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** 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.

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



~	For the 2020 colony
Inte	ernal Revenue Service
	partment of the Treasury

AF	or th	e 2020 calendar year, or tax year beginning and	l ending					
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number			
	Addre							
	Name Chang	Doing business as		52-13817	38			
	Initial return Final return		Room/suite	E Telephone number (301)585				
	⊥return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,348,522.			
	Amen Ireturn			H(a) Is this a group re				
				for subordinates				
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1)	or 527		list. See instructions			
_		te: WWW.SHEPHERDSTABLE.ORG		H(c) Group exemption				
	_	f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🔛 Other 🕨	L Year	of formation: 1985 N	State of legal domicile: MD			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: SEE	PART 1	II, LINE I.				
Activities & Governance			▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.					
ver					22			
ß		Number of independent voting members of the governing body (Part VI, line 1a)			22			
s S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			30			
vitie		Total number of volunteers (estimate if necessary)			1486			
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		2,531,925.	3,190,085.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	<u> </u>			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,062. -11,779.	49,979. 1,429.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,556,208.	3,241,493.			
	13	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)		2,330,200	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		991,505.	1,149,854.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		27,973.	0.			
xpe		Total fundraising expenses (Part IX, column (D), line 25) 219,5	70.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,234,175.	934,734.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,253,653.	2,084,588.			
. 0	19	Revenue less expenses. Subtract line 18 from line 12		302,555.	1,156,905.			
Net Assets or -und Balances				ginning of Current Year	End of Year			
Asse Bala		Total assets (Part X, line 16)		2,147,286. 36,731.	3,580,918. 59,005.			
Vet ∕ und		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,110,555.	3,521,913.			
		Signature Block		2,110,333.	5,521,515.			
		blies of parium. I dealars that I have examined this return including ecoempanying echedul	and atatam	anta and to the heat of m	knowledge and balief it is			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	MANUEL HIDALGO, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature / Date	Check PTIN
Paid	RICHARD J. LOCASTRO, CPA Richard J. Locastro 09/10/2	self-employed PUUZ00314
Preparer	Firm's name 🖕 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)

Form	1990 (2020) THE SHEPHERD'S TABLE INC.	52-1381738	Pag
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO IMPROVE QUALITY OF LIFE, C		
	SELF-SUFFICIENCY, AND INSPIRE HOPE FOR THE M EXPERIENCING FOOD INSECURITY, HOMELESSNESS A		7 7 7
	TO OUR COMMUNITY TABLE FOR MEALS AND ACCESS		АШ
2	Did the organization undertake any significant program services during the year which we		
2	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, a	any program services?	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three larges	st program services, as measured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,399,698. including grants of \$) (Revenue \$	
	THE MEALS PROGRAM IS THE ORGANIZATION'S MAIN		
	JANUARY 1ST - MARCH 15TH WE PROVIDED BREAKFA	-	
	WEEKDAYS AND BRUNCH AND DINNER ON WEEKENDS. STARTED WE STARTED SERVING BRUNCH AND DINNER	ONCE THE COVID-19 PANDE	
	LUNCH. WE BUILT TWO LARGE TENTS OUTSIDE OF P		A
	RESTRICTED INDOOR DINING TO 25% OF CAPACITY.	EVENTUALLY WE LIMITED	
	INDOOR DINING ONLY TO SHELTER GUESTS AND 4TH		NE
	AND JULY, WE PILOTED A PROGRAM TO SERVE PREP		
	BEYOND THE TABLE. ON NOVEMBER 30TH WE MADE T	HE PROGRAM PERMANENT AN	D
	PURCHASED A VAN TO SERVE DINNER MEALS AT PAR		AY
	A WEEK AND RIVERDALE ELEMENTARY SCHOOL TWO N		
	SERVED 45,945 DINNER MEALS, 34,184 BRUNCH ME	ALS, 11,110 LUNCH MEALS	,
4b	(Code:) (Expenses \$ 247,005. including grants of \$) (Revenue \$	~-
	THE RESOURCE CENTER IS THE ORGANIZATION'S SE		CE
	THE RESOURCE CENTER PROVIDES SOCIAL SERVICES INTERVENTION, MAIL SERVICE, PRESCRIPTION ASS		
	INTERVENTION, MAIL SERVICE, PRESCRIPTION ASS TOILETRIES, AND REFERRALS TO OTHER PROVIDERS	•	
	CENTER OPERATES AN EYE CLINIC WITH AN OPTOME	•	
	TO DO EYE EXAMS, PROVIDE PRESCRIPTION LENSES		
	SPECIALISTS. IN 2020 THE RESOURCE CENTER ACH	-	
	OUTCOMES:		
	- INDIVIDUAL CONTACTS -9,703		
	- UNDUPLICATED CLIENTS -1,271		
	- NEW CLIENTS -376		
	- TELEPHONE -131		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
		(Revenue \$	
4e	Total program service expenses 1,646,703.		
		Form 9	90 (
32002	2 12-23-20 SEE SCHEDULE O FOR CO	NTINUATION(S)	
	2		
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Part IV Checklist of Required Schedules

THE SHEPHERD'S TABLE INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	-	8		x
9	Schedule D, Part III	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	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	х	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21		21		x
032002	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2020)
002000				(-520)

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Form	990	(2020)
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			Yes	NO
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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
	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
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		x
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
0	(gambling) winnings to prize winners?	1c	x	
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	4			•
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Form 990 (2020) THE SHEPHERD'S TABLE INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Exter the number of employees reported on Form W3, Transmittal of Wage and Tax Stataments. 2a 30 b If at least one is reported on line 2a, did the organization file al required to drife test enstructors? 2b X 30 Did the organization have annotation file al required to drife test enstructors? 2a X 31 Did the organization have annotation file al and the organization have an interest in, or a signature or other authomy over, a financial account? 4a X b I' Yee, 'inst file al Form 990-T for this yee? // Wo't bine 3b, provides account, or other financial account? 4a X b I' Yee, 'inst file al Form 990-T for this yee? // Wo't bine 3b, provides account, or other financial account? 4a X b I' Yee, 'inst file as of bb, did the organization file from 886-T? 5a X CB Dest be organization have annual gross excepts that are normally greater than \$100,000, and did the organization solid ary contributions that were y solidation an express statement that such contributions solidation are spress table and the advectibule and partly for grouds and services provided to the pary? 7a X 0 Did the organization field were solidation an express statement that such contributions outline and partly for grouds and services provided to the pary? 7a X 7a <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
b If a least one is reported on line 2a, did the organization file all required to e-file (see instructions) 2b X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Did the organization have unrelated business greas income d'S 1,000 or more during the year? 3a X b If Yees, 'nast if ted a Form 900.T for this year? If No' 16 inte 3b, provide an explanation on Schedule O 3b X b If Yees, 'nast if ted a forming the guident year, (If the organization have an interest it, or a signature or other authority over, a financial account) a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yees, 'nast if ted a foreign country is used in the system of the system? 5a X b If any toxable party notify the organization the file (mersion) 5a X b Ot the organization have annual greas receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware receive solicitation an express statement that such contributions or gifts were not tax deductible? 5a X b If Yees, 'indicate the number of Forms 828.7 Hed during the year? 7a X Y c If Yees, 'indicate the runnber of Forms 828.2 Hed during the year? 7a X Y c If Yees, 'indicate the number of eorms 828.2 Hed during the year?	2a				
Note: If the sum of lines 1 and 2 als greater than 250, you may be required to <i>e</i> -fie (see instructions) Image: Control 1 a foreign county (such as a bank account, securities account) or other during the year? Image: Control 1 a foreign county (such as a bank account, securities account) or other financial accounts (EBAR). 54 Mat the organization have an interest in, or a signature or other authority over, a financial account in a foreign county (such as a bank account, securities account) or other financial accounts (EBAR). Image: Control 1 a foreign county (such as a bank account, securities account) or other financial accounts (EBAR). Image: Control 1 a control 1 and the organization intervent in a signature or other financial accounts (EBAR). Image: Control 1 a control 1 and the organization intervent in a signature or other financial accounts (EBAR). Image: Control 1 and the organization intervent in a signature or other financial accounts (EBAR). Image: Control 1 and the organization intervent in a signature or other financial accounts (EBAR). Image: Control 1 and the organization intervent in a signature or other annotal and the organization solution and a press statement that such control to and the organization solution and appress tatement that such control to and the analytic or other intervent and the analytic or other intervent and the analytic or and the analytic organization and the account is and the account and the account is and the account is and the account is and t		filed for the calendar year ending with or within the year covered by this return 2a 30			
3a Ddt he organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X bit if 'ves,' inertiation a part is to organization a part is during the tax yea? 5a X 5b Was the organization a part is during the tax yea? 5a X 5b Was the organization is the row gront to the organization the from \$886-17. 5a X 5c Does the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization the from \$886-17. 5a X 7c Organizations that may receive deductible contributions under section 170(c). 6b X 10 H' ves, 'in did the organization in the value of the goal or services provided to the part or a point to tax year. 7a X 7c U''''''''''''''''''''''''''''''''''''	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If vas, 'trait it like a form 990-T for the year? // 'To' to /ine 30, provide an explanation on Schedule 0 36 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a toring neutry (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,' enter the name of the foreign country § 5a X b Did any toxics for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b Did any toxics party hold the organization that was or is a party to a prohibited tax sheller transaction? 5a X 61 Did any toxics dual party hold'th we organization that was or is a party to a prohibited tax sheller transaction solid. 6a X 61 Does the organization numl gross neighber that are normally greater than \$100,000, and did the organization solid. 6a X 7 Yes,' id dithe organization numl gross neighber shall property for which it was required to the party of the wall down of the value of the gross a contribution on griss were not tax doductible ontributions under section 170(c). 7a X 7 Yes,' id dithe organization numl roos neighber shall property for which it was required to the form 0822? 7a X 10 If the organization shall, achono a divise or on person		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X b If "Yea," anter the name of the toreign country (sock as a bank account, securities account, or other financial account)? 5a X b If "Yea," anter the name of the toreign country (sock as a bank account, securities account, or other financial account)? 5a X b Id any taxable party notify the organization financial scherer transaction? 5a X c) If "Yea," to the a car 5d, did the organization financial form 88867? 5a X c) If "Yea," did the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X c) Organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b) If "Yes," did the organization neaves as 525 made party as contribution and party for goods and services provided to the party? 7a X b) If "Yes," did the organization neaves as fully express or the value of the organization neaves any funds, directly or indirectly, on parsonal benefit contract? 7a X c) If "Yes," indicate the number of Forms 8282			3a		X
If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country See See X See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See X So Uka the organization a party to a prohibited tax shelt transaction? See X If "Yes" to line 5a or 5b, did the organization file Form 8886-17. See X Go Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? See X If "Yes," did the organization neural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions of services provided? See X If "Yes," did the organization neity the donor of the value of the goods or services provided? To To Z If the organization neevice a party funds, directly or indirectly, no a personal benefit contract? Te X If the organization receive any funds, directly or indirectly, no a personal benefit contract? Te X If the organization receive any funds, directly or indirectly, no a personal benefit contract? Te X If the orga			3b		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 13a c 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 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	а	Gross income from members or shareholders N/A 11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X If "Yes," see instructional institution subject to the section 4968 excise tax on net investment income? 16 X	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Im			12a		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag		77/7	120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	a	•	138		
organization is licensed to issue qualified health plans 13b 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	h	•			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	5				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	с				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

THE SHEPHERD'S TABLE INC.

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

X

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.

. م	Taken the momentum of stations are as a filler momentum in the description of the state	1a 2	2	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a <u></u>	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	1b 2	2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		-		
2	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under th				
Ū	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				X
	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?	·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?			Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \ldots		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done			X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approv	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	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 in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initiative states are accessed to a second the average of the second state o				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		401		
	exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed MD	and 000 T (Section 501 (-)	(3)0 001	1 010	able
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	1(C)1 UC (1001301 (2010)	SIS ONIS	i) avall	aule
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fine	ncial	
	statements available to the public during the tax year.	ormiter or interest policy, a	and iilid	icial	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	SONJI OWENS - (301)585-6463				
	8106 GEORGIA AVE, SILVER SPRING, MD 20910				
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.2000	6				12020
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable Reportable				
	hours per	box,	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week	-				1		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC)	(112/1000 11100)	organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) MANNY HIDALGO	40.00							100 001		0 005
EXECUTIVE DIRECTOR				X				122,081.	0.	2,085.
(2) SUSAN COLLET	2.00									•
CHAIR		Х		X				0.	0.	0.
(3) JEREMY ROSNER	1.00									•
VICE CHAIR		Х		X				0.	0.	0.
(4) JON ALTERMAN	1.00									
VICE-CHAIR		Х		X				0.	0.	0.
(5) DEBRA MAGIDSON	1.00									•
SECRETARY		Х		X				0.	0.	0.
(6) GARY PHOEBUS	1.00									
TREASURER		Х		X				0.	0.	0.
(7) PAUL KAPLUN	1.00									
AT-LARGE REPRESENTATIVE		Х						0.	0.	0.
(8) DEBBIE BOGER	0.50									
MEMBER		Х						0.	0.	0.
(9) CHASMINE BROOKS	0.50									•
MEMBER		Х						0.	0.	0.
(10) TOREY CARTER-CONNEEN	0.50									•
MEMBER		Х						0.	0.	0.
(11) ADELE CHAZIN	0.50									•
MEMBER		X						0.	0.	0.
(12) DEAN COOPER	0.50									0
MEMBER		X						0.	0.	0.
(13) KEN FARBER	0.50									0
MEMBER		X						0.	0.	0.
(14) AMBER HARRIS	0.50									0
MEMBER		X						0.	0.	0.
(15) LAURA HENDERSON	0.50									0
MEMBER		X						0.	0.	0.
(16) STEVEN JACOBS	0.50							_	_	•
MEMBER		X						0.	0.	0.
(17) AARON LICHTIG	0.50							_		^
MEMBER		X						0.	0.	0.
032007 12-23-20						_				Form 990 (2020)

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7 2020.04020 THE SHEPHERD'S TABLE INC.

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Form	990	(2020)
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Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe					
(A)	(B)	(C) Position		(D)	(E)		_	(F)					
Name and title	Average hours per		not c	heck r	more	than		Reportable	Reportable				
	week			ss per nd a di				compensation from	compensation from related		ar	other	
	(list any	ector						the	organizations		com	pensa	
	hours for	Individual trustee or director	e.			ated		organization	(W-2/1099-MIS	iC)		rom th	
	related organizations	ustee	nstitutional trustee		e	subeu		(W-2/1099-MISC)				janiza [.] d rela	
	below	dual tr	tional		nploye	st con	5					anizat	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				J		
(18) TRACY MABBITT-BOONE	0.50												
MEMBER		Х						0.		0.			0.
(19) FARAH NAGEER-KANTHOR	0.50												
MEMBER		X						0.		0.			0.
(20) HELAINE RESNICK	0.50							0		0			0
MEMBER (21) SONYA SNEDCOR	0.50	X				-		0.		0.			0.
MEMBER	0.30	x						0.		ο.			0.
(22) HEIDI WEBER	0.50	1								<u> </u>			•••
MEMBER		x						0.		Ο.			0.
(23) TESIA WILLIAMS	0.50												• •
MEMBER		x						0.		0.			0.
dh. Cubbatal								122,081.		0.		2 0	85.
1b Subtotal								0.		0.		2,0	0.0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								122,081.		0.		2.0	85.
2 Total number of individuals (including but r								-	000 of reportabl	-		_ / •	
compensation from the organization						-,		•••••	,	-			1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key e	empl	loye	e, o	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the se									the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	•							•			-		x
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedul	eJi	or si	ucn p	bers	son .					5		А
1 Complete this table for your five highest co	mnensated in	den	ende	ent c	ont	racto	nrs t	that received more than	\$100.000 of com	inens	ation	from	
the organization. Report compensation for	-	-								p 00			
(A)								(B)			(0	C)	
Name and business	address	N	ONE	Ξ				Description of s	ervices	C	ompe	nsatio	n
2 Total number of independent contractors (including but r	not li	mite	d to		~	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	zation 🕨					0						000	
											Form	990 ((2020)

032008 12-23-20

					RD '	S TABLE	INC.		52-1381	738 Page 9
Pa	rt V	/111								
			Check if Schedule O	contains a resp	onse	or note to any li		/D)	(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total levenue	function revenue		from tax under
10 10						42.000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a		43,899.				
Gra				1b			-			
Ťs,			Fundraising events				-			
ilar İlar			Related organizations			<u></u>	-			
Sins,			Government grants (conti			377,753.				
er (f	All other contributions, gifts,		~	R C C C C C C C C C C				
Ę			similar amounts not included			768,433.				
ont		-	Noncash contributions included in			527,445.				
<u>a</u> C		h	Total. Add lines 1a-1f			1	3,190,085.	•		
	_					Business Code				
vice	2									
Ser		b								
ven S		C								
gra Re		d								
Program Service Revenue		e 4	All other program service	*01/00/10						
_			Total. Add lines 2a-2f							
	3		Investment income (inclue							
	Ŭ		other similar amounts)				32,864.			32,864.
	4		Income from investment of							
	5		Royalties	-						
	Ũ			(i) Rea		(ii) Personal				
	6	а	Gross rents	6a			1			
	Ū		Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss	s)						
			Gross amount from sales of	(i) Securi						
			assets other than inventory	7a 124,1	44.					
		b	Less: cost or other basis							
anı			and sales expenses	<mark>ть</mark> 107,02	29.					
venue		с	Gain or (loss)	7c 17,1	15.					
Re		d	Net gain or (loss)		<u></u>	►	17,115.	•		17,115.
Other	8	а	Gross income from fundraisi	ng events (not						
đ			including \$	of						
			contributions reported on	,						
			Part IV, line 18				_			
			Less: direct expenses							
			Net income or (loss) from			<u></u>				
	9	а	Gross income from gamin	-						
			Part IV, line 19				-			
			Less: direct expenses							
			Net income or (loss) from		s	····· >				
	10	а	Gross sales of inventory,		10-					
		Ŀ	and allowances		10a 10b		-			
			Less: cost of goods sold							
		C	Net income or (loss) from	sales of invento	лу	Business Code				
Snc	11	a	MISCELLANEOUS	3		900099	1,429.			1,429.
nec		a b						·		
Miscellaneous Revenue		с С						1		<u> </u>
S B S			All other revenue				1	1		
Σ			Total. Add lines 11a-11d				1,429.			
	12		Total revenue. See instruction				3,241,493		0.	51,408.
03200								•	•	Form 990 (2020)
-							0			、 /

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THE SHEPHERD'S TABLE INC. Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
 4 Benefits paid to or for members 5 Compensation of current officers, directors, 				
5 Compensation of current officers, directors, trustees, and key employees	124,167.	62,083.	31,042.	31,042
6 Compensation not included above to disqualified	121/10/1	0270031	51/0120	51,011
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	867,373.	667,177.	83,868.	116,328
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	71,808.	53,341.	8,021.	10,446
0 Payroll taxes	86,506.	63,666.	10,001.	12,839
1 Fees for services (nonemployees):		,		,
a Management				
b Legal				
c Accounting	69,148.		69,148.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,830.		5,830.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	15,166.	14,014.	819.	333
12 Advertising and promotion	994.	699.	188.	107
I3 Office expenses	38,495.	12,731.	1,794.	23,970
4 Information technology	27,392.	21,057.	1,062.	5,273
5 Royalties		-		
6 Occupancy				
7 Travel	2,009.	2,009.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,552.	8,604.		5,948
0 Interest				
Payments to affiliates				
2 Depreciation, depletion, and amortization	13,236.	9,854.	1,395.	1,987
3 Insurance	14,605.	10,873.	1,539.	2,193
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.)				
a FOOD	481,118.	480,655.	463.	
b CLOTHING/OTHER SUPPLIES	187,061.	186,587.	248.	226
c REPAIRS AND MAINTENANCE	45,465.	40,758.	1,941.	2,766
d PRESCRIPTIONS	5,074.	5,074.		
e All other expenses	14,589.	7,521.	956.	6,112
25 Total functional expenses. Add lines 1 through 24e	2,084,588.	1,646,703.	218,315.	219,570
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)				

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10 2020.04020 THE SHEPHERD'S TABLE INC. Form **990** (2020)

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 832,781. 1 37,508. 2 Cash - non-interest-bearing

THE SHEPHERD'S TABLE INC.

	1	Cash - non-interest-bearing			832,781.	1	1,331,907.
	2	Savings and temporary cash investments			37,508.	2	512,538.
	3	Pledges and grants receivable, net			435,822.	3	737,077.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			15,160.	9	14,600.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>180,853.</u> 91,171.			
	b	Less: accumulated depreciation	10b	91,171.	47,835.	10c	89,682.
	11	Investments - publicly traded securities			776,180.	11	893,114.
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,000.	15	2,000.		
	16	Total assets. Add lines 1 through 15 (must equa		2,147,286.	16	3,580,918.	
	17	Accounts payable and accrued expenses		36,731.	17	59,005.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
Se	22	Loans and other payables to any current or form	er, director,				
Liabilities		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
iabi		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			36,731.	26	59,005.
s		Organizations that follow FASB ASC 958, che	ck her				
Ce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions	1,810,234.	27	3,269,103.		
β	28	Net assets with donor restrictions	300,321.	28	252,810.		
un		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or ec	nt fund		30		
ťÀ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			2,110,555.	32	3,521,913.
	33	Total liabilities and net assets/fund balances			2,147,286.	33	3,580,918.
							Form 990 (2020)

(B) End of year

Part X Balance Sheet

Form	990 (2020) THE SHEPHERD'S TABLE INC.	52-1383	L738	Pag	ge 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,241 2,084	_,4	93.			
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,110					
5	Net unrealized gains (losses) on investments	5	73	3,0	53.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	- 1 0 4					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	181	1,4	00.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				4.0			
	column (B))	10	3,521	1,9	13.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			х				
b	Were the organization's financial statements audited by an independent accountant?		2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis							
_								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х				
	review, or compilation of its financial statements and selection of an independent accountant?		20					
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
তর	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igie Audit	3a		x			
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rod audit	Ja					
a			Зb					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L			

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB NO. 1545-0047
2020
Open to Public Inspection

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Employer identification number

Name of the o	organization
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				TABLE INC.					2-1381738	
Pa	τI	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instruction	IS.		
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative					ii).			
4		A medical research organiz)(iii). Enter	the hospital's name,	
		city, and state:	·					. ,		
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	ed in	
		section 170(b)(1)(A)(iv). (C		·	•	, ,				
6		A federal, state, or local gov		nental unit described in :	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma						he general	public described in	
		section 170(b)(1)(A)(vi). (C			U U			U U		
8		A community trust describe		(1)(A)(vi). (Complete Parl	t II.)					
9		An agricultural research org				ed in conju	inction with a	land-grant	college	
		or university or a non-land-g				-		-	-	
		university:		. ,				C C		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from	
		activities related to its exen								
		income and unrelated busir		-					-	
		See section 509(a)(2). (Cor		, , , , , , , , , , , , , , , , , , ,		·	,	0	,	
11		An organization organized a	•	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	-		•			arry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). C	Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D	, and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			· · · · · · · · · · · · · · · · · · ·	
f		er the number of supported o	•							
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s).	(iv) is the orga	inization listed	(v) Amount of	monotony	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi Yes	ing document?	support (see in	-	support (see instructions)	
				above (see instructions))	res	No		,		
					L					
Tota										
I HA	For P	Paperwork Reduction Act N	lotice see the Instr	ructions for Form 990 o	r 990-F7	032021 01	25-21 Scher	lule A (For	m 990 or 990-EZ) 2020	

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2020.04020 THE SHEPHERD'S TABLE INC.

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Schedule A (Form 990 or 990-EZ) 2020 THE SHEPHERD'S TABLE INC.

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,416,080.	2,001,376.	2,306,850.	2,531,925.	3,190,085.	12,446,316.
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 \dots						
4	Total. Add lines 1 through 3	2,416,080.	2,001,376.	2,306,850.	2,531,925.	3,190,085.	12,446,316.
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)						
6	Public support. Subtract line 5 from line 4.						12,446,316.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,416,080.	2,001,376.	2,306,850.	2,531,925.	3,190,085.	12,446,316.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19,519.	24,548.	37,412.	36,126.	32,864.	150,469.
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.)					1,429.	1,429.
11	Total support. Add lines 7 through 10						12,598,214.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section	501(c)(3)	
	organization, check this box and stor	-					
See	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11, o	column (f))		14	98.79 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.66 %
1 6a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	ublicly supported o	rganization	-	
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circ				-		▶□
18	Private foundation. If the organization						s
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE SHEPHERD'S TABLE INC.

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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services 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								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
e	ction B. Total Support		•		•		L		
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regulative activity activi								
2	regularly carried on Other income. Do not include gain			+					
~	or loss from the sale of capital								
2	assets (Explain in Part VI.)			+					_
	Total support. (Add lines 9, 10c, 11, and 12.)	i	Level and all the local	for which any Citile have					
14	First 5 years. If the Form 990 is for the	-			-		-		
	check this box and stop here						<u></u>		_
				l		45			
	Public support percentage for 2020 (I					15			%
16	Public support percentage from 2019					16			%
	ction D. Computation of Inves					<u> </u>			
7	Investment income percentage for 20			ine 13, column (f))		17			%
8	Investment income percentage from					18			%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%,	and line 1	7 is not	_
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation		▶∟	
b	33 1/3% support tests - 2019. If the	•			•				_
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted orga	anization	▶∟	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	3	►L	
3202	23 01-25-21				Sch	edule A (Form 990	or 990-EZ) 20)20
				15					
17(910 745960 29415	201	20.04020	THE SHEPH	ERD'S TAB	LE IN	C.	29415	1

1

2

3a

3b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Part IV Supporting Organizations (continued)

1

2

Yes No

			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in 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
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

	Such S. Type in Supporting Organizations	
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	

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

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported	a governmental entity	. Describe in Part VI how	you supported a g	governmental entity	(see instructions).
-----	--	----------------------------	-----------------------	---------------------------	-------------------	---------------------	---------------------

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

the supported organization(s).

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

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

13370910 745960 29415

2020.04020 THE SHEPHERD'S TABLE INC.

17

29415_1

Yes No

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 THE SHEPHERD'S TABLE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 THE SHEPHERD'S TABLE INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)				
Secti	on D - Distributions				Current Year			
1								
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
с	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

<u>Schedule</u> A	(Form 990 or 990-EZ) 2020 THE	SHEPHERD'S TAE	BLE INC.	52-1381738 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d	Provide the explanations rec, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines	equired by Part II, line 10; Part 1a, 11b, and 11c; Part IV, Sect 1c, 2a, 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	`````			
032028 01-25-	21			Schedule A (Form 990 or 990-EZ) 2020
370910	745960 29415	2020.04020	20 THE SHEPHERD'S	TABLE INC. 29415 1

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

## ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

THE	SHEPHERD'S	TABLE	INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

### **General Rule**

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

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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  $\dots \longrightarrow$ 

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

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

Name of organization

52-1381738

THE SHEPHERD'S TABLE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$100,000.	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
2		\$85,000.	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
3		\$78,935.	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		\$271,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	⁵⁻²⁰ <b>22</b>	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

2020.04020 THE SHEPHERD'S TABLE INC.

Page 2

29415_1

Name of organization

Employer identification number

52-1381738

THE SHEPHERD'S TABLE INC.

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
		\$	
(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 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
23453 11-25-20		\$	990, 990-EZ, or 990-PF

Page 4

art III	IEPHERD'S TABLE INC. Exclusively religious, charitable, etc., contribution	is to organizations described in	section 501(~)(7) /9	52 - 1381738
	from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, chan Use duplicate copies of Part III if additional sp	rough <b>(e) and</b> the following line e ritable, etc., contributions of <b>\$1,000 o</b>	http://Eor.organization	e
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
-		(e) Transfer of g	 ft	
-	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
—				
	I	(e) Transfer of g	ft	
ŀ	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
	I	(e) Transfer of g	ft	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
—				
	Transferee's name, address, and	(e) Transfer of g		p of transferor to transferee

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

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

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



Employer identification number 52-1381738

Name of the organization

## THE SHEPHERD'S TABLE INC.

	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	1 1	b) Funds and other accounts
	Tatal mumber at and of user		+'	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		-	
	Aggregate value at end of year			-
5	Did the organization inform all donors and donor advisors in	-		
_	are the organization's property, subject to the organization'			
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
1				
	t II Conservation Easements. Complete if the o		0, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organiza	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recre			prically 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 qua	lified conservation contribution in the for	rm of a co	onservation easement on the I
	day of the tax year.			Held at the End of the Ta
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic s	tructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic stru	ucture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, r			nization during the tax
	year ►			
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the p	-	 of	
	violations, and enforcement of the conservation easements			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting			
-		,		
7	Amount of expenses incurred in monitoring, inspecting, har	adling of violations, and enforcing conse	rvation ea	exements during the year
-	► \$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 1	70(h)(4)(E	3)(i)
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva			
	balance sheet, and include, if applicable, the text of the foo	•		
	organization's accounting for conservation easements.	chote to the organization 3 mancial state		lat describes the
Par	t III Organizations Maintaining Collections	of Art. Historical Treasures, or	Other	Similar Assets
u	Complete if the organization answered "Yes" on For		Union	
10	If the organization elected, as permitted under FASB ASC 9		at and ba	lange aboat works
Ia				
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
		reasures, or other similar assets for finan	cial gain,	provide
2	If the organization received or held works of art, historical tr			
2	If the organization received or held works of art, historical tr the following amounts required to be reported under FASB			
		ASC 958 relating to these items:		. • \$
а	the following amounts required to be reported under FASB Revenue included on Form 990, Part VIII, line 1	ASC 958 relating to these items:		
a b	the following amounts required to be reported under FASB	ASC 958 relating to these items:		
a b ⊣A	the following amounts required to be reported under FASB Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	ASC 958 relating to these items:		. 🕨 \$

Sche		PHERD'S TA						52-13			age <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following that	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		7
Dec	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custoo								1		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:					<b>A</b>		
							10		Amoun	L	
	Additions during the year										
	Additions during the year Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII							······			1
Pa											
		(a) Current year		rior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance								. /	-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	ne organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the total termination of the total termination of the total termination of the total termination of the termination of		owment	funds.							
Fai	, 3, 11			/ line 11e 6		Dout V	line 10				
	Complete if the organization answere							al I			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	cumulate		( <b>d)</b> Boo	k value	3
10	Land			04313		ucp	Solution				
	Land										
	Buildings Leasehold improvements										
d	Equipment			17	7,353.		89,7	12.	8	7,6	41.
	Other				3,500.		1,4			$\frac{1}{2}, 0$	
	Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B) line 1	-		_,_			9,6	
1010	in ad midd fa through for fooldhin (d) mast c		.,						D / C a wa		0000

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	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)		
(0)		

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(b) Book value
(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 THE SHEPHERD'S TABLE INC.			52-	1381738 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.			
1	Total revenue, gains, and other support per audited financial statements			1	3,929,231.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	73,053.		
b	Donated services and use of facilities		439,115.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		181,400.		
е	Add lines 2a through 2d			2e	693,568.
3	Subtract line 2e from line 1			3	3,235,663.
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	5,830.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	5,830.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,241,493.
<u> </u>				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		Retu	
Pa	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per	Retu	ırn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	
	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		ırn.
1	T XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per		ırn.
1 2	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		ırn.
1 2 a	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit	h Expenses per		ırn.
1 2 b c d	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 439,115.		ırn. 2,517,873.
1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 439,115.	1 2e	<b>rrn.</b> 2,517,873. 439,115.
1 2 b c d	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 439,115.	1	ırn. 2,517,873.
1 2 b c d e	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 439,115.	1 2e	<b>rrn.</b> 2,517,873. 439,115.
1 2 b c d e 3	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	h Expenses per 439,115.	1 2e	<b>rrn.</b> 2,517,873. 439,115.
1 2 3 4	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	h Expenses per 439,115.	1 2e	rn. 2,517,873. 439,115. 2,078,758.
1 2 3 4 3 4 5	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d           4a           4b	h Expenses per 439,115. 5,830.	1 2e 3 4c	rn. 2,517,873. 439,115. 2,078,758. 5,830.
1 2 a b c d e 3 4 a b c 5	T XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d           4a           4b	h Expenses per 439,115. 5,830.	1 2e 3	rn. 2,517,873. 439,115. 2,078,758.

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:

FOR	THE	YEAR	ENDEI	D DEC	EMB	ER 31,	202	0, тн	ΙE	ORGAN	IIZATI	ON HAS	S DOC	UMEN	ITED	ITS
CONS	SIDEF	ATION	OFI	FASB	ASC	740-1	0, I	NCOME	с т.	AXES,	THAT	PROV	IDES	GUII	DANC	E FOR
REPO	ORTIN	IG UNC	ERTA	INTY	IN	INCOME	TAX	ES, A	ND	HAS	DETERI	MINED	ТНАТ	NO	MAT	ERIAL
UNCE	ERTAI	N TAX	POSI	ITION	IS Q	UALIFY	FOR	EITH	IER	RECC	GNITI	ON OR	DISC	LOSU	JRE	IN
THE	FINA	NCIAL	STAT	remen	ITS.											

PART XI,	LINE 2D -	- OTHER ADJU	STMENTS:		
PPP LOAN	THAT WAS	REPORTED AS	A CONDITIONAL	GRANT ON THE	181,400.
FINANCIAL	STATEMET	INS, BUT HAS	NOT OFFICALLY	BEEN GRANTED	

FORGIVNESS DURING THE TAX PERIOD

032054 12-01-20

Schedule D (Form 990) 2020

13370910 745960 29415

Part XIII Supplemental Information (con	tinued)				
				Coho -t	D (Farm 000) of
32055 12-01-20		~ ~		Schedule	D (Form 990) 20
70910 745960 29415	2020.04020	29	<b></b>	TNC	20115

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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Department of the Treasury	
Internal Revenue Service	

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

**Open to Public** . Inspection

20

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

Nam	e of the organization	_				Employer ident			nber
	THE SHEPHERD	'S TAB	LE INC.			52-1	381	738	
Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 15	9	(d) Method of de noncash contribu		•	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		151,295	•VI	A WEIGHT			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	5	12,660	• FM	J			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	22	363,490	•VI	A WEIGHT			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens				_				
24	Archeological artifacts				_				
25	Other ( )								
26	Other ()				_				
27	Other ( )								
28	Other  ()								
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b								
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance					\$?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncas	h				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	necked	,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

13370910 745960 29415

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

SCHEDULE M, PART I, COLUMN (B):

Part II

THE NUMBER IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2020

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032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

52-1381738

THE SHEPHERD'S TABLE INC.

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

PROVIDED WITH COMPASSION AND RESPECT.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO THE COVID-19 PANDEMIC THE ORGANIZATION CEASED OFFERING BREAKFAST

AND LUNCH STARING IN MARCH 2020. INSTEAD, THE ORGANIZATION BEGAN

OFFERING BRUNCH 7 DAYS A WEEK. IN ADDITION, THE ORGANIZATION RESTRICTED

THE USE OF THE DINING HALL AND OPENED TENTS IN THE PARKING LOT TO SERVE

MOST MEALS TO-GO. THIS PRACTICE CONTINUED THROUGH THE REMAINDER OF

2020. THE ORGANIZATION ALSO SUSPENDED EYE CLINIC SERVICES FROM APRIL TO

JUNE AND THE CLOTHES CLOSET WAS SUSPENDED FROM APRIL - OCTOBER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

6,240 BREAKFAST MEALS AND 5,643 BEYOND THE TABLE MEALS FOR A GRAND

TOTAL OF 103,122 MEALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- BUS TOKENS -932

- PRESCRIPTIONS FILLED -362

- MAILING LOGGED IN -20,180

- LAWYER VISITS -30

- BLANKETS DISTRIBUTED - 82

- CLOTHES CLOSET-472

- EYE EXAMS -149

- EYEGLASSES -101

- CATARACT AND GLAUCOMA REFERRALS -21

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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2020.04020 THE SHEPHERD'S TABLE INC. 29415_1

	Schedule O	(Form 990 or 990-EZ)	2020
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Name of the organization THE SHEPHERD'S TABLE INC.

- CATARACT AND GLAUCOMA TREATMENT -14

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. THE COMPLETED FORM 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM. IN THE EVENT OF A CONFLICT, THE BOARD MEMBER WOULD PROMPTLY AND FULLY DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR, OR IN THE CASE OF THE CHAIR, TO THE BOARD SECRETARY.

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

DURING 2012, THE ORGANIZATION HIRED A PROFESSIONAL TO PERFORM AN AUDIT OF THE ORGANIZATION'S HUMAN RESOURCES FUNCTION. AS PART OF THE ENGAGEMENT THERE WAS A REVIEW OF THE EXECUTIVE DIRECTOR'S SALARY, AS WELL AS THAT OF OTHER FULL-TIME EMPLOYEES, TO ENSURE THEIR COMPENSATION WAS APPROPRIATE BASED ON THEIR RESPONSIBILITIES, THE SIZE OF THE ORGANIZATION, AND THE TYPE OF ORGANIZATION (NON-PROFIT). THE SALARIES WERE COMPARED TO OTHER MARYLAND NON-PROFITS, TO ENSURE A FAIR AND APPROPRIATE LEVEL OF COMPENSATION.

ANNUALLY, THE ORGANIZATION PERFORMS A REVIEW TO CONSIDER EXISTING SALARIES, PROJECTED INCOME FOR THE FOLLOWING YEAR, STAFF WORK RESPONSIBILITIES, AND ANY CHANGES IN DUTIES. THE ORGANIZATION PLANS ON A PERCENTAGE OF INCREASE ACROSS THE BOARD, AND AN INCREASE PERCENTAGE BY EMPLOYEE. THE REPORT IS REVIEWED BY THE FINANCE COMMITTEE, WHO SUBMITS A BUDGET TO THE BOARD FOR APPROVAL. THE LAST COMPENSATION REVIEW TOOK PLACE IN SEPTEMBER 2020. 1032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 33 13370910 745960 29415 2020.04020 THE SHEPHERD'S TABLE INC. 29415 1

	Schedule O	(Form 990	or 990-EZ	2020
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Name of the organization

THE SHEPHERD'S TABLE INC.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

### PPP LOAN CONDITIONAL GRANT

181,400.

032212 11-20-20

13370910 745960 29415

Schedule O (Form 990 or 990-EZ) 2020

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