Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2022 calend	dar ye	ear, or tax	year be	ginning			,	2022 , a	and endir	ng		,	20	
В	Check if a	applicable:	С										D Emplo	yer identi	fication nun	ıber
	Addr	ress change	THE	FOOD F	BRIGA	DE INC	Ξ.						85-	3278	219	
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	\vdash	al return	PAR	RAMUS, 1	NJ 07	653							201	-614	-4414	
	\vdash	return/terminated									201	011	1111			
	\vdash	ended return											G Gross	receints (3 1	327,542.
	\vdash	lication pending	F N	ame and addre	ess of princ	cinal officer	. T. T. T. T.	DEM DE	MARGO			H(a) Is this	a group retu			Yes X No
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$\overline{}$	Tay ov	empt status:		01(c)(3)	501(c)) (insert no.)	1017(2	ı)(1) or	527	If "No,	" attach a lis	t. See ins	tructions.	
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_	Webs			RIGADE.	1	T T		T T					exemption n			
K		of organization:		orporation	Trust	Assoc	ciation	Other		L Ye	ear of format	tion: 202	() IVI	State of le	egal domicile	:: NJ
Pa	rt I	Summar	<u>y</u>													
	1 B	Briefly descri	be the	e organizat	ion's m	<u>ission</u> or	most	significant	t activities	s: <u>See</u>	<u>Sche</u>	<u>dule 0</u>				
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Activities & Governance	_															
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												P	rior Year		Curre	ent Year
4	8 C	Contributions	and	grants (Pa	rt VIII, li	ine 1h)						. 4	1,662,	989.	1,	327,542.
Revenue	9 P	rogram serv	ice re	evenue (Pa	ırt VIII, I	ine 2g) .									•	· ·
ķ	10 Ir	nvestment in	icome	e (Part VIII	, columr	n (A), lin	es 3,	3, 4, and 7d)								
ď		Other revenue														
		otal revenue											1,662,	989.	1,	327,542.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)enefits paid to or for members (Part IX, column (A), line 4)														
	14 B	Benefits paid	to or	for member	ers (Par	t IX, col	umn (A), line 4)								
'n	15 S	Salaries, othe	er cor	mpensation	ı, emplo	yee ben	efits (Part IX, co	lumn (A),	, lines !	5-10)					8,900.
Expenses	16a ₽	Professional 1	fundra	aising fees	(Part I)	K, colum	n (A),	line 11e).								
þer	b⊺	otal fundrais	sina e	expenses (F	Part IX.	column	(D). lii	ne 25)		•	2,656.					
Щ		Other expens						_				-				202,539.
		otal expense											1,632,			211,439.
		Revenue less			-											
- S		KEVELIUE 1633	expe	crises. Sub	tract iiii	e 16 1101	11 11116	14					30,			116,103. of Year
13 0		otal assets ((Dart	Y line 16)									ng of Curre			
Net Assets Fund Balanc		otal liabilitie											32,	0.		150,840. 2,128.
et A			`	•	,											
		let assets or			Subtrac	t line 21	trom	line 20					32,	609.		148,712.
	rt II	Signatur														
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Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	THE MISSION OF THE FOOD BRIGADE IS TO ENSURE THAT NO CHILD OR ADULT IN NE	W JERSEY
	GOES HUNGRY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	7 v 🗔 v
	Form 990 or 990-EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	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 meas	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	ne total expenses,
	and revenue, it any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,185,118. including grants of \$) (Revenue \$	1,162,212.)
	FOOD DISTRIBUTION - ACCOMPLISHMENTS: IN 2022, THE FOOD BRIGADE HELPED FEE	
	28,197 PEOPLE IN NEED AT OUR WEEKLY FOOD DISTRIBUTION EVENTS, INCLUDING 9	
	CHILDREN AND 3,803 SENIOR CITIZENS. WE DISTRIBUTED 545,335 POUNDS OF FOC	
		WE ALSO
	LAUNCHED THE FIRST "VIRTUAL PANTRY" IN NEW JERSEY, AN ONLINE STOREFRONT W	
	CAN PLACE CUSTOM ORDERS ONLINE FROM OUR AVAILABLE INVENTORY AND HAVE THE	FOOD ORDER
	DELIVERED TO THEIR HOMES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	Other are green and issay (Describe on Cahadula O.)	
4d	Other program services (Describe on Schedule O.) (Exposes \$ including grants of \$) (Poyonus \$	`
م۵	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1.185.118.)
70	TOTAL PROPERTY SELVING VANCINGS 1 10 1 10	

Form 990 (2022) THE FOOD BRIGADE INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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>	7		Х
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>	8		Х
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>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	14b		Х
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</i> "Yes," complete Schedule F, Parts II and IV.	15		X
	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>	16		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? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) THE FOOD BRIGADE INC. 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? If "Yes," complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A A	(gambling) winnings to prize winners?	1c	990	(0000

Form 990 (2022) THE FOOD BRIGADE INC.

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	ii res, complete i omi ocos.			

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 No Yes 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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? See Schedule 0 Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... 9 **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?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

CARMINE DEMARCO 185 W MADISON AVENUE DUMONT NJ 07628 201-614-4414

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relative	ed organiz	ation	con	nper	sate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours	thar	one both	box,	unles officer	eck mo ss perso and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-211099- (W-211099- MISC/1099-NEC)	(W-271099- (W-271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CARMINE DEMARCO	40									
Vice President	0	Χ						8,000.	0.	0.
(2) KAREN DE MARCO	40									
President	0	Χ						0.	0.	0.
(3) CATHERINE GUINARD	7									
Treasurer	0	Χ						0.	0.	0.
(4) MOHAMED IFRAZ ILYAS	5									
Trustee	0	Χ						0.	0.	0.
(5) HUGO PALACIOS	5									
Trustee	0	Χ						0.	0.	0.
(6) JAMES P SILVESTRI	5									
Trustee	0	Χ						0.	0.	0.
(7) DOUGLAS C HERRICK	10									
Trustee	0	Χ						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pai	t VII Section A. Officers, Directors, 1rt		ney		•		es,	and	nignest Con	ipensated Empi	oyees	(conti	nuea)
		(B)			(C	•			(D)	(F)		(E)	
	(A) Name and title	Average hours	box	, unle	ess pe	erson	than	n an	(D) Reportable	(E) Reportable	Cation	(F)	
	Name and the	per week (list any	L-				or/trus		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	(ated amo of other nsation	
		hours	Individual or director	ng its	Officer	ey e	lighe: mplo	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganizati d related	ion
		related organiza	ector	tiona	714	Key employee	st cor yee	약			org	anization	is
		- tions below dotted	Individual trustee or director	institutional trustee		yee	npen						
		line)	8	tee			Highest compensated employee						
(15)													
(13)													
(16)													
<u>(17)</u>													
(18)													
<u>\'.'.'</u> _			•										
(19)													
(20)													
(20)													
(21)													
(22)													
(23)													
			1										
(24)													
(2E)													
(25)													
1b	Subtotal								8,000.	0.			0.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c)								8,000.	0.	oncotio		0.
2	from the organization ρ	to those i	isteu	abo	ve) v	WHO	recer	veu	more than \$100,00	o or reportable comp	ensano	11	
	•											Yes	No
3	Did the organization list any former officer, direc	tor, truste	e, ke	ey ei	mple	oyee	e, or	high	nest compensated	employee			.,,
_	on line 1a? If "Yes,"complete Schedule J for suc										. 3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpe 30?	ensa If "	ition Yes,	and " con	oth <i>nple</i>	er compensation e <i>te Schedule J for</i>	from			
_	such individual										4		X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	e comper s," compl	isatio <i>ete S</i>	n fr che	om <i>dule</i>	any • <i>J f</i> o	unre or su	late ch p	ed organization or oerson	individual	. 5		Х
Sec	tion B. Independent Contractors										•		
ı	Complete this table for your five highest compen compensation from the organization. Report compen	sated indestation for	epen the c	deni alen	t coi dar <u>i</u>	ntrad year	ctors endii	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business address								(B)	- f	(C)	
	Name and business addi	ess							Description of	of Services	Compe	ensatio	П
	Takal mumbay of independent control (1977)		ا لا ما:	. 11	'	:-1	اما		udaa waaabaa t	Ale a re			
2	Total number of independent contractors (including the \$100,000 of compensation from the organization	out not iim O	ned (ט נווכ	ise I	ıstec	ı abo'	ve)	who received more	uidii			

		(2022) THE FO			DE I	NC.			85-3278219	Page \$
Par	t VI	II Statement of								
		Check if Schedule	e O	contains	a resp	onse or note to any	y line in this Part V			
							(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							1010110101100	exempt	business	excluded from tax
								function revenue	revenue	under sections 512-514
y y	1a	Federated campaign	ns .		1a					
ᄩ	b	Membership dues			1b					
وَ ق	С	Fundraising events.			1c					
ift.	d	Related organization	ns .		1d					
S, E	е	Government grants (contr	ributi	ons)	1e	113,100.				
r Si	f	All other contributions, gi								
a B	~	similar amounts not inclu Noncash contributions inc			1f	1,214,442.				
Contributions, Gifts, Grants, and Other Similar Amounts	y	lines 1a-1f			1g	1,162,212.				
<u> </u>	h	Total. Add lines 1a-	1f .				1,327,542.			
E					L	Business Code				
ॐ	2a									
ď.	b									
Ğ.	C									
Sel	d									
Program Service Revenue	e •	All other program se	orvi							
5	t				L					
<u> </u>	_									
	3	Investment income (in other similar amoun	nciu nts).		:::us, 11					
	4	Income from investr	mer	nt of tax-e	xempt	bond proceeds				
	5	Royalties								
				(i) R	eal	(ii) Personal				
		Gross rents								
		· •	6b							
		Rental income or (loss)								
	d	Net rental income o	r (lo							
	7a	Gross amount from		(i) Secu	ırıtıes	(ii) Other				
			7a							
	b	Less: cost or other basis	7b							
	_	· · · · · · · · · · · · · · · · · · ·	7c							
		Net gain or (loss)								
a)		Gross income from fundra								
Ž	Oa	(not including \$		-						
š		of contributions reported	on li	ne 1c).						
ď.		See Part IV, line 18			88	а				
Other Revenue		Less: direct expense			81	7				
ð	С	Net income or (loss)) fro	om fundra	ising e	events				
	9a	Gross income from gamin See Part IV, line 19	ng ac	tivities.						
	h	Less: direct expense			9a 9l					
		Net income or (loss)								
	ıva	Gross sales of inventory, returns and allowances			10	a				
		Less: cost of goods			10					
	С	Net income or (loss)) fro	om sales	of inve	-				
S						Business Code				
iscellaneous Revenue	11a									
scellaneo Revenue	D									
Sce	Ч	All other revenue								
. 34	. ~								i	1

0.

0.

e Total. Add lines 11a-11d

Part IX	Statement of Functional Expen	ses										
Section 501	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											
	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1 Grant	s and other assistance to domestic											

	not include amounts reported on lines 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 and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	8,000.	6,400.	800.	800.
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.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	900.	720.	90.	90.
11	Fees for services (nonemployees):				
	Management				
	Legal	4 405		1 105	
	Accounting	1,125.		1,125.	
	Lobbying				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	071		101	170
13	Advertising and promotion	271.		101.	170.
14	Information technology	11,592. 2,496.	900.	11,592.	1,596.
15	Royalties	2,490.	900.		1,390.
16	Occupancy	2,975.	2,975.		
17	Travel	342.	2,570.	342.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-			
	Conferences, conventions, and meetings				
20 21	Interest				
22	Depreciation, depletion, and amortization	4,484.		4,484.	
23	Insurance	2,339.		2,339.	
	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.).	2,333.		2,333.	
а	FOOD DONATIONS	1,172,925.	1,172,925.		
b	OTHER OPERATING EXPENSES	1,579.		1,579.	
С		1,198.	1,198.		
d	REPAIRS & MAINTENANCE	750.		750.	
	All other expenses	463.	1 105 110	463.	
25	Total functional expenses. Add lines 1 through 24e	1,211,439.	1,185,118.	23,665.	2,656.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
BΛΛ		l l			Form 000 (2022)

		Check if Schedule O contains a response or note to	o any li	ne in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash – non-interest-bearing			21,317.	1	143,195.				
	2	Savings and temporary cash investments			·	2	·				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net				4					
	5	Loans and other receivables from any current or form	er offic	er director							
	,	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	l contril	butor, or 35%							
		controlled entity or family member of any of these pe	rsons .			5					
	6	Loans and other receivables from other disqualified p									
		section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6					
	7	Notes and loans receivable, net				7					
ets	8	Inventories for sale or use		8							
Assets	9	Prepaid expenses and deferred charges				9					
A	10a	Land, buildings, and equipment: cost or other basis.									
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D									
	b	Less: accumulated depreciation	10b	7,182.	10,792.	10c	7,145.				
	11	Investments — publicly traded securities		_		11					
	12	Investments - other securities. See Part IV, line 11				12					
	13	Investments - program-related. See Part IV, line 11.				13					
	14	Intangible assets.	e assets								
	15	Other assets. See Part IV, line 11		500.	15	500.					
	16	Total assets. Add lines 1 through 15 (must equal line	33)		32,609.	16	150,840.				
	17	Accounts payable and accrued expenses				17					
	18	Grants payable		_		18					
	19	Deferred revenue		_		19					
٠,	20	Tax-exempt bond liabilities		_		20					
ties	21	Escrow or custodial account liability. Complete Part		_		21					
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu	τιcer, di utor. or	irector, trustee, 35%							
ial		controlled entity or family member of any of these pe	rsons .			22					
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23					
	24	Unsecured notes and loans payable to unrelated third	1			24	-				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete F	lated third parties, Part X of Schedule D.		25	2,128.				
	26	Total liabilities. Add lines 17 through 25			0.	26	2,128.				
es		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	9								
an	27	Net assets without donor restrictions		-		27					
Bal	28	Net assets with donor restrictions		<u> </u>		28					
þ	20	Organizations that do not follow FASB ASC 958, che				20					
Net Assets or Fund Balance		and complete lines 29 through 33.	CK HEIG								
ō	29		stock or trust principal, or current funds								
ets	30	Paid-in or capital surplus, or land, building, or equipm				30					
1ss	31	Retained earnings, endowment, accumulated income			32,609.	31	148,712.				
t te	32	Total net assets or fund balances		<u> </u>	32,609.	32	148,712.				
_	33	Total liabilities and net assets/fund balances			32,609.	33	150,840.				
DΛ	Λ.		TFF A 0 1 1	11 09/01/22			Form 900 (2022)				

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	27,5	542.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,2	11,4	139.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	16,1	.03
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		32,6	509.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	48,7	712.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
t	• Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
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?	, 	2c		
	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 Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	За		Х
t	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number THE FOOD BRIGADE INC 85-3278219 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				4,662,689.	1,327,542.	5,990,231.
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	0.	0.	0.	4,662,689.	1,327,542.	5,990,231.
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)						0.
	Public support. Subtract line 5 from line 4						5,990,231.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	0.	0.	0.	4,662,689.	1,327,542.	5,990,231.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
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.)						0.
11	Total support. Add lines 7 through 10						5,990,231.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	X
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	22 (line 6, column	n (f), divided by lin	ne 11, column (f))	14	%
	Public support percentage from 2						%
16a	33-1/3% support test—2022. If the and stop here. The organization						
b	33-1/3% support test—2021. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	pox and stop here	e. Explain in Part '	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this b	pox and stop here	e. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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

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

Sec	tion A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						T-
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)					501()	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)	(3)
	tion C. Computation of Pul			10		- I -	- 1 ^
	Public support percentage for 20	•			•		
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv				(0)	1 -	, 0
	Investment income percentage for	•	• • •	-			
	Investment income percentage for						
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization of this box and sto	ald not check the t p here. The organ	ization qualifies	nd line 15 is more as a publicly supp	e tnan 33-1/3%, oorted organiza	ion
b	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3%		lid not check a bo		ne 19a, and line 1	6 is more than	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Par	t IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
		imily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		les	NO
2	Did that ben	the tax year. the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
٠					
sec	tion	C. Type II Supporting Organizations		Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Sec	tion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voic all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á		The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	吕	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
ā	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
ŀ	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
ā	Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ŀ		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2022 THE FOOD BRIGADE INC.		85-32	78219 Pag	e 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion 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):				
	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
(Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022 BAA

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Pa	rt v Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (cont	inuea)	
Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022 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.)

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

THE	FOOD	BRIGADE INC.				85-3278219	
Pai		Organizations Maintaining Do	nor Advised Funds or Othe	er Similar F			
		Complete if the organization answered					
			(a) Donor advised fund	ds	(b) Fu	inds and other ac	counts
1	Total n	umber at end of year					
2		e value of contributions to (during year)					
3		e value of grants from (during year)					
4		ate value at end of year					
5	Did the	organization inform all donors and don	nor advisors in writing that the ass	sets held in do	onor advised f	iunds	□ No
_		organization's property, subject to the				<u> </u>	No
6	Did the for chai imperm	organization inform all grantees, dono ritable purposes and not for the benefit issible private benefit?	rs, and donor advisors in writing to the donor or donor advisor, or	that grant fund for any other	ds can be use purpose conf	ed only ferring Yes	No
Pai	t II	Conservation Easements.					
		Complete if the organization answered					
1	Purpos	e(s) of conservation easements held by	y the organization (check all that a	apply).			
	Pre	servation of land for public use (for examp	ple, recreation or education)	Preservati	on of a histor	ically important la	and area
	Pro	tection of natural habitat		Preservati	on of a certifi	ed historic struct	ure
	Pre	servation of open space					
2		te lines 2a through 2d if the organization h	neld a qualified conservation contribu	ution in the forr	m of a conserv	ation easement or	the
	iast day	of the tax year.				eld at the End of	the Tay Veer
	Total n	umber of conservation easements				eld at the End of	the rax rear
		creage restricted by conservation ease					
		r of conservation easements on a certi		•	2c		
(Number historic	r of conservation easements included i structure listed in the National Registe	n (c) acquired after July 25, 2006	and not on a	2 d		
3		of conservation easements modified, tran				n during the	
Ū	tax yea		g		g	g	
4	Numbe	r of states where property subject to co	onservation easement is located				
5	Does th	ne organization have a written policy re	egarding the periodic monitoring, in	nspection, har	– ndling of viola	itions,	
		forcement of the conservation easemer					No
6	Staff an	d volunteer hours devoted to monitoring,	inspecting, handling of violations, an	nd enforcing co	nservation eas	ements during the	year
7	Amount	of expenses incurred in monitoring, inspe	ecting, handling of violations, and en	forcing conserv	vation easeme	nts during the year	-
8		ach conservation easement reported or					— ··
		ction 170(h)(4)(B)(ii)?					No
9	include	XIII, describe how the organization rep, if applicable, the text of the footnote vation easements.	ports conservation easements in it to the organization's financial stat	s revenue and ements that d	d expense sta lescribes the o	tement and bala organization's ac	nce sheet, and counting for
Pai	t III	Organizations Maintaining Co Complete if the organization answered	llections of Art, Historical 7 "Yes" on Form 990, Part IV, line 8.	Treasures,	or Other Si	milar Assets.	
1 a	historic	rganization elected, as permitted under al treasures, or other similar assets he Il the text of the footnote to its financia	ld for public exhibition, education,	, or research i	atement and n furtherance	balance sheet wo of public service	orks of art, , provide in
ŀ	historica	rganization elected, as permitted under al treasures, or other similar assets held for a amounts relating to these items:	or public exhibition, education, or res	search in furthe	erance of public	c service, provide	the
	(i) Rev	venue included on Form 990, Part VIII,	line 1			\$_	
	(ii) Ass	sets included in Form 990, Part X				\$	
2	If the or	ganization received or held works of art, he required to be reported under FASB	nistorical treasures, or other similar a				
		e included on Form 990, Part VIII, line					
ŀ	A ssets	included in Form 990, Part X				\$	

Part III	Organizations Main	taining Collec	ctions of Art, His	toricai ireasu	res, or O	iner Similar As	sets (conti	nuea)
3 Using items	g the organization's acquisition s (check all that apply):	, accession, and o	other records, check a	ny of the following	that make si	gnificant use of its	collection	
a F	Public exhibition		d Loan	or exchange progr	ram			
b 5	Scholarly research		e Other					
c F	Preservation for future gener	ations						
4 Provi	de a description of the organiz XIII.	ation's collections	and explain how they	further the organiz	zation's exem	npt purpose in		
5 Durin	ng the year, did the organiza sold to raise funds rather th	nan to be mainta	ined as part of the o	rganization's colle	ection?		Yes	No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangem rm 990, Part X, I	ents. Complete if thine 21.	ne organization ans	wered "Yes"	on Form 990, Par	t IV, line 9, or	
1 a Is the	e organization an agent, trus	stee, custodian o	r other intermediary	for contributions of	or other ass	ets not included .	<u> </u>	
on Fo	orm 990, Part X?es," explain the arrangement in						Yes	No
	-, - p		,				Amount	
c Begir	nning balance					1 c		
d Addit	tions during the year					1 d		
e Distri	butions during the year					1 e		
f Endir	ng balance					1 f		
2 a Did tl	he organization include an a	mount on Form	990, Part X, line 21,	for escrow or cus	todial accou	ınt liability?	Yes	No
b If "Ye	es," explain the arrangemen	t in Part XIII. Ch	eck here if the expla	nation has been p	provided on	Part XIII		7
								<u> </u>
Part V	Endowment Funds.	Complete if the	organization answere	d "Yes" on Form 99	90, Part IV, I	ine 10.		
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back ((d) Three years back	(e) Four year	rs back
J	nning of year balance							
b Conti	ributions							
	nvestment earnings, gains, osses							
d Gran	ts or scholarships							
e Othe and p	r expenditures for facilities programs							
f Admi	inistrative expenses							
-	of year balance							
2 Provi	ide the estimated percentage	e of the current y	ear end balance (lir	ne 1g, column (a))	held as:			
a Boar	d designated or quasi-endov		% 					
b Perm	nanent endowment	%						
	endowment	%						
The p	percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.					
3 a Are th	nere endowment funds not in t	he possession of	the organization that a	are held and admini	stered for the	e		
orgar	nization by:						Yes	No
• • •	Inrelated organizations						3a(i)	
	Related organizations						3a(ii)	
	es" on line 3a(ii), are the rel	-	•				3b	
	ribe in Part XIII the intended			ent funds.				
Part VI	Land, Buildings, an							
	Complete if the organizati	on answered "Yes	s" on Form 990, Part	IV, line 11a. See F	orm 990, Pa	rt X, line 10.		
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or oth basis (other)	er (c)	Accumulated depreciation	(d) Book va	alue
1 a Land								
b Build	ings							
	ehold improvements							
d Equip	oment			14,3	27.	7,182.	7	,145.
	r							
Total. Add	lines 1a through 1e. (Colum	nn (d) must equa	l Form 990, Part X,	column (B), line 1	0c.)		7	,145.

Schedule D (Form 990) 2022

		ne 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	
) Financial derivatives			
2) Closely held equity interests			
Other			
A) 3) 			
) 			
)) 			
<u> </u>			
 F)			
 G)			
(1)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.	- Farm 000 Dart IV III	N/A	
Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
	(b) Book value	(c) Wethou of Valuation. Cost of end-of-year market	value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" on	N/		
	scription	(b) Book va	lue
(1)	•	, ,	
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a)	B) line 15.)		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column x) Part X Other Liabilities. Complete if the organization answered "Yes" on	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25.	luo
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column X) Part X Other Liabilities. Complete if the organization answered "Yes" on the complete if the organization answered "Yes" or the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complet			lue
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered "Yes" on . (a) Description (b) (b) (c) (a) (c) (d) (d)	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25. (b) Book va	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column X) Part X Other Liabilities. Complete if the organization answered "Yes" on the column (column X) Complete if the organization answered "Yes" on the column X (a) Description (column X)	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25. (b) Book va	lue , 128
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered "Yes" on . (a) Descr (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4)	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25. (b) Book va	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered "Yes" on . (a) Descr (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5)	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25. (b) Book va	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered "Yes" on . (a) Description (column (b) Taxes Payable (column (b) Tax	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25. (b) Book va	
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Part XI			nue per Return. N/A	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1 Tota	l revenue, gains, and other support per audited financial statements			
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net	unrealized gains (losses) on investments	2a		
b Dona	ated services and use of facilities	2b		
c Reco	overies of prior year grants	2c		
d Othe	er (Describe in Part XIII.)	2d		
e Add	lines 2a through 2d		2 e	
3 Sub	tract line 2e from line 1			
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	er (Describe in Part XIII.)	4b		
c Add	lines 4a and 4b		4c	
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?.)	5	
Part XII	Reconciliation of Expenses per Audited Financial Stater		enses per Return. N/A	
Part XII	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12		enses per Return. N/A	
		²a.	· 	
1 Tota	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	²a.	· 	
1 Tota 2 Amo	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 of expenses and losses per audited financial statements	·	· 	
1 Tota 2 Amo	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 of expenses and losses per audited financial statements		· 	
 Tota Amo Dona Prior 	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 of expenses and losses per audited financial statements	2a	· 	
1 Tota 2 Amo a Dona b Prior c Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements	2a 2a 2b 2c	· 	
1 Tota 2 Amo a Dona b Prior c Othe d Othe	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements bunts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities ryear adjustments er losses.	2a 2a 2b 2c 2d	1	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements bunts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities ryear adjustments ber losses.	2a 2b 2c 2d	1 2e	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subs	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities or year adjustments er losses. er (Describe in Part XIII.)	2a 2b 2c 2d	1 2e	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subt 4 Amo a Inve	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements	2a 2b 2c 2d 4a	1 2e	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subt 4 Amo a Inve	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities ryear adjustments or losses. The reference of the complete of the comp	2a 2b 2c 2d	2 e 3	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subi 4 Amo a Inve b Othe c Add	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities or year adjustments or losses. The reference of the part XIII.) Times 2a through 2d. Tract line 2e from line 1. Tounts included on Form 990, Part IX, line 25, but not on line 1: stement expenses not included on Form 990, Part VIII, line 7b. Ter (Describe in Part XIII.) Times 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3	
1 Tota 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subi 4 Amo a Inve b Othe c Add 5 Tota	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 all expenses and losses per audited financial statements ounts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities ryear adjustments or losses. The reference of the complete of the comp	2a 2b 2c 2d 4a 4b	2e 3	

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE FOOD BRIGADE INC

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

Inspection Employer identification number

85-3278219

Par	tΙ	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	Meth- noncash	od of c contril	determir	ning mounts
1	Art	- Works of art							
2	Art	Historical treasures							
3	Art	- Fractional interests							
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded								
10	Securities — Closely held stock								
11	$\label{eq:Securities} \textbf{Partnership, LLC, or trust interests} \;.$								
12	Securities — Miscellaneous								
13		lified conservation contribution – oric structures							
14	Qua	lified conservation contribution — Other							
15	Rea	I estate - Residential							
16	Rea	I estate — Commercial							
17	Rea	I estate — Other							
18	Coll	ectibles							
19	Foo	Food inventory		1,162,212.	FAIR N	/KT V	VALUE		
20	Drug	gs and medical supplies							
21		dermy							
22	Hist	orical artifacts							
23		entific specimens							
24	Arch	neological artifacts							
25	Oth	er ()							
26	Oth	` `							
27	Oth								
28	Oth								
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								
	orga	inization completed Form 8285, Part V, Dones	Ackilowieu	gement		29		Vaa	Na
								Yes	No
30a	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 3 years from the date of the initial contribution, and which isn't required to be used								
		ust hold for at least 3 years from the date of the entire holding period?					30 a		Х
h		es," describe the arrangement in Part II.	• • • • • • • • • • • • •				30 a		Λ
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contribution					ns?	31		X
									Λ
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						32 a		Х
		'es," describe in Part II.	(-) f-	hara af anna anta a	bish salowan (a) is d	l al			
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.								

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

Schedule M (Form 990) 2022

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

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE FOOD BRIGADE INC

Employer identification number

85-3278219

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

THE MISSION OF THE FOOD BRIGADE IS TO ENSURE THAT NO CHILD OR ADULT IN NEW JERSEY
GOES HUNGRY. OUR PRIMARY SERVICE IS TO PROVIDE FOOD, WHETHER IN THE FORM OF PREPARED
MEALS OR FRESH AND PACKAGED FOODS, TO FAMILIES AND INIDIVIDUALS IN NEED. WE
ACCOMPLISH OUR MISSION BY BUILDING AND OPERATING A NETWORK OF PROVIDERS AND
VOLUNTEERS WHO ASSIST IN THE ACQUISITION, TRANSPORT, PREPARATION, DISTRIBUTION, AND
DELIVERY OF MEALS AND FOOD TO THOSE IN NEED.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

CARMINE DEMARCO (VICE PRESIDENT) AND KAREN DEMARCO (PRESIDENT) ARE SPOUSES

Form 990, Part VI, Line 11b - Form 990 Review Process

A COPY OF THE TAX RETURN IS EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND INPUT

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

BOARD MEMBERS MUST ANNUALLY SIGN AND SUBMIT A STATEMENT AFFIRMING COMPLIANCE WITH THE POLICY

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE COMPENSATION COMMITTEE DETERMINED THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

THEY RELIED UPON COMPARABILITY DATA AND ISSUED A REPORT ON THEIR DELIBERATION AND DECISION WHICH WAS ACCEPTED BY BOARD RESOLUTION.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.