# **PUBLIC DISCLOSURE COPY**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

ΑF	or the	2021 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if pplicabl	C Name of organization			D Employer identif	ication number
X	Addre	BIGGER TABLE				
	Name chang	Doing business as			84-34346	571
	Initial return Final return	Number and street (or P.O. box if mail is not delivere 802 WESLEY AVE	ed to street address)	Room/suite	E Telephone number 312-525-	
	termin ated		or foreign postal code		G Gross receipts \$	208,182.
	Amen	, , , , , , , , , , , , , , , , , , , ,	or roroign pootar oodo		H(a) Is this a group	
	Application		REED		for subordinate	
	pendir	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates	
I T	ax-ex		(insert no.) 4947(a)(1)	or 527	1 ` ′	a list. See instructions
		e: WWW.BIGGERTABLE.ORG	(	<u></u>	H(c) Group exemption	
		organization: X Corporation Trust Associ	ation Other	L Year		M State of legal domicile: IL
	rt I	Summary		<b>–</b> 100.	or formation, _ = = = =	otato or logar dormono, — —
	1	Briefly describe the organization's mission or most sigr	nificant activities: SEE	SCHEDU	LE O	
Governance	•	anon, accombo and organization ormicologic	<u> </u>			
nan	2	Check this box if the organization discontinu	ued its operations or dispos	sed of more	than 25% of its net as	sets.
ver		Number of voting members of the governing body (Par			3	
ဗိ		Number of independent voting members of the govern				
		Total number of individuals employed in calendar year				
ij		Total number of volunteers (estimate if necessary)				
Activities &		Total unrelated business revenue from Part VIII, column				
Ă		Net unrelated business taxable income from Form 990				•
			.,		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			0.	
Revenue					0.	
Ş.		Investment income (Part VIII, column (A), lines 3, 4, and			0.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			0.	
		Total revenue - add lines 8 through 11 (must equal Part			0.	
		Grants and similar amounts paid (Part IX, column (A), li			0.	•
		Benefits paid to or for members (Part IX, column (A), lir			0.	
		Salaries, other compensation, employee benefits (Part			0.	
Expenses		Professional fundraising fees (Part IX, column (A), line 1			0.	
ben		Total fundraising expenses (Part IX, column (D), line 25	400	30.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f		I	0.	118,056.
		Total expenses. Add lines 13-17 (must equal Part IX, co			0.	
		Revenue less expenses. Subtract line 18 from line 12			0.	
or es		TOYONGO 1000 CAPONOOC. GUBALQOL IIITO TO TOTT IIITO TE		Be	ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		50	75,517.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			0.	39,766.
Net	22	Net assets or fund balances. Subtract line 21 from line	20		75,517.	111,407.
Pa	rt II	Signature Block			•	•
Unde	er pena	Ities of perjury, I declare that I have examined this return, incli	uding accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is				
Sigr	1	Signature of officer			Date	
Her		ALAN REED, EXECUTIVE DIR	ECTOR			
		Type or print name and title				
		Print/Type preparer's name Pre	eparer's signature	[	Date Check	PTIN
Paid			NNETH L. TORNI	неім 1	.0/20/22 if self-emplo	P00079651
Prep		Firm's name STROW REISIN BERK		D.		36-2938874
Use		Firm's address 455 N CITYFRONT PLA				
	_	CHICAGO, IL 60611	•		Phone no. 31	2-670-7444
May	tha II	25 discuss this return with the preparer shown above?	Coo instructions		1	X Ves No

	Check if Schedule O contains a response or n	ote to any line in this Part III		X
1	Briefly describe the organization's mission:	a.,		
	SEE SCHEDULE O			
2	Did the organization undertake any significant progr			
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule 0			Yes X No
3	Did the organization cease conducting, or make sign		ducts any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	militarit orlanges in now it cont	adoto, any program services:	
4	Describe the organization's program service accomp	plishments for each of its three	e largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the amount of	grants and allocations to others, the total exp	penses, and
	revenue, if any, for each program service reported.			
4a		including grants of \$	) (Revenue \$	)
	BIGGER TABLE BRINGS TOGETH HUNGER, UNEMPLOYMENT, AND			
	UNLOCKING OTHERWISE INVISI			
	INDUSTRIES AND THEIR SUPPL		ER TABLE HELPS ADDRESS	<del></del>
	EXPANDED FOOD INSECURITY T	HROUGH FACILITA	TING IN-KIND DONATIONS	
	INGREDIENTS, FOOD SCIENCE,	MANUFACTURING	LINE TIME, PACKAGING A	ND MORE
	TO CREATE NUTRITIOUS FOOD	PROVIDED FREE F	OR CHICAGOLAND'S FOOD	PANTRIES
	AND FOOD BANKS.			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	1
	(COUC) (Expenses =	morading grants or \$\psi\$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	-			
4d	Other program services (Describe on Schedule O.)			
40	(Expenses \$ including gran	54,643.	) (Revenue \$	)
4e	Total program service expenses ▶	J=; U=J•		Form <b>990</b> (2021)

# Form 990 (2021) BIGGER TABLE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
-	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza		12a		Х
h	Schedule D, Parts XI and XII	IZa		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the appropriation projection of the control of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 22
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 22
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	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,"			v
	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	, , , , , , , , , , , , , , , , , , , ,	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

	990 (2021) BIGGER TABLE 84-3434	671	Р	age
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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%			
	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		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	Ţ.		
		38	X	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Vac	, NI

	Office it ochedule of contains a response of flote to any life in this rait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		

Form **990** (2021)

BIGGER TABLE 84-3434671 Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  The the ground of ground and health plans  13b			
C	Enter the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		21
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021) BIGGER TABLE 84-3434671 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	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		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	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 95	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		. 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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the			
	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 Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	X	
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe			
	on Schedule O how this was done			120		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	ı's			
	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 ▶ IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(	3)s only	availa	ble
	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 O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (	of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨			
	ALAN REED - 312-525-9653					
	802 WESLEY AVE, OAK PARK, IL 60304					

Form **990** (2021)

Form 990 (2021) BIGGER TABLE 84-3434671 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week	box	not cl	Posi heck i ss per	c) sition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALAN REED	40.00							F0 000	0	0
EXECUTIVE DIRECTOR (2) ANDY DRATT	1.00	Х						50,000.	0.	0
(2) ANDY DRATT CHAIR	1.00	X		х				0.	0.	0
(3) LISA DEMME	1.00			- 22				0.	0.	<u> </u>
VICE CHAIR	1.00	x		х				0.	0.	0
(4) JOHN SHAPIRO	1.00									
SECRETARY		Х		Х				0.	0.	0
(5) JEREMY ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0
(6) NORM BAKER	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(7) ANITRA FARMER	1.00	<b>.</b>						0.	0	0
DIRECTOR (8) TERRANCE HALL	1.00	X						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(9) BRETT LUTZ	1.00									
DIRECTOR		X						0.	0.	0
(10) J.D. ELDER	1.00									
TREASURER - TERM		X		Х				0.	0.	0
(11) RICARDO ESTRADA	1.00									
DIRECTOR - TERM		Х						0.	0.	0
		-								
		-								
		1								
		1								

Form 990 (2021)

	990 (2021) BIGGER TA									84-34	34	671	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust (A)  Name and title	(B) Average hours per week	(do box offic	not c	Posi heck r ss per nd a di	ition more rson i	<b>1</b> than is both	one n an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable compensatior from related		an	(F) stimate nount o	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISI 1099-NEC)		fr org an	pensat rom the anizati d relate anizatio	e on ed
	Subtotal  Total from continuation sheets to Part VII							<b>&gt;</b>	50,000.		0.			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but no							o re	50,000. eceived more than \$100,		0.			0.
3	compensation from the organization  Did the organization list any former officer,	director, trusto	ee. k	ev e	empl	ove	e. or	hia	nhest compensated emp	lovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	uch individual m of reportabl	 e co	 mpe	ensa	tion	and	l oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom a	any	unre	elate	ed organization or individ	dual for services		5		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	piete Scheaule	e <i>J T</i> 0	or st	ıcn r	oers	on					3		21
1	Complete this table for your five highest conthe organization. Report compensation for to (A)	•	•							•	ensat ——	ion fro		
	Name and business	address	NC	INC	3				Description of s	ervices	C		nsation	1
	Total number of independent contractors (in	ncludina but n	ot lin	niter	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	•				C	_		,			Form	990 (2	2021)

132008 12-09-21

Page 9

					R TAB	LE				84-3434	671 Page <b>9</b>
Pa	rt \	/III	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any line	e in this Part VIII			
							-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ĸν	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
عَ ق			Fundraising events								
ifts Ir A											
nii. Gig			Government grants (contr								
Sir			All other contributions, gifts,								
e E		•	similar amounts not included	-			208,182.				
걸		g	Noncash contributions included in			\$					
Σg		_	Total. Add lines 1a-1f			•		208,182.			
<u> </u>		<u>''</u>	Total: Add lines fa ff				Business Code	200,2021			
	2	а					Buomoso cous				
Ş	_	b	-								
jer lue											
Program Service Revenue		ç									
gra Re		d									
ro.		e	All ather program convice	×0.10							
_			All other program service								
_	3	g	Total. Add lines 2a-2f								
	3		Investment income (included that similar amounts)								
	4		other similar amounts)								
	4 Income from investment of tax-exempt bond p 5 Royalties										
	5		Royalties		(i) Re						
	_				(I) HE	aı	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss	s)			<b>.</b>				
	7	а	Gross amount from sales of		(i) Secu	ıtıes	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses								
evenue			Gain or (loss)								
		d	Net gain or (loss)				<b>&gt;</b>				
Other R	8	а	Gross income from fundraisi	-	-						
ਠੋ			including \$								
			contributions reported on								
			Part IV, line 18				<del> </del>				
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamir								
			Part IV, line 19				<del> </del>				
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activiti	es	<b>&gt;</b>				
	10	а	Gross sales of inventory,	less r	eturns						
			and allowances			10a	a				
		b	Less: cost of goods sold			10k					
		С	Net income or (loss) from	sales	of invent	ory	<b>&gt;</b>				
,,							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
e e		С									
Aisc		d	All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					208,182.	0.	0.	0.

# Form 990 (2021) BIGGER TABLE Part IX Statement of Functional Expenses

Doi	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	F0 000	10 500	25 000	10 500
	trustees, and key employees	50,000.	12,500.	25,000.	12,500
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,236.	1,059.	2,118.	1 050
10	Payroll taxes	4,230.	1,059.	2,110.	1,059
11	Fees for services (nonemployees):				
a	Management	1,811.		1,811.	
b	Legal	1,011.		1,011.	
C	•				
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	105,273.	34,972.	35,280.	35,021
40	column (A), amount, list line 11g expenses on Sch 0.)	105,275.	34,312.	33,200.	33,021
12 13	Advertising and promotion	1,535.		1,535.	
	Office expenses	620.		620.	
14 15	Information technology	0201		020.	
16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,350.			1,350
20	Interest	=,0000			_,550
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,355.		1,355.	
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	PROGRAM SUPPLIES	6,112.	6,112.		
b			-		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	172,292.	54,643.	67,719.	49,930
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)				

BIGGER TABLE

# Form 990 (2021) Part X Balance Sheet

Par	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or	note to any line in this	Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			75,517.	1	151,173
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contributor, o	or 35%			
		controlled entity or family member of any of t	nese persons			5	
	6	Loans and other receivables from other disqu	alified persons (as def	fined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)	(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B				9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		75,517.	16	151,173
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule	D		21	
န္	22	Loans and other payables to any current or for	ormer officer, director,				
1		trustee, key employee, creator or founder, su	bstantial contributor, o	or 35%			
Liabilities		controlled entity or family member of any of t	nese persons			22	
3	23	Secured mortgages and notes payable to un	elated third parties			23	
	24	Unsecured notes and loans payable to unrela	ted third parties			24	
	25	Other liabilities (including federal income tax,	payables to related th	ird			
		parties, and other liabilities not included on li	nes 17-24). Complete I	Part X			
		of Schedule D			0.	25	39,766
	26		<u></u>		0.	26	39,766
		Organizations that follow FASB ASC 958, or	heck here 🕨 🛚 X				
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			75,517.	27	111,407
g	28	Net assets with donor restrictions		<u></u>		28	
		Organizations that do not follow FASB ASG	958, check here	▶ 🔲 🔠			
֡֝֞֝֞֝֞֝֞֓֓֓֓֓֓֓֓֓֓		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current fun				29	
Sel	30	Paid-in or capital surplus, or land, building, or	equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г		31	
Š	32	Total net assets or fund balances			75,517.	32	111,407
	33	Total liabilities and net assets/fund balances			75,517.	33	151,173 Form <b>990</b> (202

Form 990 (2021)

BIGGER TABLE

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			182.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	72,	292.
3	Revenue less expenses. Subtract line 2 from line 1				890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		75,	517.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
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	1	11,	407.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	<b>)</b>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2	ا د	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it		
	Act and OMB Circular A-133?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<b>,</b>	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BIGGER TABLE

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

. u		Ticacon for Fabric (	onanty Otataon	(All Organizations must c	ompicte ti	iis part.) O	cc manachona.	
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4	$\Box$	A medical research organization						the hospital's name.
		city, and state:	•				( A A A A	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C			o. opo.u.	-		
6				antal unit described in	ootion 17	70/6//4//4/	()	
6	X	A federal, state, or local gov	-					من المصانية ما مصانية
′	Λ	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	-					
8	Н	A community trust describe						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	x) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12	$\Box$	An organization organized a	· ·	•	•			purposes of one or
		more publicly supported or	•	•	•			
		lines 12a through 12d that						
а		Type I. A supporting orga	* *					aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·			_		
		• • • •			majority o	i tile direc	tors or trustees or the st	apporting
		organization. You must o	- · · · · · · · · · · · · · · · · · · ·				-l	d.,
b			•					•
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			-				• •	ed with,
	_	its supported organization		·				
d			rintegrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a v	written determination fro	n the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		d organization(s).	(iv) la tha assa	aiastiaa listad		
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			0.	110,025.	208,182.	318,207.
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				110,025.	208,182.	318,207.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						318,207.
Sec	tion B. Total Support						
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	,			110,025.	208,182.	318,207.
	Gross income from interest,				_	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10						318,207.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	
	First 5 years. If the Form 990 is for the	· ·				01(c)(3)	
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			<b>&gt;</b> X
Sec	tion C. Computation of Public						
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or mo	ore, check this box	c and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990) 2021

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</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						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	<u> </u>					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>					
	Add lines 10a and 10b	<u> </u>					
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						
	assets (Explain in Part VI.)	<del>                                     </del>					
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
0	check this box and stop here						<b>&gt;</b>
	etion C. Computation of Publi			(0)		45	
	Public support percentage for 2021 (li	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
				no 13 column (f)\		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2021. If the			on line 14 and line			
198							
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990) 2021

### BIGGER TABLE

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	216		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	_		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	44.		
_	10b	2001	2001

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	capporting 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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
566	tion 6. Type it oupporting organizations		V	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	. aga a
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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-function	nally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 BIGGER TABLE			84	L-34346/1 Page <b>7</b>
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(contine</sub>	ued)	
Sect	ion 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 exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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 responsive			
	(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	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable
			Pre-2021		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				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	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:				
а	Excess from 2017				

Schedule A (Form 990) 2021

**b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

2021.04030 BIGGER TABLE

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

84-3434671 BIGGER TABLE

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ac	counts. Complete if the
		(a) Donor advised fund	ds (	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 wi	riting that the assets held in o	donor advised fund	s
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant fur	nds can be used or	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose conferri	ng
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Pre	servation of a histo	rically important land area
	Protection of natural habitat	Pre	servation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	in the form of a cor	nservation 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			2b
С	Number of conservation easements on a certified historic struc	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a hist	oric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termin	ated by the organiz	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	• • • •	andling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enf	orcing conservation	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcin	g conservation eas	ements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)(	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footno	•	cial statements tha	t describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of A	Art Historical Traceur	os or Othor Si	milar Accate
Fai	Complete if the organization answered "Yes" on Form 9		es, or other s	illiai Assets.
10	If the organization elected, as permitted under FASB ASC 958.		etatomont and hala	neo shoot works
ıu	of art, historical treasures, or other similar assets held for publi	•		
	service, provide in Part XIII the text of the footnote to its finance	, ,		ec of public
h	If the organization elected, as permitted under FASB ASC 958,			sheet works of
b	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:	on monitori, education, or rese	aron in iuntilerance	or public service,
				<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1			<b>.</b> .
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treas	curse or other similar assets		· · · · · · · · · · · · · · · · · · ·
2				OVIGE
•	the following amounts required to be reported under FASB AS  Revenue included on Form 990, Part VIII, line 1			•
a h	Revenue included on Form 990, Part VIII, line 1			
IJ	Assets included in Form 990, Part X			Ψ Φ

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

Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, or C	Other S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	ollowing that m	ake sign	ificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔲 Lo	an or exc	hange program						
b	Scholarly research	е	Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organization's	s exemp	t purpos	e in Part )	KIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, histo	rical treas	sures, or other s	similar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "Ye	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod							_	,	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	le:					_		
									Amoun	t	
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		7
	Did the organization include an amount on F					•	?		Yes	F	∐ No
	If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds. Complete										
Га	Trick	(a) Current year						ears back	(e) Four	r veare	hack
		(a) Current year	(b) Pric	or year	(c) Two years b	Jack (u	) Tillee y	cais Dack	(e) Foul	years	Dack
_	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance		- /I:	l (-\	\						
2	Provide the estimated percentage of the curr			column (a)	) neid as:						
a	Board designated or quasi-endowment Permanent endowment P		%								
b		% %									
С	Term endowment ▶  The percentages on lines 2a, 2b, and 2c sho	-′ -									
22	Are there endowment funds not in the posse	•	tion that a	ro hold an	nd administered	for the	organiza	tion			
Sa		ssion of the organiza	ilion inal a	ile Helu ai	id administered	i ioi tiie t	nyaniza	lion		Yes	No
	by: (i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the								OD		
	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, li	ne 11a. S	ee Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o basis (investn	I .	(b) Cost basis	or other (other)	` '	umulate eciation	d	(d) Boo	k valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X. column	(B). line 10	0c.)			<b></b>			0.
_				-	•			·		_	_

Schedule D (Form 990) 2021

יייייייייייייייייייייייייייייייייייייי	n of security or category (including name of security)	(b) Book value	<ul><li>11b. See Form 990, Part X, line 12.</li><li>(c) Method of valuation: Cost or end</li></ul>	-of-vear market value
i) Financial c		(b) Book value	(c) Wethod of Valdation. Cost of cha	or year market value
•	ld equity interests			
2) Olosely ne 3) Other	id equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) r	must equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related.			
	complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX C	must equal Form 990, Part X, col. (B) line 13.) > Other Assets.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	Tra. Gee Form 550, Fart X, line 15.	(b) Book value
(1)	(4.)	Bookipalon		(b) Book value
* *				
וכיו				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line	⊋ 15.)	•	
(3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities.			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X C	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X C	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X C	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X C  (1) Federa (2) DUE	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X C  (1) (1) Federa (2) DUE (3)	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X C C I. (1) Federa (2) DUE (3) (4)	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X C  C  I. (1) Federa (2) DUE (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X Column Column (1) Federa (2) DUE (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			(b) Book value 39,766
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X C  1.  (1) Federa (2) DUE (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability al income taxes			

Schedule D (Form 990) 2021

Pa	t XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial S	12.)	5	
Ра		•	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		0.0	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	40		
a				
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line			
	rt XIII Supplemental Information.	<del>5 10.)</del>		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b and 2b: Pa	art V. line 4: Part X. line 2: Part )	ΧI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	,
		•		

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BIGGER TABLE

Employer identification number 84-3434671

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

DRIVE INCLUSIVE ECONOMIC GROWTH IN CHICAGOLAND BY BRINGING TOGETHER THE

FOOD & BEVERAGE INDUSTRY TO COLLABORATE AND DELIVER ON A SERIES OF

CHARITABLE AND ECONOMIC GROWTH INITIATIVES. BY WORKING TOGETHER, WE

WORK MORE EFFECTIVELY, CREATE BIGGER IMPACT IN OUR NEIGHBORHOODS, AND

BETTER ENGAGE EMPLOYEES AND THE COMMUNITIES WE SERVE.

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

DRIVE INCLUSIVE ECONOMIC GROWTH IN CHICAGOLAND BY BRINGING TOGETHER THE

FOOD & BEVERAGE INDUSTRY TO COLLABORATE AND DELIVER ON A SERIES OF

CHARITABLE AND ECONOMIC GROWTH INITIATIVES. BY WORKING TOGETHER, WE

WORK MORE EFFECTIVELY, CREATE BIGGER IMPACT IN OUR NEIGHBORHOODS, AND

BETTER ENGAGE EMPLOYEES AND THE COMMUNITIES WE SERVE.

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

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

A DRAFT OF FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN DIRECTED

TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. A COPY OF FORM 990 IS

PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

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

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR WAS MADE BASED ON

COMPARABILITY DATA THAT WAS REVIEWED AND VOTED ON BY THE BOARD OF

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization BIGGER TABLE	Employer identification number 84-3434671	
DIRECTORS. THIS DECISION WAS DOCUMENTED IN THE MEETING M	INUTES OF	THE
BOARD.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	UPON REQUE	EST.
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING:		
PROGRAM SERVICE EXPENSES		34,831.
MANAGEMENT AND GENERAL EXPENSES		35,000.
FUNDRAISING EXPENSES		34,880.
TOTAL EXPENSES		104,711.
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES		141.
MANAGEMENT AND GENERAL EXPENSES		280.
FUNDRAISING EXPENSES		141.
TOTAL EXPENSES		562.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		105,273.