990)	Community tal Information (continued)	Soup	Kitchen,	Incorporated	06-1071804	Page 4
	ar mormation (commed)					
					Schedule G (Fo	orm 990)
132084 11-18-21			36			

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SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

Attach to Form 990.

Open to Public Inspection

Employer identification number Community Soup Kitchen, Incorporated 06 - 1071804Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 305950.Market Value Х 556 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other ►) 26 Other) 27 Other ► () 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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32a

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132141 11-17-21

Schedule M	(Form 990) 2021	Community						071804	Page 2
Part II	is reporting in Parl	l Information. Pr t I, column (b), the nu dditional information	umber of c	information requir contributions, the	red by Part I, lines number of items re	30b, 32b, and 33, acceived, or a comb	and whet ination of	her the organiz both. Also cor	ation
32142 11-17-2	21						Sch	edule M (Form	n 990) 202
					38				
81019	808354 CO	MMSOUP	202	1.04030 0		Soup Kitc	hen,	Inc COM	MSOU1

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SCHE	DUI	LE C)
Form	990)		



Employer identification number 06 - 1071804

Form 990, Part VI, Section B, line 11b:

A copy of the tax return was provided to the Organization governing body

Community Soup Kitchen, Incorporated

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 the

oversight for the audit of its financial statements as well as the

hiring of an independent accountant.

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

Schedule O (Form 990) 2021

132211 11-11-21

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2021.04030 Community Soup Kitchen, Inc COMMSOU1

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2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

01111 9.	90 Page 10	_				_	990						_	-
Asset No.	Description	Date Acquired	Method	Life	C Lin o No v	e 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	HY17	7450.				7450.	7450.		٥.	7450.
2	Refrigerator	12/04/98	200DB	7.00	HY17	2425.				2425.	2425.		0.	2425.
3	2 Bay Kitchen Sinks	03/31/98	200DB	7.00	HY17	561.				561.	561.		٥.	561.
5	Walk-in Cooler	10/08/99	200DB	7.00	HY17	8122.				8122.	8122.		٥.	8122.
6	Shelf, Post & Caster	01/01/00	200DB	7.00	HY17	960.				960.	960.		٥.	960.
7	Electrical Upgrade	03/27/00	200DB	7.00	HY17	717.				717.	717.		٥.	717.
8	Sink & Faucet	02/04/00	200DB	7.00	HY17	2200.				2200.	2200.		٥.	2200.
9	Range	08/04/03	200DB	7.00	HY17	3526.				3526.	3527.		٥.	3527.
10	Office Equipment	06/27/01	200DB	3.00	HY17	568.				568.	568.		٥.	568.
11	Dell Computer	07/19/01	200DB	3.00	HY17	606.				606.	606.		0.	606.
14	WATER HEATER	02/18/10	200DB	7.00	HY17	880.				880.	880.		٥.	880.
16	Kitchen Hood	09/02/11	200DB	7.00	HY17	12955.			12955.				0.	
17	Work Table	09/02/11	200DB	7.00	HY17	3395.			3395.				0.	
18	Refrigerator	08/16/11	200DB	7.00	HY17	2648.			2648.				0.	
19	Carpet	05/14/12	200DB	7.00	HY17	826.			413.	413.	413.		0.	413.
22	Dining Room	04/24/18	SL	39.00	MM16	12517.				12517.	856.		321.	1177.
	* 990 Page 10 Total Machinery & Equipment					60356.			19411.	40945.	29285.		321.	29606.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

Form 9	90 Page 10	_			_	_		990							
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
	Other														
15	Kitchen Renovation	10/15/11	SL	27.50	MM	16	151487.				151487.	50958.		5509.	56467.
21	Floors	04/24/18	SL	39.00	MM	16	34722.				34722.	2374.		890.	3264.
23	2019 Ford Transit	06/13/20	SL	5.00		16	35087.				35087.	4093.		7017.	11110.
	* 990 Page 10 Total Other						221296.				221296.	57425.		13416.	70841.
	* Grand Total 990 Page 10 Depr						281652.			19411.	262241.	86710.		13737.	100447.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone