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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and	ending		
	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	BIGGER TABLE			
	Name			84-34346	71
F	Initial return	T T	Room/suite	E Telephone number	
]Final return/	802 WESLEY AVE		312-525-9	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	435,089.
	Ameno return	OAK PARK, IL 60304		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: ALAN REED		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) S 501(c)() (insert no.) A 4947(a)(1) C	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2019 N	1 State of legal domicile: ${ t IL}$
Pa	rt I	Summary	~~		
Governance	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	LE O	
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1
<u>viţi</u>		Total number of volunteers (estimate if necessary)			30
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		208,182.	421,714.
en.		Program service revenue (Part VIII, line 2g)		0.	<u> </u>
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		208,182.	412,267.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
				0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		54,236.	52,695.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 3, 76	58.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,056.	224,344.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		172,292.	277,039.
	19	Revenue less expenses. Subtract line 18 from line 12		35,890.	135,228.
or			Ве	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		151,173.	252,467.
t As		Total liabilities (Part X, line 26)		39,766.	5,832.
25	22	Net assets or fund balances. Subtract line 21 from line 20		111,407.	246,635.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	
C:		Signature of officer		I Date	
Sigr Her		ALAN REED, EXECUTIVE DIRECTOR		Duto	
пег	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN
Paid		KENNETH L. TORNHEIM KENNETH L. TORNH	EIM 1	1/02/23 if self-employe	
	arer	Firm's name OSTROW REISIN BERK & ABRAMS, LTD			6-293887 4
	Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1		o Em	
	-	CHICAGO, IL 60611		Phone no. 31	2-670-7444
May	the IF				X Yes No

Pa	Charlet Cabada Contains a service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	<u>A</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	• •
4a	(Code:) (Expenses \$ 262,692. including grants of \$) (Revenue \$) (Revenue \$)	DDBECC)
	HUNGER, UNEMPLOYMENT, AND INCLUSIVE ECONOMIC DEVELOPMENT IN CH	
	UNLOCKING OTHERWISE INVISIBLE OPPORTUNITIES THAT LIE WITHIN TH	
	INDUSTRIES AND THEIR SUPPLY CHAINS. BIGGER TABLE HELPS ADDRES	
	EXPANDED FOOD INSECURITY THROUGH FACILITATING IN-KIND DONATION	
	INGREDIENTS, FOOD SCIENCE, MANUFACTURING LINE TIME, PACKAGING	
	TO CREATE NUTRITIOUS FOOD PROVIDED FREE FOR CHICAGOLAND'S FOOD	PANTRIES
	AND FOOD BANKS.	
4b	(Code:) (Expenses \$)
4-		<u> </u>
4c	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 262,692.)
+6	Total program service expenses	Form 990 (2022)

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Form 990 (2022) 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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
	If "Yes," complete Schedule D, Part IV	9_		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	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,	170		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
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		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
	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		7.7	
	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
20 a	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		
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

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	990 (2022) BIGGER TABLE 84-3	<u>434671</u>	Р	age '
Pal	t IV Checklist of Required Schedules (continued)		T.,	Τ
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		 ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	•	23		x
24 a	Schedule J	23		1
2 40	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?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u>- 1.5</u>		
	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?			
	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	ed		
	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			X
	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			١.,
	"Yes," complete Schedule L, Part IV		37	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			₩
0.4	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		 ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		125
34		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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	l l		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

Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	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	1a	4			
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	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Form 990 (2022) BIGGER TABLE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 84-3434671

					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	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 Advanced in the Financi	ccoun	ts (FBAR).			
				<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e orga	inization solicit			, .
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			۱		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	adooo r	royidad to the payor?	7.		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
			uirod	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		x
ч		7d	I	70		
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
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	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			120		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b	1			
c	Enter the amount of reserves on hand	13c		1		
				14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15	L	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	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) 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 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			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
·		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7-		Х
	more members of the governing body?	7a_		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	37
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	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 Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			77
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 to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		37
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>ALAN REED - 312-525-9653</u>			
	802 WESLEY AVE, OAK PARK, IL 60304			

Form 990 (2022) 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

X

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, box 6 of 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.

Check this box if neither the organization r		orga	niza			nper	sate		irector, or trustee.	_
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week (list any	\vdash				П	Ĺ	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ALAN REED	40.00								_	_
EXECUTIVE DIRECTOR		Х				_		18,752.	0.	0.
(2) ANDY DRATT	1.00								_	
CHAIR		Х		Х		_		0.	0.	0.
(3) LISA DEMME	1.00								_	
VICE CHAIR		Х		Х		_		0.	0.	0.
(4) JOHN SHAPIRO	1.00	l								
SECRETARY		Х		Х		_		0.	0.	0.
(5) NORM BAKER	1.00	J								
DIRECTOR		Х				_		0.	0.	0.
(6) ANITRA FARMER	1.00	l								
DIRECTOR		Х				_		0.	0.	0.
(7) TERRANCE HALL	1.00	l								
DIRECTOR	1	Х				_		0.	0.	0.
(8) BRETT LUTZ	1.00	ļ								
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(9) ARMAND PARADIS	1.00									
DIRECTOR	1 00	Х				┝		0.	0.	0.
(10) JEREMY ANDERSON	1.00									
DIRECTOR - TERM	1	Х				_		0.	0.	0.
		-								
	+					┢				
		1								
-	-					-				
		-								
	+									
		-								
	+	 	\vdash	\vdash		\vdash	 			
		1								
	+		\vdash			\vdash				
		1								
	+	 	\vdash	\vdash		\vdash				
		1								
	1	<u> </u>				_	<u> </u>	1	l	000

	1990 (2022) BIGGER TA									84-343	467	1 P	age 8
Pai	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average			(C Posi	C) ition	l		ompensated Employee (D) Reportable	s (continued) (E) Reportable		(F) Estimate	ed
		hours per week (list any hours for related organizations below line)	box,	, unles	ss per	son is	Highest compensated Arts of the popular complexity of the popular comp	an	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)		amount other ompensa from th organizat and relat organizati	of tion e ion ed
1b	Subtotal								18,752.	0	_		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)		<u></u>			<u>.</u>			18,752.	0			0.
	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		V	0 N o
3	Did the organization list any former officer,	•		•	•	•		•	·	•	3	Yes	X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization			X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services	5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor										sation	from	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ig w	ith c	r wi	hin	(B)			(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Com	pensatio	<u>n</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			
	3,555 5. 55. IIponoadon IIom die organiz										For	m 990 (2022)

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Form 990 (2022) BIGGER TABLE
Part VIII Statement of Revenue

		Charle if Cabadula O contains a reconomic	or note to one lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any iin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ج و		Fundraising events 1c	10,871.				
fts, A	٦	Related organizations 1d					
Gi	u						
ns, Sim	е	Government grants (contributions)					
ë jë	f	All other contributions, gifts, grants, and	440 040				
ibu		similar amounts not included above 1f	410,843.				
nt d	g	Noncash contributions included in lines 1a-1f 1g \$	115,857.				
a C u	h	Total. Add lines 1a-1f		421,714.			
			Business Code				
ø)	2 a	ı <u></u>					
<u>vi</u>	b						
er, ue							
n S	С						
Irai Rev	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
	•	(i) Real	(ii) Personal				
	•		(ii) i diddinai				
		Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
) Jun	_	Gain or (loss)					
Revenue		. ,					
er R		Net gain or (loss)	·····				
	8 a	Gross income from fundraising events (not					
₽		including \$ 10,871. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 13,375.				
	b	Less: direct expenses 8	22,822.				
		Net income or (loss) from fundraising events		-9,447.			-9,447.
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	h	Less: direct expenses 9					
		Net income or (loss) from gaming activities	J				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory					
"			Business Code				
ous.	11 a	ı <u></u>					
ne	b						
Miscellaneous Revenue	C						
Sce	٦ ا	All other revenue					
Σ							
		• Total. Add lines 11a-11d		412,267.	0.	0.	-9,447.

Form 990 (2022) BIGGER TABLE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	48,123.	48,123.		
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				
10	Payroll taxes	4,572.	4,572.		
11	Fees for services (nonemployees):				
а	Management				
	Legal	3,448.		3,448.	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	38,825.	38,825.		
12	Advertising and promotion	3,300.			3,300.
13	Office expenses	1,746.	39.	1,239.	468.
14	Information technology	4,461.		4,461.	
15	Royalties				
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	1,431.		1,431.	
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.)	445 055	445 055		
а	INGREDIENTS	115,857.	115,857.		
b	PROGRAM SUPPLIES	55,276.	55,276.		
С					
d					
е	All other expenses	000 000	0.50 500	40 550	2 7 7 7
25	Total functional expenses. Add lines 1 through 24e	277,039.	262,692.	10,579.	3,768.
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 (2022)
00001	1 12-13-22				Earm 44(1/2022)

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Form 990 (2022) Part X | Balance Sheet

Part	X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		151,173.	1	252,467
	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	or former officer, director,			
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		10c		
1	11	Investments - publicly traded securities		11		
1	12	Investments - other securities. See Part IV, lin		12		
1	13	Investments - program-related. See Part IV, lin		13		
1	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11		15		
_ 1	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	151,173.	16	252,46
1	17	Accounts payable and accrued expenses			17	
1	18	Grants payable		18		
1	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complet	te Part IV of Schedule D		21	
, 2	22	Loans and other payables to any current or fo	ormer officer, director,			
É		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		22	
J 2	23	Secured mortgages and notes payable to unr	elated third parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third parties		24	
2	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
				39,766.	25	5,832
2	26	Total liabilities. Add lines 17 through 25		39,766.	26	5,832
,		Organizations that follow FASB ASC 958, c	heck here X			
<u> </u>		and complete lines 27, 28, 32, and 33.		111 100		0.46 605
2	27	Net assets without donor restrictions		111,407.	27	246,635
2 2	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC	958, check here			
		and complete lines 29 through 33.				
2 2	29	Capital stock or trust principal, or current fund			29	
) 3	30	Paid-in or capital surplus, or land, building, or			30	
<u> </u>	31	Retained earnings, endowment, accumulated		44440-	31	0.15 55
Net Assets or Fund Balances	32	Total net assets or fund balances		111,407.	32	246,635
3	33	Total liabilities and net assets/fund balances		151,173.	33	252,467 Form 990 (20)

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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		2,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0	
3	3		5,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	1,4	<u>07.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24	6,6	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Control X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	consolidated basis, or both:				
	X 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,			1
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BIGGER TABLE 84-3434671 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			110,025.	208,182.	421,714.	739,921.
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.	421,714.	739,921.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						222,903.
6	Public support. Subtract line 5 from line 4.						517,018.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			110,025.	208,182.	421,714.	739,921.
8	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	Total support. Add lines 7 through 10						739,921.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					X
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	eck this box and st	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

84-3434671 Page 4

Schedule A (Form 990) 2022

BIGGER TABLE

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
2h		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
00		
9c		
10a		
10b		
.lo A /Га	 - 000	2022

Pai	TIV 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?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
	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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	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			
Sec	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
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			
	and the state of the significant	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			
	The second details in	la		
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.	Bb		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 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		
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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt 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	S	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

E	BIGGER TABLE	84-3434671				
Organization type (check	cone):					
ilers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule.	hde Coeinstwictions				
vote: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1 contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (in EZ, line 1. Complete Parts I and II.	and that received from any one				
contributor, during literary, or education	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, substitutional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,				
year, contribution is checked, ente purpose. Don't c	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lii	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ing requirements of Schedule B (Form 990).	•				

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$16,497 . _	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	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
4		\$\$	Person Payroll Noncash X (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.)

BIGGER TABLE

84-3434671

Page 3

Name of organization Employer identification number

BIGGER TABLE

84-3434671

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4700 LBS OF BLACK BEANS AND 4700 LBS OF PINTO BEANS	_	
2		_	
		16,497.	12/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18,000 LBS OF CHEESE POWDER	_	
4		-	
		99,360.	05/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		\	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
	-	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		_ _	
		_	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** BIGGER TABLE 84-3434671 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

	BIGGER TABLE	84-3434671
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other Funds	counts. 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		
4	Aggregate value of grants from (during year) 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 fund	
3	· · ·	
•	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 of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
Par	impermissible private benefit?	
Pai	Complete if the organization and order 100 of 100 o	line /.
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)	orically important land area
	Protection of natural habitat Preservation of a cert	fied 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 co	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, 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 organic	
-	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	
J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
U	Start and volunteer flours devoted to morntoning, inspecting, handling of violations, and emorcing conservation	or easements during the year
7	Amount of expenses insurred in monitoring inspecting handling of violations, and enforcing conservation as	coments during the year
′	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
		(2)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
Da	organization's accounting for conservation easements.	imilar Aposta
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance.	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	
9		\$
a h	Revenue included on Form 990, Part VIII, line 1	^
	Assets included in Form 990, Part X	
LΗΑ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Sche	edule D (Form 990) 2022 BIGGER	TABLE			8	4-343	34671	L Pa	ne 2
Pa	rt III Organizations Maintaining C		t, Historical Tr	easures, or Othe	er Similar	Assets	(contin	ued)	gc –
3	Using the organization's acquisition, accession						(
	collection items (check all that apply):	·	•	· ·					
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е		3 . 3					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's exe	empt purpose	e in Part X	CIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Yes" o	n Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributior	ns or other assets not	tincluded				
	on Form 990, Part X?					\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	custodial account liab	ility?	🗀	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	l				
Pai	rt V Endowment Funds. Complete i	if the organization an	swered "Yes" on F	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	ars back	(e) Four	years t	oack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	.%							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	and administered for t	:he		_	1	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pal	rt VI Land, Buildings, and Equipm) Doubly/ !:== 44 - 4	Can Farm COO Dard V	Line 10				
	Complete if the organization answered								
	Description of property	(a) Cost or o	ther (b) Cos	st or other (c)	Accumulated		(d) Book	c value	;
	Description of property	1 ' '					. ,		
		basis (investr			epreciation				
	Land	basis (investr							<u> </u>
b		basis (investr							

Schedule D (Form 990) 2022

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

0.

Schedule D (Form 990) 2022 BIGGER TABL	ıΕ		84-3434671 _{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: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15		
Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
(a) Description of liability	0111 01111 000, 1 01111, 11110	110 01 1111 000 1 01111 000, 1 arex, 1110	(b) Book value
(1) Federal income taxes			(b) Book value
			5,250.
			582.
			302.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			F 222
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		. 5,832.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

4c

Sche	dule D (Form 990) 2022 BIGGER TABLE				34346/1 Page
Paı	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	turn.	
	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	435,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	22,822.		
е	Add lines 2a through 2d			2e	22,822
3	Subtract line 2e from line 1			3	412,267
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			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	412,267
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	299,861
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		22,822.		
е	Add lines 2a through 2d			2e	22,822
3	Subtract line 2e from line 1			3	277,039
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			

Part XIII Supplemental Information.

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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 FOUNDATION IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), AND SIMILARLY, IS EXEMPT FROM STATE OF ILLINOIS TAXES UNDER THE ILLINOIS TAX ACT SECTION 205(A), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE FOUNDATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THERE WERE NO UNRELATED BUSINESS INCOME FOR THE

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization							ntification number
BIGGER						84-3434	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais Mail solicitations	sed funds through any of the followin e Solicita	tion of	non-g	overnment grants			
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
d In-person solicitations2 a Did the organization have a written or	or oral agreement with any individual	(includ	lina of	ficers directors trus	tees	or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with portion with portion or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	it is e	exempt from req	gistration
LHA For Paperwork Reduction Act Noti	ice. see the Instructions for Form 9	990 or	990-E	Z.		Schedule	G (Form 990) 2022

Pa	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.						
		ot tundraising event contributions and gro	oss income on Form 990 (a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	1	
			(a) Event #1	(b) Event #2	NONE	(d) Total events	
			GOLF OUTING			(add col. (a) through	
۵			(event type)	(event type)	(total number)	col. (c))	
Revenue							
3eve	1	Gross receipts	24,246.			24,246.	
	2	Less: Contributions	10,871.			10,871.	
	3	Gross income (line 1 minus line 2)	13,375.			13,375.	
	4	Cash prizes					
S	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
St Ex	7	Food and beverages					
Ë	•	Tood and bovorages					
_	8	Entertainment					
	9	Other direct expenses	22,822.			22,822.	
		Direct expense summary. Add lines 4 through				22,822.	
		Net income summary. Subtract line 10 from line				-9,447.	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	Ι	(d) Total gaming (add	
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue				gg-		(3)	
െ	1	Gross revenue					
	•	aross revende					
,,	2	Cash prizes					
nse							
Direct Expenses	3	Noncash prizes					
빙							
Dire	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)				
		Not gaming income augment. Cubtreat line 7	from line 1 column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>	
9	Ent	er the state(s) in which the organization condu	cts gaming activities:				
		he organization licensed to conduct gaming ac				Yes No	
		No," explain:					
		re any of the organization's gaming licenses re			year?	Yes No	
b	It "`	Yes," explain:					
	_					_	
					_		
23208	2 10	-27-22			Sche	dule G (Form 990) 2022	

Schedule G (Form 990) 2022 BIGGER TABLE	84-3434671 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnershi	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 9
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/speci	
Little the hame and address of the person who prepares the organization's gaming/specific	al events books and records.
Nama	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization rece	eives gaming revenue? Yes No
h If IIV.	and the constant
	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contract	tor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gam	ning proceeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exem	npt 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, Ii	ine 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. Sec	

Schedule G	(Form 990)	BIGGER TABLE	84-3434671	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		
		1		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

BIGGER TABLE

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

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

Inspection
Employer identification number

84-3434671

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles Food inventory	Х	2	115,857.	FM7/			
20	Food inventory	21		113,037	I IIV			
	Drugs and medical supplies							
21	Taxidermy Listorical artifacts							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			V	
00-	During the constraint to the constraint to			and a disc Double Borne & House	-1- 00 411 11		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					00		v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	l:		-f	±:0	0.4		v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of		_					. v
_	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	tor which column (a) is che	cked,			
	describe in Part II.				<u> </u>	- /-		
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 990	J.	Schedule N	ı (Forr	n 990)	, 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

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) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** 84-3434671 BIGGER TABLE DIRECTORS. THIS DECISION WAS DOCUMENTED IN THE MEETING MINUTES OF THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. PART VII SECTION A & PART IX, LINE 5 - EXECUTIVE COMPENSATION: REPORTABLE COMPENSATION FOR ALAN REED, EXECUTIVE DIRECTOR, DIFFERS FROM OFFICER COMPENSATION REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSES DUE TO REIMBURSED WAGES PAID TO AN UNRELATED TAX-EXEMPT ORGANIZATION. ALAN REED WAS EMPLOYED BY BOTH ORGANIZATIONS DURING THE YEAR BUT PAID ONLY THROUGH THE UNRELATED ORGANZATION FOR THE FIRST PART OF THE YEAR FOR WORK PERFORMED WITH BOTH ORGANIZATIONS. BIGGER TABLE BEGAN PAYING HIM DIRECTLY DURING THE LATTER PART OF THE YEAR. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: 37,200. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 37,200. PAYROLL FEES: PROGRAM SERVICE EXPENSES 1,625. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,625. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 38,825. Schedule O (Form 990) 2022

Name of the organization BIGGER TABLE	Employer identification number 84-3434671
	1 01 01010/1
FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:	
MODIFIED CASH BASIS	