

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. TABITHA'S WAY	Taxpayer identification number (TIN) XX-XXXXXXX
	Number, street, and room or suite no. If a P.O. box, see instructions. 45 E 100 N PO BOX 254	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Spanish Fork, UT 84660	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ WENDY OSBORNE-----

Telephone No. ▶ (801) 709-8573----- Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2020 or

▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, and ending _____																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization TABITHA'S WAY</td> <td>D Employer identification number 27-3402820</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (801) 709-8573</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td>45 E 100 N PO BOX 254</td> <td></td> <td></td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Spanish Fork</td> <td>UT</td> <td>84660</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	C Name of organization TABITHA'S WAY		D Employer identification number 27-3402820	Doing business as		E Telephone number (801) 709-8573	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		45 E 100 N PO BOX 254			City or town	State	ZIP code	Spanish Fork	UT	84660	Foreign country name	Foreign province/state/county	Foreign postal code			
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F Name and address of principal officer: WENDY OSBORNE 1212 E 540 N, SPANISH FORK, UT 84660		G Gross receipts \$ 5,592,939 H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.																							
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.TABITHASWAY.ORG																								
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2010	M State of legal domicile: UT																							

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FEED AND CLOTHE DISADVANTAGED INDIVIDUAL AND FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	5,572
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,287,376	Current Year 5,582,107
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,674	282
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,650	10,550
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,313,352	5,592,939
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,233,946	4,200,884
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	418,891	583,653
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	655,277	403,919
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,308,114	5,188,456	
19 Revenue less expenses. Subtract line 18 from line 12	5,238	404,483	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,353,389	End of Year 1,828,193
	21 Total liabilities (Part X, line 26)	452,082	522,405
	22 Net assets or fund balances. Subtract line 21 from line 20	901,307	1,305,788

Part II Signature Block				
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 Here	Signature of officer	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	John Harker	John Harker	8/19/2021	PTIN XXXXXXXXX
	Firm's name ▶ Harker & Associates, PLLC	Firm's EIN ▶ XX-XXXXXXX		
	Firm's address ▶ 1838 N 1120 W, Provo, UT 84604	Phone no. (801) 375-5553		

Part 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:
FEED AND CLOTHE DISADVANTAGED INDIVIDUALS AND FAMILIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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.

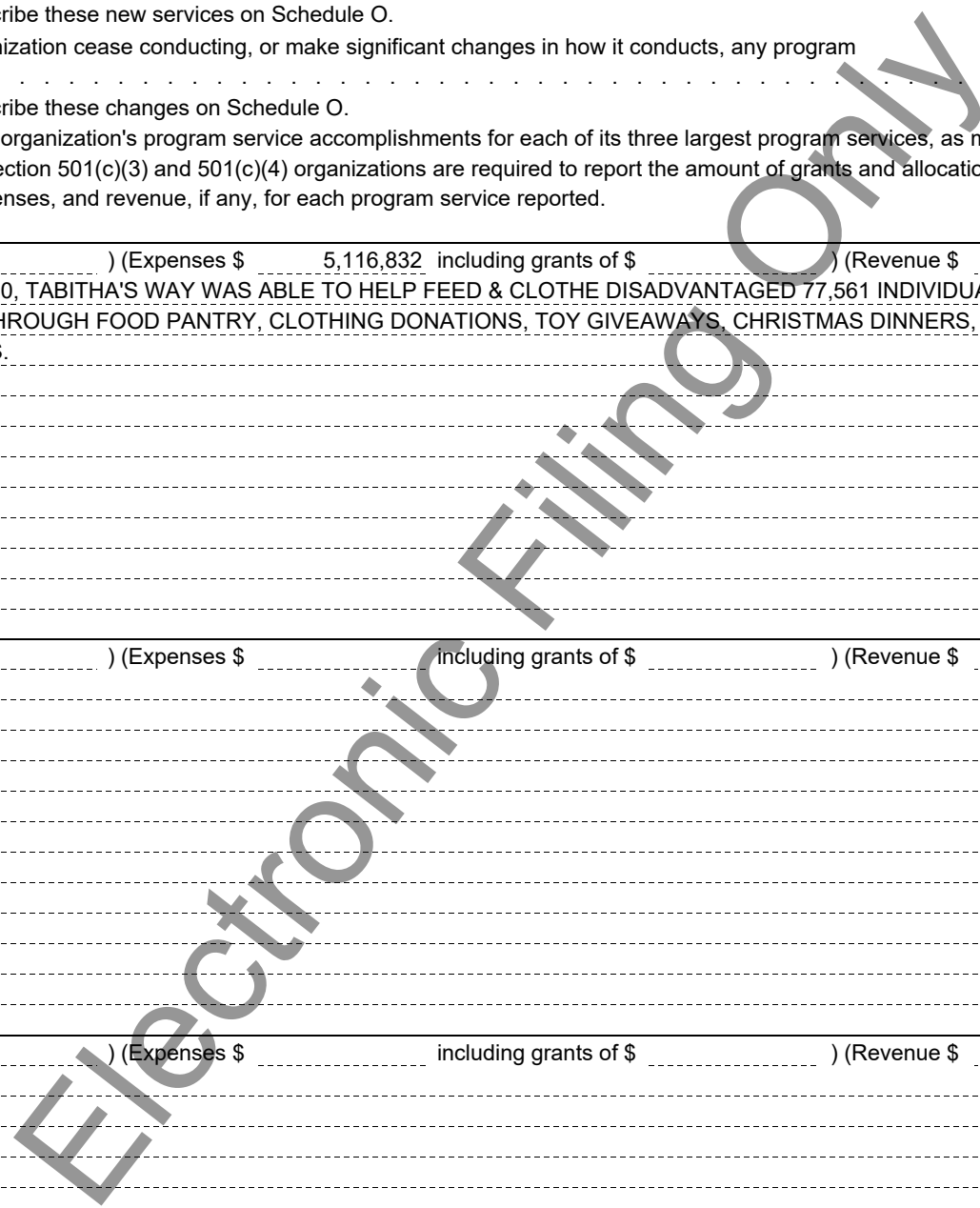
4a (Code:) (Expenses \$ 5,116,832 including grants of \$) (Revenue \$ 5,582,107)
DURING 2020, TABITHA'S WAY WAS ABLE TO HELP FEED & CLOTHE DISADVANTAGED 77,561 INDIVIDUALS AND FAMILIES THROUGH FOOD PANTRY, CLOTHING DONATIONS, TOY GIVEAWAYS, CHRISTMAS DINNERS, AND BACKPACK GIVEAWAYS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 5,116,832



Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part 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.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
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	
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	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 7		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		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 appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ WENDY OSBORNE (801) 709-8573 45 E 100 N, SPANISH FORK, UT 84660	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY OSBORNE ----- DIRECTOR	40.00 ----- 0.00	X		X		X		59,232		
(2) MIKE CARTER ----- BOARD MEMBER	40.00 ----- 0.00	X								
(3) KENA MATTHEWS ----- BOARD MEMBER	3.00 ----- 0.00	X								
(4) DEBRA LAURET ----- BOARD MEMBER	1.50 ----- 0.00	X								
(5) AL SWITZLER ----- VICE PRESIDENT	40.00 ----- 0.00			X						
(6) SIERRA SORENSEN ----- TREASURER	8.00 ----- 0.00			X						
(7) CHUCK IRWIN ----- SECRETARY	5.00 ----- 0.00			X						
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							59,232	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							59,232	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	348,677				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,233,430				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,278,937				
	h	Total. Add lines 1a-1f		5,582,107				
	Program Service Revenue	2a	Business Code		0			
		b			0			
c				0				
d				0				
e				0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		282				
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	6a	10,550			
			(ii) Personal	6b				
			6c	10,550	0			
	d	Net rental income or (loss)		10,550				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7a	0			
			(ii) Other		0			
			7b	0	0			
			7c	0	0			
	d	Net gain or (loss)		0				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0				
			8b	0				
			8c	0				
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	10a	0					
		10b	0					
		10c	0					
11a	Business Code		0					
b			0					
c			0					
d	All other revenue		0					
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions		5,592,939	0	0	0		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,200,884	4,200,884		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	583,653	514,896	64,960	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	3,879	1,037	2,842	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	69,509	69,509	0	
12	Advertising and promotion	4,205	4,180	25	
13	Office expenses	34,126	34,126		
14	Information technology	5,157	5,157		
15	Royalties	0			
16	Occupancy	112,430	112,430		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	13,267	13,267		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	88,192	88,192	0	0
23	Insurance	5,222	5,222		
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 O.)				
a	AUTO	29,208	29,208		
b	LICENSES	3,798	3,798		
c	MEMBERSHIP DUES	623	623		
d					
e	All other expenses OTHER EXPENSES	34,303	34,303		
25	Total functional expenses. Add lines 1 through 24e	5,188,456	5,116,832	67,827	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	236,926	1	751,734
	2 Savings and temporary cash investments	69,730	2	31,929
	3 Pledges and grants receivable, net	1,250	3	1,750
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from 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	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,295,623		
	b Less: accumulated depreciation	10b 262,546	1,045,483	10c 1,033,077
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	9,703
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,353,389	16	1,828,193
Liabilities	17 Accounts payable and accrued expenses	0	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other 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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	2,831	24	2,948
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	449,251	25	519,457
	26 Total liabilities. Add lines 17 through 25		452,082	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	901,307	27	1,305,788
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	901,307	32	1,305,788	
33 Total liabilities and net assets/fund balances		1,353,389	33	1,828,193

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,592,939
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,188,456
3	Revenue less expenses. Subtract line 2 from line 1	3	404,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	901,307
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,305,788

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return TABITHA'S WAY	Business or activity to which this form relates 990	Identifying number XX-XXXXXXX
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000
2 Total cost of section 179 property placed in service (see instructions)	2	19,121
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
		8
		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		
		9
		0
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562.		
		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
		12
		0
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12		
		13
		0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	84,391
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,869	5	HY	S/L	187
c 7-year property		17,252	7	HY	S/L	1,231
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property		56,665	39 yrs.	MM	S/L	385
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,998
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	88,192
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No
24b If "Yes," is the evidence written? [X] Yes [] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
2008 TOYOTA TUNDRA 1/14/2015 100.00% 23,848 23,848 5 S/L - HY 1,975
AUTO UPGRADE 4/4/2016 100.00% 115 115 5 S/L - MQ 23
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,998
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person? X X
36 Is another vehicle available for personal use? X X

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2020 tax year (see instructions):
43 Amortization of costs that began before your 2020 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization TABITHA'S WAY	Employer identification number 27-3402820
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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.)

Section A. Public Support

Calendar 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.")	4,243,819	6,578,970	9,625,538	5,287,376	5,582,107	31,317,810
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,243,819	6,578,970	9,625,538	5,287,376	5,582,107	31,317,810
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						31,317,810

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,243,819	6,578,970	9,625,538	5,287,376	5,582,107	31,317,810
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	596	389	207	1,089	10,832	13,113
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			24,187	27,650		51,837
11 Total support. Add lines 7 through 10						31,382,760
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.79%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.40%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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? <i>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.</i>	2a	
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? <i>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.</i>	2b	
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
Section 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):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
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.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Ruled area for supplemental information with horizontal dashed lines.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization TABITHA'S WAY	Employer identification number 27-3402820
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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 ▶ \$ _____

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).

Name of organization TABITHA'S WAY	Employer identification number 27-3402820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UTAH COUNTY CARES ----- 100 E CENTER ----- PROVO UT 84606 Foreign State or Province: ----- Foreign Country: -----	\$ 174,087	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WINCO FOODS ----- 895 N 980 W ----- OREM UT 84057 Foreign State or Province: ----- Foreign Country: -----	\$ 127,612	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	HARMONS ----- 1750 W TRAVERSE PKWY ----- LEHI UT 84043 Foreign State or Province: ----- Foreign Country: -----	\$ 219,594	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HARMONS ----- 870 E 800 N ----- OREM UT 84097 Foreign State or Province: ----- Foreign Country: -----	\$ 209,375	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	COSTCO WHOLESALE CORPORATION ----- 273 E 1000 N ----- SPANISH FORK UT 84660 Foreign State or Province: ----- Foreign Country: -----	\$ 141,507	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	COSTCO WHOLESALE CORPORATION ----- 198 N 1200 E ----- LEHI UT 84043 Foreign State or Province: ----- Foreign Country: -----	\$ 282,720	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TABITHA'S WAY	Employer identification number 27-3402820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRADER JOE'S ----- 440 E PARK AVENUE ----- OREM UT 84097 Foreign State or Province: _____ Foreign Country: _____	\$ 255,276	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	STOKES ----- 795 N STATE ROAD 198 ----- SALEM UT 84653 Foreign State or Province: _____ Foreign Country: _____	\$ 347,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	COSTCO WHOLESALE CORPORATION ----- 1083 N REDWOOD ROAD ----- SARATOGA SPRINGS UT 84045 Foreign State or Province: _____ Foreign Country: _____	\$ 152,866	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TABITHA'S WAY	Employer identification number 27-3402820
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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
2	NON-PERISHABLE FOOD 83,955 LBS ----- ----- -----	\$ -----	-----
3	NON-PERISHABLE FOOD 144,470 LBS ----- ----- -----	\$ -----	-----
4	NON-PERISHABLE FOOD 137,747 LBS ----- ----- -----	\$ -----	-----
5	NON-PERISHABLE FOOD 93,097 LBS ----- ----- -----	\$ -----	-----
6	NON-PERISHABLE FOOD 186,000 LBS ----- ----- -----	\$ -----	-----
7	NON-PERISHABLE FOOD 167,945 LBS ----- ----- -----	\$ -----	-----

Name of organization TABITHA'S WAY	Employer identification number 27-3402820
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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
8	NON-PERISHABLE FOOD 228,513 LBS ----- ----- -----	\$ -----	-----
9	NON-PERISHABLE FOOD 100,670 LBS ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization TABITHA'S WAY	Employer identification number 27-3402820
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country		----- ----- -----	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: TABITHA'S WAY; Employer identification number: 27-3402820

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) and a table for line 2. Includes checkboxes for various purposes and Yes/No options.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures, including dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	58,800		58,800
b Buildings	0	728,229	66,237	661,992
c Leasehold improvements	0	105,765	10,807	94,958
d Equipment	0	378,941	176,062	202,879
e Other	0	23,888	9,440	14,448

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,033,077

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" 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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) NOTE PAYABLE - BUILDING	429,457
(3) SBA LOANS	90,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	519,457

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 . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>			5	0

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>			5	0

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information, consisting of multiple horizontal dashed lines.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

TABITHA'S WAY

27-3402820

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) 2020

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 DONATED GOODS	77,561		4,200,884	FMV	CLOTHING AND NON-PERISHABLE FOOD
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Name of the organization TABITHA'S WAY	Employer identification number 27-3402820
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,214	STD RATE PER LB AND FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or 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	2,770,178	4,210,670	STD RATE PER LB AND FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SERVICES)	X		63,053	CONTRACT VALUE AND AVG
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	
--	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 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 policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

TABITHA'S WAY

Employer identification number

27-3402820

Form 990, Part I, Line 6: VOLUNTEERS WORK AT THE FOOD PANTRY

Form 990, Part IV, Section B, Line 11B: THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990.

Form 990, Part VI, Section B, Line 15A: AN ANNUAL MEETING OF THE BOARD OF DIRECTORS SETS THE

SALARY FOR THE BOARD MEMBERS AND THE DIRECTORS.

Form 990, Part VI, Section B, Line 12C: THE CONFLICT OF INTEREST POLICY IS MAINTAINED AND IS

REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY

AND ALL CONFLICTS OF INTEREST.

Form 990, Part VI, Section B, Line 15B: AN ANNUAL MEETING OF THE BOARD OF DIRECTORS SETS THE

SALARY FOR THE BOARD MEMBERS AND THE DIRECTORS.

Form 990, Part VI, Section B, Line 19: THE GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE STATE

GOVERNMENT OR BY REQUEST.

Form 990, Part XI, Line 9: ROUNDING

Name of the organization

Employer identification number

TABITHA'S WAY

27-3402820

Area with horizontal dashed lines for additional information.

Use of Vehicles (4562 Part V, Section B) 990

12/31/2020

TABITHA'S WAY XXXXXXXXXX

Vehicle Description		Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
1	2008 TOYOTA TUNDRA	0	0	0	0	X		X		X	
2	AUTO UPGRADE	0	0	0	0		X		X	X	
3	DISBURSEMENT TRUCK	0	0	0	0						

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	1,236,823

Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2 990	NEW SIGN FOR SHOP	4/7/2015	7	6	1,806	100.00%	1,806
3 990	BAILER	8/13/2015	7	6	4,500	100.00%	4,500
4 990	FLOORING	2/5/2016	7	5	7,164	100.00%	7,164
5 990	OFFICE FURNITURE	4/20/2016	7	5	2,879	100.00%	2,879
6 990	RESTAURANT EQUIPMENT	4/20/2016	7	5	3,500	100.00%	3,500
7 990	2 WALK INS	5/23/2016	7	5	1,800	100.00%	1,800
8 990	RESTAURANT EQUIPMENT	6/27/2016	7	5	22,574	100.00%	22,574
9 990	BAILER	8/5/2016	7	5	1,265	100.00%	1,265
10 990	EQUIPMENT	8/24/2016	7	5	50	100.00%	50
11 990	SCALES - GROCERY RESCU	8/29/2016	7	5	146	100.00%	146
12 990	EQUIPMENT	9/1/2016	7	5	531	100.00%	531
13 990	EQUIPMENT	10/18/2016	7	5	63	100.00%	63
14 990	EQUIPMENT	10/24/2016	7	5	506	100.00%	506
15 990	3 UNIT FRIDGE	10/24/2016	7	5	2,700	100.00%	2,700
16 990	AM/PM KEYS	10/27/2016	7	5	248	100.00%	248
17 990	EQUIPMENT	11/29/2016	7	5	3,500	100.00%	3,500
18 990	EQUIPMENT	12/7/2016	7	5	248	100.00%	248
19 990	FLOOR SCALE	12/8/2016	7	5	449	100.00%	449
20 990	CLIMATE CONTROLS - FOO	12/12/2016	7	5	2,700	100.00%	2,700
21 990	BUILDING	3/15/2016	39	5	232,680	100.00%	232,680
22 990	IMPROVEMENTS	3/21/2016	39	5	1,200	100.00%	1,200
23 990	TRANSFER STATION	3/24/2016	39	5	100,000	100.00%	100,000
24 990	BUILDING IMPROVEMENTS	12/31/2016	39	5	21,664	100.00%	21,664
25 990	DISBURSEMENT TRUCK	7/1/2013	5	8	3,374	100.00%	3,374
26 990	2008 TOYOTA TUNDRA	1/14/2015	5	6	23,848	100.00%	23,848
27 990	AUTO UPGRADE	4/4/2016	5	5	115	100.00%	115
28 990	EQUIPMENT	2/8/2017	7	4	20,450	100.00%	20,450
29 990	TV CONFERENCE ROOM	3/6/2017	7	4	298	100.00%	298
30 990	PALLET RACKING	4/18/2017	7	4	1,722	100.00%	1,722
31 990	PANTRY SHELVING	4/18/2017	7	4	2,196	100.00%	2,196
32 990	EQUIPMENT	7/31/2017	7	4	4,004	100.00%	4,004
33 990	EQUIPMENT	12/1/2017	7	4	1,800	100.00%	1,800
34 990	EQUIPMENT	12/19/2017	7	4	2,550	100.00%	2,550
35 990	BUILDING	12/31/2017	39	4	261,061	100.00%	261,061
36 990	2 FREEZERS	1/17/2017	7	4	4,850	100.00%	4,850
37 990	FORK LIFT	2/27/2017	7	4	6,700	100.00%	6,700
38 990	REACH IN FREEZER	7/31/2017	7	4	8,994	100.00%	8,994
39 990	UTILITY SCALE	6/23/2017	7	4	301	100.00%	301
40 990	HYDRAULIC SCALE - FORKL	9/11/2017	7	4	1,794	100.00%	1,794
41 990	HINO TRUCK	6/1/2017	5	4	48,877	100.00%	48,877
42 990	OFFICE FURNITURE	3/17/2018	7	3	1,531	100.00%	1,531
43 990	GAYLORDS, ETC.	12/31/2018	7	3	5,575	100.00%	5,575
44 990	BUILDING IMPROVEMENTS	12/31/2018	39	3	63,477	100.00%	63,477
45 990	FRIDGE & FREEZER	3/3/2018	7	3	13,250	100.00%	13,250
46 990	FORK LIFT	5/30/2018	7	3	15,000	100.00%	15,000
47 990	COMPUTERS & SOFTWARE	12/31/2018	7	3	2,482	100.00%	2,482
48 990	FRIDGE & FREEZER	12/31/2018	7	3	23,903	100.00%	23,903
49 990	LEASEHOLD IMPROVEMENT	12/31/2018	15	3	18,764	100.00%	18,764
50 990	2018 HINO	4/1/2019	5	2	124,311	100.00%	124,311
51 990	UTILITY TRAILER 7.5X16FT	11/5/2019	5	2	900	100.00%	900
52 990	DRYERS FOR BATHROOM	5/2/2019	7	2	714	100.00%	714
53 990	RAIN GUTTERS	8/8/2019	39	2	3,990	100.00%	3,990
54 990	25 USED GAYLORDS	4/9/2019	7	2	2,375	100.00%	2,375
55 990	REFRIGERATOR REACH IN 4	8/13/2019	7	2	4,115	100.00%	4,115
56 990	50 STACK CHAIRS	8/27/2019	7	2	1,050	100.00%	1,050
57 990	LEASEHOLD IMPROVEMENT	7/1/2019	15	2	74,493	100.00%	74,493
58 990	ROOF	8/3/2020	39	1	12,800	100.00%	12,800

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
59	990	FREEZERS	2/11/2020	7	1	7,751	100.00%	7,751
60	990	TABLES	2/14/2020	7	1	480	100.00%	480
61	990	SHELVING	2/21/2020	7	1	1,165	100.00%	1,165
62	990	FRIDGE	4/2/2020	7	1	2,156	100.00%	2,156
63	990	HEAT PUMP	12/21/2020	39	1	31,357	100.00%	31,357
64	990	COMPUTERS	1/9/2020	5	1	1,869	100.00%	1,869
65	990	SHED	11/12/2020	7	1	5,700	100.00%	5,700
66	990	LEASEHOLD IMPROVEMENT	4/30/2020	39	1	12,508	100.00%	12,508

Elections

Election to Use MACRS Straight Line Method - All Property

Pursuant to IRC Section 168(b)(3)(D), the Taxpayer elects to use the straight line method of depreciation in computing the deduction for all property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 3 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	348,677
6	All other contributions, gifts, grants, and similar amounts not included above:		
	FOUNDATION GRANTS	38,944	
	INDIVIDUAL AND CORPROATE DONATIONS	915,549	4,278,937
	Other contributions total	6	954,493
7	Total	7	1,303,170
			4,278,937

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1	88,192	88,192	
2	Depletion	2	0		
3	Amortization	3	0		
4	Total	4	88,192	88,192	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	1,250	1,750	0	
2	2	0		0	
3	3	0		0	
4	4	0		0	
5	5	0		0	
6	6	0		0	
7	7	0		0	
8	8	0		0	
9	9	0		0	
10	10	0		0	
11	Total pledges and grants receivable	11	1,250	1,750	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		Before Disposition:		1,295,623	174,354	1,045,483			
		Less Disposed:		0					
		* Asset disposed during tax year		1,295,623			88,192	262,546	1,033,077
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
1		NEW SIGN FOR SHOP	Equipment	1,806	1,161	645	258	1,419	387
2		BAILER	Equipment	4,500	2,893	1,607	643	3,536	964
3		FLOORING	Equipment	7,164	3,967	3,197	1,023	4,990	2,174
4		OFFICE FURNITURE	Equipment	2,879	1,490	1,389	411	1,901	978
5		RESTAURANT EQUIPMENT	Equipment	3,500	1,812	1,688	500	2,312	1,188
6		2 WALK INS	Equipment	1,800	932	868	257	1,189	611
7		RESTAURANT EQUIPMENT	Equipment	22,574	11,692	10,882	3,224	14,916	7,658
8		BAILER	Equipment	1,265	611	654	181	792	473
9		EQUIPMENT	Equipment	50	24	26	7	31	19
10		SCALES - GROCERY RESCUE	Equipment	146	71	75	21	92	54
11		EQUIPMENT	Equipment	531	256	275	76	332	199
12		EQUIPMENT	Equipment	63	28	35	9	37	26
13		EQUIPMENT	Equipment	506	225	281	72	297	209
14		3 UNIT FRIDGE	Equipment	2,700	1,206	1,494	386	1,592	1,108
15		AM/PM KEYS	Equipment	248	109	139	35	144	104
16		EQUIPMENT	Equipment	3,500	1,563	1,937	500	2,063	1,437
17		EQUIPMENT	Equipment	248	109	139	35	144	104
18		FLOOR SCALE	Equipment	449	200	249	64	264	185
19		CLIMATE CONTROLS - FOOD	Equipment	2,700	1,206	1,494	386	1,592	1,108
20		LAND	Land	58,800	0	58,800	0	0	58,800
21		BUILDING	Buildings	232,680	22,056	210,624	5,817	27,873	204,807
22		IMPROVEMENTS	Buildings	1,200	114	1,086	30	144	1,056
23		TRANSFER STATION	Buildings	100,000	9,479	90,521	2,500	11,979	88,021
24		BUILDING IMPROVEMENTS	Buildings	21,664	1,649	20,015	542	2,191	19,473
25		DISBURSEMENT TRUCK	Equipment	3,374	2,883	491	0	2,883	491
26		2008 TOYOTA TUNDRA	Equipment	23,848	17,249	6,599	1,975	19,224	4,624
27		AUTO UPGRADE	Equipment	115	83	32	23	106	9
28		EQUIPMENT	Equipment	20,450	7,304	13,146	2,920	10,224	10,226
29		TV CONFERENCE ROOM	Equipment	298	107	191	43	150	148
30		PALLETT RACKING	Equipment	1,722	615	1,107	246	861	861
31		PANTRY SHELVING	Equipment	2,196	785	1,411	314	1,099	1,097
32		EQUIPMENT	Equipment	4,004	1,430	2,574	572	2,002	2,002
33		EQUIPMENT	Equipment	1,800	643	1,157	257	900	900
34		EQUIPMENT	Equipment	2,550	910	1,640	364	1,274	1,276
35		BUILDING	Buildings	261,061	13,667	247,394	6,694	20,361	240,700
36		2 FREEZERS	Equipment	4,850	1,732	3,118	693	2,425	2,425
37		FORK LIFT	Equipment	6,700	2,392	4,308	957	3,349	3,351
38		REACH IN FREEZER	Equipment	8,994	3,212	5,782	1,284	4,496	4,498
39		UTILITY SCALE	Equipment	301	107	194	43	150	151
40		HYDRAULIC SCALE - FORKLIFT	Equipment	1,794	640	1,154	256	896	898
41		HINO TRUCK	Equipment	48,877	23,110	25,767	9,775	32,885	15,992
42		OFFICE FURNITURE	Other	1,531	438	1,093	219	657	874
43		GAYLORDS, ETC.	Other	5,575	1,195	4,380	797	1,992	3,583

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition:	1,295,623	174,354	1,045,483			
			Less Disposed:	0					
* Asset disposed during tax year			After Disposition:	1,295,623			88,192	262,546	1,033,077
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
44		BUILDING IMPROVEMENTS	Buildings	63,477	1,764	61,713	1,628	3,392	60,085
45		FRIDGE & FREEZER	Other	13,250	3,786	9,464	1,893	5,679	7,571
46		FORK LIFT	Equipment	15,000	4,287	10,713	2,144	6,431	8,569
47		COMPUTERS & SOFTWARE	Other	2,482	532	1,950	355	887	1,595
48		FRIDGE & FREEZER	Equipment	23,903	5,123	18,780	3,416	8,539	15,364
49		LEASEHOLD IMPROVEMENT	Improvements	18,764	1,877	16,887	1,252	3,129	15,635
50		2018 HINO	Equipment	124,311	12,431	111,880	24,862	37,293	87,018
51		UTILITY TRAILER 7.5X16FT	Equipment	900	90	810	180	270	630
52		DRYERS FOR BATHROOM	Equipment	714	51	663	102	153	561
53		RAIN GUTTERS	Buildings	3,990	38	3,952	102	140	3,850
54		25 USED GAYLORDS	Equipment	2,375	170	2,205	339	509	1,866
55		REFRIGERATOR REACH IN 47CUFT	Equipment	4,115	294	3,821	588	882	3,233
56		50 STACK CHAIRS	Other	1,050	75	975	150	225	825
57		LEASEHOLD IMPROVEMENTS	Improvements	74,493	2,481	72,012	4,969	7,450	67,043
58		ROOF	Buildings	12,800	0	0	123	123	12,677
59		FREEZERS	Equipment	7,751	0	0	553	553	7,198
60		TABLES	Equipment	480	0	0	34	34	446
61		SHELVING	Equipment	1,165	0	0	83	83	1,082
62		FRIDGE	Equipment	2,156	0	0	154	154	2,002
63		HEAT PUMP	Buildings	31,357	0	0	34	34	31,323
64		COMPUTERS	Equipment	1,869	0	0	187	187	1,682
65		SHED	Equipment	5,700	0	0	407	407	5,293
66		LEASEHOLD IMPROVEMENTS	Improvements	12,508	0	0	228	228	12,280

Part X, Line 15 (990) - Other Assets

		Total:	0	9,703
		Description	Beginning	End
1	EMPLOYEE ADVANCE			3,500
2	GIFT CARDS			6,203

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

		Total:	2,831	2,948	
		Lender's name	Check if Unsecured	Balance due beginning of year	Balance due end of year
1	ZIONS VISA		X	2,831	2,948

Part X, Line 25 (990) - Other Liabilities

		Total:	449,251	519,457
		Description	Beginning	End
1	Federal income taxes		0	0
2	NOTE PAYABLE - BUILDING		449,251	429,457
3	SBA LOANS			90,000

Assets by Classification - 990

12/31/2020

TABITHA'S WAY XXXXXXXXX

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2020 Deprec.	2020 Accum. Deprec.
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5-yr Computers and peripherals (not listed property)

COMPUTERS	1/9/2020	F-5	100.00%	1,869	0	0	0	0	1,869	5	SL/GDS	HY	0	187	187
Total: 5-yr Computers (not listed)				1,869	0	0	0	0	1,869				0	187	187

7-yr General purpose tools, machinery, and equipment

6	NEW SIGN FOR SHOP	4/7/2015	F-10	100.00%	1,806	0	0	0	1,806	7	SL/GDS	HY	1,161	258	1,419
5	BAILER	8/13/2015	F-10	100.00%	4,500	0	0	0	4,500	7	SL/GDS	HY	2,893	643	3,536
7	FLOORING	2/5/2016	F-10	100.00%	7,164	0	0	0	7,164	7	SL/GDS	MQ1	3,967	1,023	4,990
8	OFFICE FURNITURE	4/20/2016	F-10	100.00%	2,879	0	0	0	2,879	7	SL/GDS	MQ2	1,490	411	1,901
17	RESTAURANT EQUIPMENT	4/20/2016	F-10	100.00%	3,500	0	0	0	3,500	7	SL/GDS	MQ2	1,812	500	2,312
9	2 WALK INS	5/23/2016	F-10	100.00%	1,800	0	0	0	1,800	7	SL/GDS	MQ2	932	257	1,189
10	RESTAURANT EQUIPMENT	6/27/2016	F-10	100.00%	22,574	0	0	0	22,574	7	SL/GDS	MQ2	11,692	3,224	14,916
19	BAILER	8/5/2016	F-10	100.00%	1,265	0	0	0	1,265	7	SL/GDS	MQ3	611	181	792
20	EQUIPMENT	8/24/2016	F-10	100.00%	50	0	0	0	50	7	SL/GDS	MQ3	24	7	31
21	SCALES - GROCERY RESCU	8/29/2016	F-10	100.00%	146	0	0	0	146	7	SL/GDS	MQ3	71	21	92
18	EQUIPMENT	9/1/2016	F-10	100.00%	531	0	0	0	531	7	SL/GDS	MQ3	256	76	332
22	EQUIPMENT	10/18/2016	F-10	100.00%	63	0	0	0	63	7	SL/GDS	MQ4	28	9	37
23	EQUIPMENT	10/24/2016	F-10	100.00%	506	0	0	0	506	7	SL/GDS	MQ4	225	72	297
24	3 UNIT FRIDGE	10/24/2016	F-10	100.00%	2,700	0	0	0	2,700	7	SL/GDS	MQ4	1,206	386	1,592
16	AM/PM KEYS	10/27/2016	F-10	100.00%	248	0	0	0	248	7	SL/GDS	MQ4	109	35	144
25	EQUIPMENT	11/29/2016	F-10	100.00%	3,500	0	0	0	3,500	7	SL/GDS	MQ4	1,563	500	2,063
26	EQUIPMENT	12/7/2016	F-10	100.00%	248	0	0	0	248	7	SL/GDS	MQ4	109	35	144
27	FLOOR SCALE	12/8/2016	F-10	100.00%	449	0	0	0	449	7	SL/GDS	MQ4	200	64	264
28	CLIMATE CONTROLS - FOO	12/12/2016	F-10	100.00%	2,700	0	0	0	2,700	7	SL/GDS	MQ4	1,206	386	1,592
40	2 FREEZERS	1/17/2017	F-10	100.00%	4,850	0	0	0	4,850	7	SL/GDS	HY	1,732	693	2,425
31	EQUIPMENT	2/8/2017	F-10	100.00%	20,450	0	0	0	20,450	7	SL/GDS	HY	7,304	2,920	10,224
41	FORK LIFT	2/27/2017	F-10	100.00%	6,700	0	0	0	6,700	7	SL/GDS	HY	2,392	957	3,349
32	TV CONFERENCE ROOM	3/6/2017	F-10	100.00%	298	0	0	0	298	7	SL/GDS	HY	107	43	150
33	PALLET RACKING	4/18/2017	F-10	100.00%	1,722	0	0	0	1,722	7	SL/GDS	HY	615	246	861
34	PANTRY SHELIVING	4/18/2017	F-10	100.00%	2,196	0	0	0	2,196	7	SL/GDS	HY	785	314	1,099
43	UTILITY SCALE	6/23/2017	F-10	100.00%	301	0	0	0	301	7	SL/GDS	HY	107	43	150
35	EQUIPMENT	7/31/2017	F-10	100.00%	4,004	0	0	0	4,004	7	SL/GDS	HY	1,430	572	2,002
42	REACH IN FREEZER	7/31/2017	F-10	100.00%	8,994	0	0	0	8,994	7	SL/GDS	HY	3,212	1,284	4,496
44	HYDRAULIC SCALE - FORKL	9/11/2017	F-10	100.00%	1,794	0	0	0	1,794	7	SL/GDS	HY	640	256	896
37	EQUIPMENT	12/1/2017	F-10	100.00%	1,800	0	0	0	1,800	7	SL/GDS	HY	643	257	900
38	EQUIPMENT	12/19/2017	F-10	100.00%	2,550	0	0	0	2,550	7	SL/GDS	HY	910	364	1,274
46	FORK LIFT	5/30/2018	F-10	100.00%	15,000	0	0	0	15,000	7	SL/GDS	HY	4,287	2,144	6,431
47	FRIDGE & FREEZER	12/31/2018	F-10	100.00%	23,903	0	0	0	23,903	7	SL/GDS	HY	5,123	3,416	8,539
25	USED GAYLORDS	4/9/2019	F-10	100.00%	2,375	0	0	0	2,375	7	SL/GDS	HY	170	339	509
	DRYERS FOR BATHROOM	5/2/2019	F-10	100.00%	714	0	0	0	714	7	SL/GDS	HY	51	102	153
	REFRIGERATOR REACH IN 4	8/13/2019	F-10	100.00%	4,115	0	0	0	4,115	7	SL/GDS	HY	294	588	882
	FREEZERS	2/11/2020	F-10	100.00%	7,751	0	0	0	7,751	7	SL/GDS	HY	0	553	553
	TABLES	2/14/2020	F-10	100.00%	480	0	0	0	480	7	SL/GDS	HY	0	34	34
	SHELIVING	2/21/2020	F-10	100.00%	1,165	0	0	0	1,165	7	SL/GDS	HY	0	83	83
	FRIDGE	4/2/2020	F-10	100.00%	2,156	0	0	0	2,156	7	SL/GDS	HY	0	154	154
	SHED	11/12/2020	F-10	100.00%	5,700	0	0	0	5,700	7	SL/GDS	HY	0	407	407
Total: 7-yr Genl purp tools, mach, equip				175,647	0	0	0	0	175,647				59,357	23,857	83,214

7-yr Office furniture, fixtures and equipment

Assets by Classification - 990

12/31/2020

TABITHA'S WAY XXXXXXXXX

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2020 Deprec.	2020 Accum. Deprec.
44	FRIDGE & FREEZER	3/3/2018	F-11	100.00%	13,250	0	0	0	0	13,250	7	SL/GDS	HY	3,786	1,893	5,679
45	OFFICE FURNITURE	3/17/2018	F-11	100.00%	1,531	0	0	0	0	1,531	7	SL/GDS	HY	438	219	657
49	GAYLORDS, ETC.	12/31/2018	F-11	100.00%	5,575	0	0	0	0	5,575	7	SL/GDS	HY	1,195	797	1,992
45	COMPUTERS & SOFTWARE	12/31/2018	F-11	100.00%	2,482	0	0	0	0	2,482	7	SL/GDS	HY	532	355	887
	50 STACK CHAIRS	8/27/2019	F-11	100.00%	1,050	0	0	0	0	1,050	7	SL/GDS	HY	75	150	225
Total: 7-yr Office furn, fixtures, equip					23,888	0	0	0	0	23,888				6,026	3,414	9,440
Land																
29	LAND	3/15/2016	N-1	100.00%	58,800	0	0	0	0	58,800	0			0	0	0
Total: Land					58,800	0	0	0	0	58,800				0	0	0
39-yr Qualified improvement property																
	LEASEHOLD IMPROVEMENT	4/30/2020	R-12	100.00%	12,508	0	0	0	0	12,508	39	SL/GDS	MM	0	228	228
Total: 39-yr Qual improvement prop					12,508	0	0	0	0	12,508				0	228	228
15-yr Qualified improvement property																
50	LEASEHOLD IMPROVEMENT	12/31/2018	R-13	100.00%	18,764	0	0	0	0	18,764	15	SL/GDS	HY	1,877	1,252	3,129
	LEASEHOLD IMPROVEMENT	7/1/2019	R-13	100.00%	74,493	0	0	0	0	74,493	15	SL/GDS	HY	2,481	4,969	7,450
Total: 15-yr Qual improvement prop					93,257	0	0	0	0	93,257				4,358	6,221	10,579
39-yr Nonresidential and commercial real estate																
13	BUILDING	3/15/2016	R-5	100.00%	232,680	0	0	0	0	232,680	40	SL/ADS	MM	22,056	5,817	27,873
14	IMPROVEMENTS	3/21/2016	R-5	100.00%	1,200	0	0	0	0	1,200	40	SL/ADS	MM	114	30	144
15	TRANSFER STATION	3/24/2016	R-5	100.00%	100,000	0	0	0	0	100,000	40	SL/ADS	MM	9,479	2,500	11,979
30	BUILDING IMPROVEMENTS	12/31/2016	R-5	100.00%	21,664	0	0	0	0	21,664	40	SL/ADS	MM	1,649	542	2,191
39	BUILDING	12/31/2017	R-5	100.00%	261,061	0	0	0	0	261,061	39	SL/GDS	MM	13,667	6,694	20,361
48	BUILDING IMPROVEMENTS	12/31/2018	R-5	100.00%	63,477	0	0	0	0	63,477	39	SL/GDS	HY	1,764	1,628	3,392
	RAIN GUTTERS	8/8/2019	R-5	100.00%	3,990	0	0	0	0	3,990	39	SL/GDS	MM	38	102	140
	ROOF	8/3/2020	R-5	100.00%	12,800	0	0	0	0	12,800	39	SL/GDS	MM	0	123	123
	HEAT PUMP	12/21/2020	R-5	100.00%	31,357	0	0	0	0	31,357	39	SL/GDS	MM	0	34	34
Total: 39-yr Nonresidential real estate					728,229	0	0	0	0	728,229				48,767	17,470	66,237
5-yr General purpose heavy-duty trucks and over-the-road trailers																
46	HINO TRUCK	6/1/2017	V-4	100.00%	48,877	0	0	0	0	48,877	5	SL/GDS	HY	23,110	9,775	32,885
54	2018 HINO	4/1/2019	V-4	100.00%	124,311	0	0	0	0	124,311	5	SL/GDS	HY	12,431	24,862	37,293
	UTILITY TRAILER 7.5X16FT	11/5/2019	V-4	100.00%	900	0	0	0	0	900	5	SL/GDS	HY	90	180	270
Total: 5-yr Heavy duty truck or OTR trailer					174,088	0	0	0	0	174,088				35,631	34,817	70,448
5-yr Light trucks, vans, and autos built on a truck chassis																
1	DISBURSEMENT TRUCK	7/1/2013	V-7	100.00%	3,374	0	0	0	0	3,374	5	SL/GDS	HY	2,883	0	2,883
3	2008 TOYOTA TUNDRA	1/14/2015	V-7	100.00%	23,848	0	0	0	0	23,848	5	SL/GDS	HY	17,249	1,975	19,224
11	AUTO UPGRADE	4/4/2016	V-7	100.00%	115	0	0	0	0	115	5	SL/GDS	MQ2	83	23	106
Total: 5-yr Truck, van, auto on trk chassis					27,337	0	0	0	0	27,337				20,215	1,998	22,213
SubTotals					1,295,623	0	0	0	0	1,295,623				174,354	88,192	262,546
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals					1,295,623	0	0	0	0	1,295,623				174,354	88,192	262,546

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Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2020 Current Deprec.	2020 Accum. Deprec.
1	DISBURSEMENT TRUCK	7/1/2013	100.00%	3,374	0	0	3,374	5	SL/GDS	HY	2,883	0	2,883
3	2008 TOYOTA TUNDRA	1/14/2015	100.00%	23,848	0	0	23,848	5	SL/GDS	HY	17,249	1,975	19,224
5	BAILER	8/13/2015	100.00%	4,500	0	0	4,500	7	SL/GDS	HY	2,893	643	3,536
6	NEW SIGN FOR SHOP	4/7/2015	100.00%	1,806	0	0	1,806	7	SL/GDS	HY	1,161	258	1,419
7	FLOORING	2/5/2016	100.00%	7,164	0	0	7,164	7	SL/GDS	MQ1	3,967	1,023	4,990
8	OFFICE FURNITURE	4/20/2016	100.00%	2,879	0	0	2,879	7	SL/GDS	MQ2	1,490	411	1,901
9	2 WALK INS	5/23/2016	100.00%	1,800	0	0	1,800	7	SL/GDS	MQ2	932	257	1,189
10	RESTAURANT EQUIPMENT	6/27/2016	100.00%	22,574	0	0	22,574	7	SL/GDS	MQ2	11,692	3,224	14,916
11	AUTO UPGRADE	4/4/2016	100.00%	115	0	0	115	5	SL/GDS	MQ2	83	23	106
13	BUILDING	3/15/2016	100.00%	232,680	0	0	232,680	40	SL/ADS	MM	22,056	5,817	27,873
14	IMPROVEMENTS	3/21/2016	100.00%	1,200	0	0	1,200	40	SL/ADS	MM	114	30	144
15	TRANSFER STATION	3/24/2016	100.00%	100,000	0	0	100,000	40	SL/ADS	MM	9,479	2,500	11,979
16	AM/PM KEYS	10/27/2016	100.00%	248	0	0	248	7	SL/GDS	MQ4	109	35	144
17	RESTAURANT EQUIPMENT	4/20/2016	100.00%	3,500	0	0	3,500	7	SL/GDS	MQ2	1,812	500	2,312
18	EQUIPMENT	9/1/2016	100.00%	531	0	0	531	7	SL/GDS	MQ3	256	76	332
19	BAILER	8/5/2016	100.00%	1,265	0	0	1,265	7	SL/GDS	MQ3	611	181	792
20	EQUIPMENT	8/24/2016	100.00%	50	0	0	50	7	SL/GDS	MQ3	24	7	31
21	SCALES - GROCERY RESCU	8/29/2016	100.00%	146	0	0	146	7	SL/GDS	MQ3	71	21	92
22	EQUIPMENT	10/18/2016	100.00%	63	0	0	63	7	SL/GDS	MQ4	28	9	37
23	EQUIPMENT	10/24/2016	100.00%	506	0	0	506	7	SL/GDS	MQ4	225	72	297
24	3 UNIT FRIDGE	10/24/2016	100.00%	2,700	0	0	2,700	7	SL/GDS	MQ4	1,206	386	1,592
25	EQUIPMENT	11/29/2016	100.00%	3,500	0	0	3,500	7	SL/GDS	MQ4	1,563	500	2,063
26	EQUIPMENT	12/7/2016	100.00%	248	0	0	248	7	SL/GDS	MQ4	109	35	144
27	FLOOR SCALE	12/8/2016	100.00%	449	0	0	449	7	SL/GDS	MQ4	200	64	264
28	CLIMATE CONTROLS - FOOI	12/12/2016	100.00%	2,700	0	0	2,700	7	SL/GDS	MQ4	1,206	386	1,592
29	LAND	3/15/2016	100.00%	58,800	0	0	58,800	0			0	0	0
30	BUILDING IMPROVEMENTS	12/31/2016	100.00%	21,664	0	0	21,664	40	SL/ADS	MM	1,649	542	2,191
31	EQUIPMENT	2/8/2017	100.00%	20,450	0	0	20,450	7	SL/GDS	HY	7,304	2,920	10,224
32	TV CONFERENCE ROOM	3/6/2017	100.00%	298	0	0	298	7	SL/GDS	HY	107	43	150
33	PALLET RACKING	4/18/2017	100.00%	1,722	0	0	1,722	7	SL/GDS	HY	615	246	861
34	PANTRY SHELVEING	4/18/2017	100.00%	2,196	0	0	2,196	7	SL/GDS	HY	785	314	1,099
35	EQUIPMENT	7/31/2017	100.00%	4,004	0	0	4,004	7	SL/GDS	HY	1,430	572	2,002
37	EQUIPMENT	12/1/2017	100.00%	1,800	0	0	1,800	7	SL/GDS	HY	643	257	900
38	EQUIPMENT	12/19/2017	100.00%	2,550	0	0	2,550	7	SL/GDS	HY	910	364	1,274
39	BUILDING	12/31/2017	100.00%	261,061	0	0	261,061	39	SL/GDS	MM	13,667	6,694	20,361
40	2 FREEZERS	1/17/2017	100.00%	4,850	0	0	4,850	7	SL/GDS	HY	1,732	693	2,425
41	FORK LIFT	2/27/2017	100.00%	6,700	0	0	6,700	7	SL/GDS	HY	2,392	957	3,349
42	REACH IN FREEZER	7/31/2017	100.00%	8,994	0	0	8,994	7	SL/GDS	HY	3,212	1,284	4,496
43	UTILITY SCALE	6/23/2017	100.00%	301	0	0	301	7	SL/GDS	HY	107	43	150
44	HYDRAULIC SCALE - FORKL	9/11/2017	100.00%	1,794	0	0	1,794	7	SL/GDS	HY	640	256	896
44	FRIDGE & FREEZER	3/3/2018	100.00%	13,250	0	0	13,250	7	SL/GDS	HY	3,786	1,893	5,679
45	OFFICE FURNITURE	3/17/2018	100.00%	1,531	0	0	1,531	7	SL/GDS	HY	438	219	657
45	COMPUTERS & SOFTWARE	12/31/2018	100.00%	2,482	0	0	2,482	7	SL/GDS	HY	532	355	887
46	HINO TRUCK	6/1/2017	100.00%	48,877	0	0	48,877	5	SL/GDS	HY	23,110	9,775	32,885
46	FORK LIFT	5/30/2018	100.00%	15,000	0	0	15,000	7	SL/GDS	HY	4,287	2,144	6,431
47	FRIDGE & FREEZER	12/31/2018	100.00%	23,903	0	0	23,903	7	SL/GDS	HY	5,123	3,416	8,539
48	BUILDING IMPROVEMENTS	12/31/2018	100.00%	63,477	0	0	63,477	39	SL/GDS	HY	1,764	1,628	3,392
49	GAYLORDS, ETC.	12/31/2018	100.00%	5,575	0	0	5,575	7	SL/GDS	HY	1,195	797	1,992
50	LEASEHOLD IMPROVEMENT	12/31/2018	100.00%	18,764	0	0	18,764	15	SL/GDS	HY	1,877	1,252	3,129
54	2018 HINO	4/1/2019	100.00%	124,311	0	0	124,311	5	SL/GDS	HY	12,431	24,862	37,293
	UTILITY TRAILER 7.5X16FT	11/5/2019	100.00%	900	0	0	900	5	SL/GDS	HY	90	180	270

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TABITHA'S WAY XXXXXXXXXX

Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2020 Current Deprec.	2020 Accum. Deprec.
	DRYERS FOR BATHROOM	5/2/2019	100.00%	714	0	0	714	7	SL/GDS	HY	51	102	153
	RAIN GUTTERS	8/8/2019	100.00%	3,990	0	0	3,990	39	SL/GDS	MM	38	102	140
	25 USED GAYLORDS	4/9/2019	100.00%	2,375	0	0	2,375	7	SL/GDS	HY	170	339	509
	REFRIGERATOR REACH IN	8/13/2019	100.00%	4,115	0	0	4,115	7	SL/GDS	HY	294	588	882
	50 STACK CHAIRS	8/27/2019	100.00%	1,050	0	0	1,050	7	SL/GDS	HY	75	150	225
	LEASEHOLD IMPROVEMENT	7/1/2019	100.00%	74,493	0	0	74,493	15	SL/GDS	HY	2,481	4,969	7,450
	ROOF	8/3/2020	100.00%	12,800	0	0	12,800	39	SL/GDS	MM	0	123	123
	FREEZERS	2/11/2020	100.00%	7,751	0	0	7,751	7	SL/GDS	HY	0	553	553
	TABLES	2/14/2020	100.00%	480	0	0	480	7	SL/GDS	HY	0	34	34
	SHELVING	2/21/2020	100.00%	1,165	0	0	1,165	7	SL/GDS	HY	0	83	83
	FRIDGE	4/2/2020	100.00%	2,156	0	0	2,156	7	SL/GDS	HY	0	154	154
	HEAT PUMP	12/21/2020	100.00%	31,357	0	0	31,357	39	SL/GDS	MM	0	34	34
	COMPUTERS	1/9/2020	100.00%	1,869	0	0	1,869	5	SL/GDS	HY	0	187	187
	SHED	11/12/2020	100.00%	5,700	0	0	5,700	7	SL/GDS	HY	0	407	407
	LEASEHOLD IMPROVEMENT	4/30/2020	100.00%	12,508	0	0	12,508	39	SL/GDS	MM	0	228	228
	SubTotals			1,295,623	0	0	1,295,623				174,354	88,192	262,546
	Less: Disposed Assets			(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals			<u>1,295,623</u>	<u>0</u>	<u>0</u>	<u>1,295,623</u>				<u>174,354</u>	<u>88,192</u>	<u>262,546</u>