

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization THE TENDER, INC.
 Doing business as TENDER CARE
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4501 CHURCH ROAD
 City or town, state or province, country, and ZIP or foreign postal code
MOUNT LAUREL, NJ 08054

D Employer identification number
22-2224241

E Telephone number
(856) 234-5999

G Gross receipts \$ 226,138.

F Name and address of principal officer:
JESSICA CURTIS, 4501 CHURCH ROAD, MOUNT LAUREL, NJ 08054

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1977

M State of legal domicile: NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE TENDER IS A NON-PROFIT ORGANIZATION THAT PROVIDES CARE TO PERSONS WITH ALZHEIMER'S DISEASE AND OTHER FORMS OF DEMENTIA IN A HOME-LIKE SETTING INCLUDING NUTRITION, SOCIALIZATION, EXERCISE AND CTIVITIES AS WELL AS RESPITE TO CAREGIVERS.</u>		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	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)	77,212.	138,198.
	9 Program service revenue (Part VIII, line 2g)	2,393.	11,986.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,756.	73,659.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-230.	2,295.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,131.	226,138.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,229.	153,769.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,285.</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	104,654.	94,367.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	228,883.	248,136.	
19 Revenue less expenses. Subtract line 18 from line 12	-147,752.	-21,998.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,340,719.	End of Year 1,308,710.
	21 Total liabilities (Part X, line 26)	46,610.	25,622.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,294,109.	1,283,088.

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: [Signature] Date: 11/22/22
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: DUSTIN B. WARD CPA MBA Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01589702
 Firm's name ▶ RUOTOLO SPEWAK & CO Firm's EIN ▶ 22-3209898
 Firm's address ▶ 101 CHESTNUT AVE, MOUNT LAUREL, NJ 08054 Phone no. (856) 273-1282

May the IRS discuss this return with the preparer shown above? See instructions Yes No