# 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

C	Α	For the	2023 calend	dar ye	ear, or tax	year be	ginning			, 2	2 <b>023</b> , a	nd endir	ng		,	20	
Signal   S	В	Check if ap	oplicable:	С										D Emplo	yer identi	fication num	ber
Signal   S		Addre	ess change	THE	FOOD E	BRIGA	DE INC.							85-	3278	219	
PARAMUS, NJ 07653   201-614-4414		Name							ļ								
Part   Interference		$\vdash$	· ·	PAR	AMUS, 1	J 07	653							201	-614	-4414	
Application pending		$\vdash$													011	1111	
Application pending F Same and actives of striction of the Same As C Above Same Same As C Above Same Same Same Same Same Same Same Sam		$\vdash$												G Gross	receints !	5 2 '	278 837
Taxe-empt status   X  50(0)(3)   50(0)   (insert no.)   4947(a)(1) or   527   He)   Website: FOODBRIGADE, ORG   He)   Good posture   Tout   Association   Other   L Year of formation: 2020   M State of legal denictive. NJ		$\vdash$		F Na	ame and addre	ess of nrin	cinal officer:	773 D	DN DD 1	WA DOO			H(a) Is this				
Tax-exempt status:		Пуррыс		Cam	_ 7 c C	7 horr	•	KAR	EN DE 1	MARCO			1 ' '			<u> </u>	
Website:   POODBRIGADE.ORG	_	Tay ovo						(ir	eart na )	1947(2)(	(1) or	527	If "No,"	" attach a lis	t. See ins	tructions.	
Part   Summary	÷		•				( )	(11	isert iiu.)	4347(a)(	(1) 01	327	ł				
Breifly describe the organization's mission or most significant activities: See_Schedule_O						1	<u> </u>		1		T						
Briefly describe the organization's mission or most significant activities: See. Schedule 0.		_			orporation	Trust	Associa	tion	Other		L Yea	ar of format	tion: 202	0 <b>M</b>	State of le	egal domicile	: NJ
2 Check this box   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 Ia).   3   7   4 Number of independent voting members of the governing body (Part VI, line Ib).   4   7   5 Total number of independent voting members of the governing body (Part VI, line Ib).   4   7   5 Total number of volunteers (estimate if necessary).   6   880   7a Total unrelated business revenue (setsmate if necessary).   6   880   7a Total unrelated business revenue (rom Part VIII, column (C), line I2.   7a   0   b Net unrelated business revenue (Part VIII, line Ib).   7b   0   Contributions and grants (Part VIII, line Ib).   Pror Year   Current Year   1,327,542.   2,278,836.   10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).   1.   11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).   1.   12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line I2).   1,327,542.   2,278,837.   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).   8,900.   51,267.   16a Professional fundraising escenses (Part IX, column (A), line 19).   7,185.   1,202,539.   2,281,283.   17 Other expenses (Part IX, column (A), line 19).   1,202,539.   2,281,283.   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).   1,211,439.   2,332,550.   19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.   19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.   19 Revenue less expenses subtract line 19 from line 20.   148,712.   94,999.    Part II Signature Block    Date   Preparer subtract line 21 from line 20.   President   Finn's permit expense   Preparer subtract line 21 from line 20.   President   Print   Print   Print   Print   Print   Print   Print   Print   Print	Pa	rt I	Summar	<u>у</u>	<u> </u>												
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm		1 Br	riefly describ	e the	e organizat	ion's m	ission or n	nost s	significant	activities:	<u>See</u>	<u>Sche</u>	<u>dule_O</u>				
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	e	_															
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	ğ	_															
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B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	્ટ															seis.	7
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	જ	4 Nu	umber of inc	deper	ndent votin	a memb	pers of the	aove	ernina bod	v (Part VI.		lb)					
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	es																
B Net unrelated business taxable income from Form 990-T, Part I, line 11   The Norm 10   The Norm	≅														6		880
Second   S	Act	<b>7a</b> To	otal unrelate	ed bus	siness reve	enue fro	m Part VII	II, col	umn (C), I	ine 12					7a		
8 Contributions and grants (Part VIII, line 1h).		<b>b</b> Ne	et unrelated	busir	ness taxab	le incor	ne from Fo	orm 9	90-T, Part	: I, line 11					7b		
9 Program service revenue (Part VIII, line 2g)													Р	rior Year		Curre	nt Year
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ø.	<b>8</b> Co	ontributions	and (	grants (Pai	rt VIII, Ii	ine 1h)						1	L,327,	542.	2,	278,836.
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ĭ																
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ě				-				•								1.
Total assets (Part X, line 16)  Total assets (Part X, line 26)  Revenue less expenses. Subtract line 18 from line 12  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total plantances or fund balances. Subtract line 21 from line 20  Total 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 preparer use only  Firm's pare preparer's name Frank J AVENA  FRANK J AVENA  FRANK J AVENA  Firm's address  Prims's address  Firm's address  Firm's address  Part IX, column (A), lines 1-3.  8, 900.  51, 267.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 202, 539.  2, 281, 283.  1, 20	ď																
14 Benefits paid to or for members (Part IX, column (A), line 4).														L,327,	542.	2,	<u>278,837.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8, 900. 51, 267.  16a Professional fundraising fees (Part IX, column (D), line 25) 7, 185.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 202, 539. 2, 281, 283.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 211, 439. 2, 332, 550.  19 Revenue less expenses. Subtract line 18 from line 12. 116, 10353, 713.  20 Total assets (Part X, line 16) 150, 840. 95, 861.  21 Total liabilities (Part X, line 26) 2, 128. 862.  22 Net assets or fund balances. Subtract line 21 from line 20. 148, 712. 94, 999.  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.  Signature of officer  KAREN DEMARCO Type or print name and little  Print/Type preparer's name Preparer Jose Only  FRANK J AVENA FIRM'S BRIN 32-0017426																	
16a Professional fundraising fees (Part IX, column (A), line 11e)   15 Total fundraising expenses (Part IX, column (D), line 25)   7, 185.   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).   1, 202,539.   2, 281,283.   18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)   1, 211, 439.   2, 332,550.   19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.   116,103.   -5																	
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e).   1,202,339.   2,281,283.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).   1,211,439.   2,332,550.     19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.     16	νn	<b>15</b> Sa	alaries, othe	er con	npensation	ı, emplo	yee benef	its (P	art IX, col	umn (A), I	lines 5	5-10)		8,9	900.		51,267.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e).   1,202,339.   2,281,283.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).   1,211,439.   2,332,550.     19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.     16	se	<b>16a</b> Pr	ofessional t	fundra	aising fees	(Part I)	X, column	(A),	line 11e)								
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e).   1,202,339.   2,281,283.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).   1,211,439.   2,332,550.     19 Revenue less expenses. Subtract line 18 from line 12.   116,103.   -53,713.     16	per	<b>b</b> To	otal fundrais	ina e	xpenses (F	Part IX.	column (D	)), lin	e 25)		7	1.185					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  1, 211, 439. 2, 332, 550.  19 Revenue less expenses. Subtract line 18 from line 12. 116, 10353, 713.  8 Beginning of Current Year End of Year  20 Total assets (Part X, line 16). 150, 840. 95, 861.  21 Total liabilities (Part X, line 26). 2, 128. 862.  22 Net assets or fund balances. Subtract line 21 from line 20. 148, 712. 94, 999.  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.  Signature of officer Date  KAREN DEMARCO President  Frank J AVENA FRANK J AVENA FRANK J AVENA Self-employed P00009577  Preparer Use Only  Firm's name WARSAW & AVENA, CPA'S PC  191 GODWIN AVE  Firm's EIN 32-0017426	Ж			_					_			•	-	202	530	2	201 203
19 Revenue less expenses. Subtract line 18 from line 12   116,103.			•	-					•								
Beginning of Current Year   End of Year																	
Total assets (Part X, line 16).  Total liabilities (Part X, line 26).  Net assets or fund balances. Subtract line 21 from line 20.  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  KAREN DEMARCO Type or print name and title  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature FRANK J AVENA Frim's name Frim's name Frim's name Firm's address Firm's EIN 32-0017426	- œ	13 110	SVCHUC 1033	СХРС	11303. 000	tract iii	C 10 110111	IIIIC									
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  KAREN DEMARCO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  FRANK J AVENA  Prim's name FRANK J AVENA  FIRM'S AVENA, CPA'S PC  191 GODWIN AVE  Firm's EIN 32-0017426	ts o	20 To	ntal assets (	'Part '	X line 16)											LIIU	
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Sign Here    Signature of officer   Date																	
Here  KAREN DEMARCO Type or print name and title  Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's saddress Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's saddress Preparer's signature Prim's saddress Preparer's signature Preparer's signature Prim's signature Pr	Unde	er penalties olete. Decla	of perjury, I de aration of prepa	clare th	nat I have exar ier than officer	mined this ') is based	return, includ on all informa	ling aco ation o	companying s f which prepa	chedules and rer has any ki	stateme nowledg	ents, and to e.	the best of m	ny knowledge	and beli	ef, it is true,	correct, and
Here  KAREN DEMARCO Type or print name and title  Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's saddress Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's saddress Preparer's signature Prim's saddress Preparer's signature Preparer's signature Prim's signature Pr																	
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Paid         FRANK J AVENA         FRANK J AVENA         self-employed         P00009577           Preparer Use Only         Firm's name Firm's address         WARSAW & AVENA, CPA'S PC         Firm's EIN 32-0017426							Prenare	r'e einr	nature		Т	Date		l Ohand	1., 1	PTIN	
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May the IRS discuss this return with the preparer shown above? See instructions    Y   Vac   No			<u> </u>			-			2.0 :					Phone no.	201-		

Par	t III	Statement of Program Service	e Accomplishments onse or note to any line in this Part III		Г	7
1	Briefly	describe the organization's mission:	onse of note to any line in this rait in			7
	-	<u> </u>	GADE IS TO ENSURE THAT NO CH	ILD OR ADULT IN NEW	JERSEY	
		HUNGRY.				-
	222	<u></u>				-
						-
2	Did the	e organization undertake any significant p	rogram services during the year which were not	listed on the prior		
	Form	990 or 990-EZ?			Yes X No	
	If "Yes	," describe these new services on Sched	ule O.			
3	Did th	e organization cease conducting, or m	ake significant changes in how it conducts, a	ny program services?	Yes X No	
	If "Yes	," describe these changes on Schedule C	).		_	
4	Descr	be the organization's program service	accomplishments for each of its three larges	t program services, as measur	ed by expenses.	
	Section and re	in 501(c)(3) and 501(c)(4) organization evenue, if any, for each program servio	is are required to report the amount of grants se reported.	s and allocations to others, the	total expenses,	
<b>4</b> a	(Code	· ) (Expenses \$ 2.2	99,309. including grants of \$	) (Revenue \$	2,280,189.)	-
-iu			ISHMENTS: IN 2023, THE FOOD			
			OUR WEEKLY FOOD DISTRIBUTION			-
			NEW FOOD PANTRY LOCATIONS, I			-
		UNION CITY (HUDSON COUN				-
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4b	(Code	: ) (Expenses \$	including grants of \$	) (Revenue \$	)	_
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4c	(Code	: ) (Expenses \$	including grants of \$	) (Revenue \$	)	_
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4d	Other	program services (Describe on Sched	ıle O.)			-
	(Ехре			(Revenue \$	)	
4e			2.299.309.		·	-

# Form 990 (2023) 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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? If "Yes," complete Schedule D, Part IV.	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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	
	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
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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		Х
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		Х
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		Х
2 <b>0</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		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 (2023) 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		X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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		
<b>25</b> a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "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? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	Х	
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? If "Yes," complete Schedule N, Part II.	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	<b>Section 501(c)(3) organizations.</b> 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
38	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	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1с		
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Form 990 (2023) THE FOOD BRIGADE INC.

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

			163	NO
<b>2</b> a	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	Х	
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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)?	<b>4</b> a		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).			
	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?	5с		
	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?	<b>6</b> a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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?	<b>7</b> a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	4.0		V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
_				

Form 990 (2023) THE FOOD BRIGADE INC. 85-3278219 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. 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?.... X 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?..... Χ 7a **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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a Χ **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?..... Χ 10a b | ff "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 Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 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 Χ 14 Did the organization have a written document retention and destruction policy?..... 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? Χ 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 Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 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 236 COLFAX AVENUE CLIFTON NJ 07013 201-614-4414

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Form 990	(2023)	THE	F()()()	BRIGADE	INC

85-3278219

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# 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C	<b>)</b>					
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er ar	heck ss pe	rson lirecto	than of is both or/truster Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KAREN DE MARCO	40									
President	0	X						0.	0.	0.
(2) GERTHA KELLY	5									
Trustee	0	Х						0.	0.	0.
_(3)_CATHERINE_GUINARD	5									
Treasurer	0	X						0.	0.	0.
_(4)_ MOHAMED_IFRAZ_ILYAS	5									
Trustee	0	X						0.	0.	0.
_(5)_ HUGO_PALACIOS	5									
Trustee	0	X						0.	0.	0.
_(6)_ JAMES_P_SILVESTRI	5									
Trustee	0	Х						0.	0.	0.
_(7)_ DOUGLAS_C_HERRICK	7									
Secretary	0	Х						0.	0.	0.
_(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

(4)  (5)  (6)  (7)  (8)  (8)  (8)  (9)  (9)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (15)  (17)  (18)  (19)  (20)  (21)  (22)  (23)  (24)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29	Form	Form 990 (2023) THE FOOD BRIGADE INC. 85-3278219 Page 8												
(A) Nume and title  (B) Nume and title  (C) Nu	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(15)  (16)  (17)  (18)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  1b Subtotal			Average hours	box,	unle: er an	Posi neck i ss pei d a d	ition more rson i irecto	s both a	an e)	Reportable compensation from	Reportable compensation from	Estimat of	ed amour other	
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Subtotal 0, 0, 0, 0, d Total from continuation sheets to Part VII, Section A 0, 0, 0, d Total from continuation sheets to Part VII, Section A 0, 0, 0, d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1st any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization and related organization from the organization is and related organization? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization is tax year.			(list any hours for related organiza- tions below dotted	nist any course for related regarizations below dotted line)  MISC/1099-NEC)  MISC/1099-NEC)  MISC/1099-NEC)  MISC/1099-NEC)  MISC/1099-NEC)					(W-2/1099-	the org	janization related	"		
(17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Subtotal	(15)													
(20) (21) (22) (23) (24) (25)  1b Subtotal  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year.	(16)													
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(22)  (23)  (24)  (25)  1b Subtotal  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1c Total from continuation sheets to Part VII, Section A  1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive organization or individual for services rendered to the organization? If "Yes," complete Schedule J fo	(20)													
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(24)  (25)  1b Subtotal	(22)													
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on line 1a? If "Yes," complète Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)		•	tor tructo	م ادد	211.0	man la	0) (0)	. or b	اماد	and components	Lamplayea		Yes I	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)		on line 1a? If "Yes, "complete Schedule J for such	h individu	ıal								3		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)	4	the organization and related organizations greate	r than \$1	50,0	00?	If "	Yes.	" com	ple	ete Schedule J for	•	. 4		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)									X					
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)	Sec										<b>4100 000</b> (			
Name and business address  (A)  Description of services  (C)  Compensation												ır.		
		(A) Name and business addi	ess							Description (	of services	(C) Comper	) Isation	
														_
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	2	, , , , ,		ited t	o the	se I	isted	d abov	e) '	 who received more	than			

### Form 990 (2023) THE FOOD BRIGADE INC 85-3278219 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue 1a Federated campaigns . . . . . . . . . Grants, **b** Membership dues..... 1b c Fundraising events..... 1с Contributions, Gifts, d Related organizations..... 1d e Government grants (contributions) . . . . 103,096 All other contributions, gifts, grants, and similar amounts not included above . . . 1f 2,175,740 Noncash contributions included in 2,043,087 lines 1a-1f. . . . . . . . . . . . h Total. Add lines 1a-1f ..... 2,278,836 Program Service Revenue **Business Code** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) ...... Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss). . . . . . 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... **c** Net income or (loss) from fundraising events ..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less.... returns and allowances. . . . . . . . . . 10a **b** Less: cost of goods sold.... 10b **c** Net income or (loss) from sales of inventory..... Miscellaneous

All other revenue ..... e Total. Add lines 11a-11d .....

2,278,837

0

0

**Total revenue.** See instructions.....

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any (A)	line in this Part IX (B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	46,500.	37,200.	4,650.	4,650.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,000.	377200.	1,000.	1,000.
9	Other employee benefits				
10	Payroll taxes	4,767.	3,813.	477.	477.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,250.		1,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	1,149.			1,149.
13	Office expenses	3,572.		3,420.	152.
14	Information technology	1,494.	1,222.	3,1231	272.
15	Royalties	_,	_,		
16	Occupancy	5,400.	5,400.		
17	Travel	940.	817.	123.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,333.	16,641.	1,692.	
23	Insurance	5,288.		5,288.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD DONATIONS	2,232,459.	2,232,459.		
b	REPAIRS & MAINTENANCE	4,631.		4,631.	
C	<del></del>	2,895.		2,895.	
d	CARTING SERVICES	1,757.	1,757.		
	All other expenses	2,115.		1,630.	485.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,332,550.	2,299,309.	26,056.	7,185.
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			143,195.	1	29,067.
	2	Savings and temporary cash investments			•	2	101.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	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 per	er office contrib	er, director, utor. or 35%			
		controlled entity or family member of any of these per	sons			5	
	6	Loans and other receivables from other disqualified pe	ersons	(as defined under			
		section 4958(f)(1)), and persons described in section	4958(c)	(3)(B)		6	
	7	Notes and loans receivable, net				7	
\$	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
A	1 <b>0</b> a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	91,707.			
		Less: accumulated depreciation		25,515.	7,145.	10c	66,192.
	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				14	
	15	Other assets. See Part IV, line 11		500.	15	501.	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line		150,840.	16	95,861.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
es	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, dir itor, or	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		2,128.	25	862.
	26	<b>Total liabilities.</b> Add lines 17 through 25		<u>L</u>	2,128.	26	862.
Ø		Organizations that follow FASB ASC 958, check here			2,120.		002.
월		and complete lines 27, 28, 32, and 33.		└			
ā	27	Net assets without donor restrictions				27	
ã	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	X			
5	29	Capital stock or trust principal, or current funds				29	
क्	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income,		_	148,712.	31	94,999.
t A	32	Total net assets or fund balances		-	148,712.	32	94,999.
ž	33	Total liabilities and net assets/fund balances		<u> </u>	150,840.	33	95,861.
_							<u> </u>

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,27	78,8	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,33		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	3,7	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	18,7	12.
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,	10			
Day	column (B))	10		94,5	99.
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. LL</u>
				Yes	No
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	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  Consolidated basis  Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit 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.				
<b>3</b> a	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	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA			Form	990 (	(2023)

### **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023

Open to Public Inspection

Name o	f the	e organization					Employer identifica	ation number			
	HE FOOD BRIGADE INC. 85-3278219										
Part		Reason for Public Cha						ctions.			
The o	rga	nization is not a private found	· ·			-	•				
1	L	A church, convention of church	*		•	b)(1)(A)(	i).				
2	L	A school described in <b>sectio</b>									
3	L	A hospital or a cooperative h	· -								
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	ction 1 <mark>70(b)(1)(A)(iii</mark> ). E	nter 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											
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)										
8		A community trust described	in <b>section 170(b)(1)(</b>	A)(vi). (Complete Part I	l.)						
9		An agricultural research organi or university or a non-land-gra									
	_	university:									
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ns; and	(2) no r	more than 33-1/3% of it	ts support from gross			
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12		An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> d	r sectio	n 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box on			
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise	d. or controlled by its sur	ported o	rganizat	ion(s), typically by giving	the supported on. <b>You must</b>			
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>			
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd function <b>d E.</b>	onally integrated with, its	supported			
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting orgorganization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see			
е		Check this box if the organiz	ation received a writt	en determination from t	he IRS	that it is	a Type I, Type II, Type	e III functionally			
	Er	integrated, or Type III non-funter the number of supported of									
a		ovide the following informatio	9								
		ame of supported organization			(iv) la organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	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						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			4,662,689.	1,327,542.	2,280,189.	8,270,420.
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.
<b>4 5</b>	Total. Add lines 1 through 3 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.	0.	4,662,689.	1,327,542.	2,280,189.	8,270,420.
6	<b>Public support.</b> Subtract line 5 from line 4						8,270,420.
Sec	tion B. Total Support						_
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4	0.	0.	4,662,689.	1,327,542.	2,280,189.	8,270,420.
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						8,270,420.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				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 Pu	blic Support P	ercentage				
14	Public support percentage for 20	123 (line 6, column	n (f), divided by li	ne 11, column (f)	)	14	%
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	%
1 <b>6</b> a	<b>33-1/3% support test—2023.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a -and-circumstance	nd-circumstances es test. The orgar	test, check this laistation qualifies	box and <b>stop here</b> as a publicly supp	e. Explain in Part ' ported organization	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organiza	test, check this lition qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ded organization	VI how the
18	Private foundation. If the organia	zation did not che	ck a box on line	13, 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.)

<u></u>	tion A. Dublic Company	,	' '					
	tion A. Public Support		4	4 > 0001	1			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions,	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	3	<b>(f)</b> Total
•	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							
	<b>Total.</b> Add lines 1 through 5							
<b>7</b> a	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							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							_
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	3	(f) Total
9	Amounts from line 6							
1 <b>0</b> a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from							
	similar sources							
b	Unrelated business taxable							_
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included on line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in							
	Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is	ı for the organizati	on's first, second	third, fourth or t	ı fifth tax vear as a	section 501	(c)(3)	
	organization, check this box and	stop here					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Sec	tion C. Computation of Pu	blic Support F	Percentage					
15	Public support percentage for 20	23 (line 8, colum	n (f), divided by li	ne 13, column (f	))		15	%
16	Public support percentage from	2022 Schedule A	, Part III, line 15	<u></u>	· · · · · · · · · · · · · · · · · · ·		16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentage	•				
17	Investment income percentage f	or <b>2023</b> (line 10c	, column (f), divide	ed by line 13, col	lumn (f))		17	%
18	Investment income percentage f	rom <b>2022</b> Schedu	ıle A, Part III, line	17			18	%
19a	33-1/3% support tests-2023. If	the organization o	did not check the b	oox on line 14, a	nd line 15 is more	than 33-1/3	%, and li	ne 17
	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organi	zation	
b	33-1/3% support tests—2022. If the 19 is not more than 22 1/2%							
20	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organi		•				-	
20	i iivate iounuation. Ii the organi	Zation ald Hot CHE		ı <del>-,</del> ıəa, uı ıəb, (	CHOCK THIS DUX ALL	1 2CC 11 1211 11C	110113	

# 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	<b>3</b> a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> 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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	<b>5</b> a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 <b>Part VI.</b>	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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
С	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 <b>Part VI</b> .	9с		
1 <b>0</b> a	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.	1 <b>0</b> a		
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.)	1 <b>0</b> b		

Pai	t IV	Supporting Organizations (continued)				
11	Uoo t	he examination accepted a gift or contribution from any of the following persons?		Yes	No	
	A per	he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,				
	·	overning body of a supported organization?	11a			
	A tan	nily 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 <b>Part VI</b> .	11c			
Sec	tion l	B. Type I Supporting Organizations				
	D: I II			Yes	No	
1	or mo office orgar than	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's rs, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported nization(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				
	were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2						
<u></u>			2		<u> </u>	
Sec	uon (	C. Type II Supporting Organizations		Yes	No	
1	\A/			103	140	
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the				
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sec	tion I	D. All Type III Supporting Organizations				
	Distal			Yes	No	
1	orgar	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
_						
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how reganization maintained a close and continuous working relationship with the supported organization(s).	2			
,						
3	voice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at				
		nes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played s regard.	3			
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
á	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.				
ı	, ∏ <sub>Т</sub>	he organization is the parent of each of its supported organizations. Complete line 3 below.				
	=	he organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instrı	uctions	s).	
•			1		·	
2		ties Test. Answer lines 2a and 2b below.		Yes	No	
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the purpose or the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> **nizations and explain** how these activities directly furthered their exempt purposes, how the organization was purposed organizations, and how the organization determined that these activities constituted				
		antially all of its activities.	2a			
ŀ	more	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b			
3		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
ā	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	<b>3</b> a			
ŀ		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> 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		
I	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

9 Distributable amount for 2023 from Section C, line 6

in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

8

9

10

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions						
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	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 <b>Part VI</b> )	5				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	5				
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
DAA			000\ 0002

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Schedule A (Form 990) 2023

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.)

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

THE	FOOD BRIGADE INC.		85-3278219
Par	t I Organizations Maintaining Do	nor Advised Funds or Other Si	milar Funds or Accounts
	Complete if the organization a	nswered "Yes" on Form 990, Pa	rt IV, line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets h	ald in depart advised funds
,	are the organization's property, subject to the		
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit	ors, and donor advisors in writing that g	rant funds can be used only
	for charitable purposes and not for the benefi impermissible private benefit?	t of the donor or donor advisor, or for a	ny other purpose conferring
D-:			163
Par		nswered "Yes" on Form 990, Pa	rt IV line 7
1	Purpose(s) of conservation easements held b		
•	Preservation of land for public use (for exam		reservation of a historically important land area
	Protection of natural habitat	' ' <u> </u>	reservation of a mistorically important fand area
	Preservation of open space	□'	eservation of a certified flistofic structure
2	Complete lines 2a through 2d if the organization	hold a qualified concernation contribution i	n the form of a concernation accoment on the
2	last day of the tax year.	neid a quaimed conservation contribution i	if the form of a conservation easement on the
			Held at the End of the Tax Year
ā	Total number of conservation easements		2a
k	Total acreage restricted by conservation ease	ements	2b
(	Number of conservation easements on a cert	ified historic structure included on line 2	2a <b>2c</b>
,	Number of conservation easements included	on line 2c acquired after July 25, 2006	and not on
-	a historic structure listed in the National Regi	ster	2d
3	Number of conservation easements modified, tra tax year	nsferred, released, extinguished, or termin	ated by the organization during the
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re	egarding the periodic monitoring, inspec	
6	and enforcement of the conservation easeme Staff and volunteer hours devoted to monitoring,		
0	Starr and volunteer nours devoted to morntoning,	inspecting, nanding or violations, and em	ording conservation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcin	g conservation easements during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote	ports conservation easements in its rev to the organization's financial statemer	enue and expense statement and balance sheet, and its that describes the organization's accounting for
Da:	conservation easements.  t III Organizations Maintaining Co	llections of Art, Historical Trea	sures or Other Similar Assets
Гаі	Complete if the organization a	nswered "Yes" on Form 990, Pa	irt IV, line 8.
1a	historical treasures, or other similar assets he	eld for public exhibition, education, or re	venue statement and balance sheet works of art, esearch in furtherance of public service, provide in
_	Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items.	or public exhibition, education, or research	n in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	\$
	(ii) Assets included in Form 990, Part X $\dots$		\$
2	If the organization received or held works of art, amounts required to be reported under FASB	historical treasures, or other similar assets ASC 958 relating to these items.	for financial gain, provide the following
а	Revenue included on Form 990, Part VIII, line	<b>a</b> 1	\$
L	Assats included in Form 900 Part Y		ė

Schedule D (Form 990) 2023 THE FOOD BRID			85-327		Page 2
Part III Organizations Maintaining Co	llections of Art, His	storical Treasures,	or Other Similar As	sets (cont	inued)
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply).	nd other records, check a	ny of the following that m	ake significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange program			
<b>b</b> Scholarly research	e Other				
<b>c</b> Preservation for future generations					
<b>4</b> Provide a description of the organization's collect Part XIII.					
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma		rt, historical treasures, o organization's collection?	r other similar assets	Yes	No
<b>Escrow and Custodial Arrange</b> Complete if the organization at Form 990, Part X, line 21.	nswered "Yes" on F		•	n amount (	on
1a Is the organization an agent, trustee, custodia on Form 990, Part X?	nn, or other intermediary	for contributions or oth	er assets not included	Yes	No
${f b}$ If "Yes," explain the arrangement in Part XIII and	complete the following ta	able.	,	<u> </u>	
				Amount	
c Beginning balance					
<b>d</b> Additions during the year					
e Distributions during the year					
<ul><li>f Ending balance</li><li>2a Did the organization include an amount on Fo</li></ul>				Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII.			- L		H
<b>b</b> ii 163, explain the arrangement iii i art xiii.	Officer field if the explic	ination has been provide	an in an Am		
Part V Endowment Funds					
Complete if the organization as	nswered "Yes" on F	form 990, Part IV, li	ne 10.		
(a) Current	year <b>(b)</b> Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	ars back
<b>1a</b> Beginning of year balance	(2) (1101) 900	(c) The years such	(a) Throo your o back	(0) 1 0 0 1 9 0 0	210 2001
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships				+	
e Other expenditures for facilities				+	
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	,	ne 1g, column (a)) held a	as:		
Board designated or quasi-endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
<b>b</b> Permanent endowment %					
c Term endowment %					
The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3a Are there endowment funds not in the possession	of the organization that a	are held and administered	for the		
organization by: (i) Unrelated organizations?				Yes	No
(ii) Related organizations?				3a(i)	+
<b>b</b> If "Yes" on line 3a(ii), are the related organizations:				1 7	+
4 Describe in Part XIII the intended uses of the	·			- Sb	
Part VI Land, Buildings, and Equipme		cht fanas.			
Complete if the organization answered		IV, line 11a. See Form 99	90, Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
<b>1a</b> Land	,	` ′			
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment		83,245.	23,823.	5.9	9,422.
<b>e</b> Other		8,462.	1,692.		6,770.
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X,	line 10c, column (B))			6,192.
BAA			Sched	ule D (Form 99	<del>)</del> 0) 2023

Schedule D (Form 990) 2023

(a) Description of (1) Financial deri (2) Closely held of (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I)  Total. (Column (b) n Con (a) E (1) (2) (3) (4)	of security or categor rivativesequity interests.	, Part X, line 12, colur Program Relianization answere	security)	(b) Book va	t IV, line	11c. See F	N/A-orm 990,	valuation: C	ost or end-	of-year market value
(1) Financial deri (2) Closely held (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I)  Total. (Column (b) n Con (a) D (1) (2) (3) (4)	rivatives equity interests.	, Part X, line 12, colur Program Relianization answere	mn (B))	Form 990, Par	t IV, line	11c. See F	N/A -orm 990,	Part X, lir	ne 13.	
(2) Closely held (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) n Con (a) D (2) (3) (4)	equity interests.  ——————————————————————————————————	, Part X, line 12, colur Program Relianization answere	mn (B))	Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See I	N/A -orm 990,	Part X, lir	ne 13.	d-of-vear market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) n Con (a) D (1) (2) (3) (4)	must equal Form 990  vestments — mplete if the org	, Part X, line 12, colur Program Relianization answere	mn (B))	Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See F	N/A Form 990,	Part X, lir	ne 13.	d-of-vear market value
(A) (B) (C) (D) (E) (F) (G) (H) (I)  Total. (Column (b) n Con (a) D (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par ( <b>b</b> ) Book v	t IV, line	11c. See <b>f (c)</b> Meth	N/A Form 990,	Part X, lir	ne 13.	d-of-vear market value
(F) (G) (H) (I)  Total. (Column (b) n Con (a) E (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See F	N/A -orm 990,	Part X, lir	ne 13.	d-of-vear market value
(F) (G) (H) (I)  Total. (Column (b) n Con (a) [ (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See <b>f (c)</b> Meth	N/A -orm 990, nod of valu	Part X, lir	ne 13.	d-of-vear market value
(F) (G) (H) (I)  Total. (Column (b) n Con (a) [ (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See <b>I (c)</b> Meth	N/A -orm 990, l	Part X, lir	ne 13.	d-of-vear market value
(F) (G) (H) (I)  Total. (Column (b) n Con (a) [ (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See <b>I (c)</b> Meth	N/A Form 990, I	Part X, lir	ne 13.	d-of-vear market value
(F) (G) (H) (I)  Total. (Column (b) n Con (a) [ (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See <b>f (c)</b> Meth	N/A Form 990, I	Part X, lir	ne 13.	d-of-vear market value
(G) (H) (I)  Total. (Column (b) n  Con (a) [  (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See <b>f (c)</b> Meth	N/A Form 990, I	Part X, lir	ne 13. ost or end	d-of-vear market value
(H) (I) (I) (Total. (Column (b) n) (Con (a) (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par (b) Book v	t IV, line	11c. See F	N/A Form 990, I	Part X, lir	ne 13.	d-of-vear market value
(1)	vestments — mplete if the org	Program Rela		Form 990, Par (b) Book v	t IV, line	11c. See f	N/A Form 990, I	Part X, lir	ne 13. ost or end	d-of-vear market value
Total. (Column (b) no Con (a) [1]  (1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See f (c) Meth	N/A Form 990, I	Part X, lir	ne 13. ost or end	d-of-vear market value
(1) (2) (3) (4)	vestments — mplete if the org	Program Rela		Form 990, Par <b>(b)</b> Book v	t IV, line	11c. See F (c) Meth	N/A Form 990, I	Part X, lir lation: Co	ne 13. ost or end	d-of-vear market value
(a) [ (1) (2) (3) (4)	vestments — mplete if the org Description of in	Program Reianization answere	ed "Yes" on	Form 990, Par (b) Book v	t IV, line alue	11c. See F (c) Meth	N/A Form 990, I nod of valu	Part X, lir nation: Co	ne 13. ost or end	d-of-vear market value
(a) [ (1) (2) (3) (4)	Description of in	vestment		<b>(b)</b> Book v	ralue	(c) Meth	nod of valu	iation: Co	st or en	d-of-vear market value
(1) (2) (3) (4)	Description of in	vestment		(b) Book v	aluc	(C) WICH	lou or vaic	iation. Oc	JST OF CIT	
(2) (3) (4)										jouramor value
(3) (4)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total. (Column (b) r		, Part X, line 13, colur	nn (B))							
	ther Assets			F 000 D.	N/A	11.1.0	000	D I.V I'	15	
Con	mplete if the org	anization answere		<u>Form 990, Par</u> scription	t IV, line	<u>11a. See 1</u>	<u>-orm 990,</u>	Part X, III	<u>16 15.</u>	<b>(b)</b> Book value
(1)			(a) Des	scription						(b) book value
(2)										
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(4)										
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(6)										
(7)										
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(10)										
Total. (Column (	(b) must equal F	orm 990, Part X,	line 15, c	olumn (B))						
	her Liabilitie									
Cor	mplete if the org	anization answere	ed "Yes" on	Form 990, Par	t IV, line	11e or 11f	f. See Forn	n 990, Pai	rt X, line	25.
1.	· · · · · ·		(a) Descri	ption of liabilit	У			·	·	(b) Book value
(1) Federal inc	come taxes									
	TAXES PAY	ABLE								862
(3)										
(4)										
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(8)										
(9)										
(10)										
(11)										
Total. (Column (b	b) must equal F	orm 990, Part X,	line 25, cc	olumn (B))	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	. 862
									ganization'	s liability for uncertain

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per	Return N/A
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Dona <sup>-</sup>	ted services and use of facilities	2b	
c	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add I	ines <b>2a</b> through <b>2d</b>		2e
3	Subtr	act line <b>2e</b> from line <b>1</b>		3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
c	Add I	ines <b>4a</b> and <b>4b</b>		4с
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Da:	7 VII			D 1 37/3
гаі	t XII	Reconciliation of Expenses per Audited Financial Statemer		er Return N/A
Гаі	τ ΧΙΙ	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F		er Return N/A
1			Part IV, line 12a.	
	Total	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1 2	Total Amou	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	Part IV, line 12a.	
1 2	Total Amou Dona	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.	
1 2 a	Total Amou Dona Prior	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b	
1 2 a b	Total Amou Dona Prior Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b 2c	
1 2 a b	Total Amou Dona Prior Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b 2c 2d	1
1 2 a b	Total Amou Dona Prior Other Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.  2a 2b 2c 2d	1
1 2 a b	Total Amou Dona Prior Other Other Add I Subtr	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses.  (Describe in Part XIII.) ines 2a through 2d.	Part IV, line 12a.  2a 2b 2c 2d	1
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Other Add I Subtr Amou Inves	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a.  2a 2b 2c 2d	1
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Other Add I Subtr Amou Inves	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tenent expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.)	2a	1 2e 3
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Other Add I Subtr Amou Inves Other Add I	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tenent expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b	2a   2b   2c   2d   4a   4b	1 2e 3
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Other Add I Subtr Amou Inves Other Add I Total	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.)	2a   2b   2c   2d   4a   4b	1 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, line 2; 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) 2023

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FOOD BRIGADE INC

Employer identification number

85-3278219

Par	t I	Types of Property							
			(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(c od of c contrib	determin	ing mounts
1	Art -	— Works of art							
2	Art -	- Historical treasures							
3	Art -	- Fractional interests						-	
4	Воо	oks and publications							
5	Clot	thing and household goods							
6		rs and other vehicles							
7	Boa	ats and planes							
8	Intel	ellectual property							
9		curities – Publicly traded							
10		curities — Closely held stock							
11		curities — Partnership, LLC, or trust interests .							
12		curities – Miscellaneous							
13	Qua	alified conservation contribution – toric structures							
14		alified conservation contribution – Other.							
15		al estate — Residential							
16		al estate – Commercial							
		al estate – Other.							
17		lectibles.							
18		<u> </u>	Х		2 042 007		ATZITI T	73 T III	
19		od inventory.	Λ	6	2,043,087.	FAIR N	IKT \	/ALUE	
20		lgs and medical supplies							
21		koring Loutifeete							
22		torical artifacts							
23		entific specimens							
24		heological artifacts							
25	Othe	`							
26	Othe	`							
27	Othe	<u> </u>							
28	Othe	,							
29		nber of Forms 8283 received by the organization du anization completed Form 8283, Part V, Donee				29			
								Yes	No
302	Duri	ing the year, did the organization receive by contrib	oution any nr	onerty reported in Part I	lines 1 through 28 that				
Jua	it m	nust hold for at least 3 years from the date of the exempt purposes for the entire holding period?	ne initial cor	ntribution, and which is	n't required to be used		30 a		Х
b		Yes," describe the arrangement in Part II.							
31		es the organization have a gift acceptance polic	cy that requi	res the review of any r	nonstandard contributio	ns?	31		Х
<b>32</b> a		es the organization hire or use third parties or retributions?					32 a		Х
b	If "Y	Yes," describe in Part II.							
33		ne organization didn't report an amount in colur	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2023

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 07/25/23
 Schedule M (Form 990) 2023

## **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.

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

85-3278219

Employer identification number

OMB No. 1545-0047

THE FOOD BRIGADE INC

## 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. 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.

KAREN DEMARCO (PRESIDENT) AND CARMINE DEMARCO (EXECUTIVE DIRECTOR) 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.