990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gow/Form990 for Instructions and the latest information.

Or tax year beginning and ending

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

			alendar year, or		ear beg	inning		<u>, a</u>	na enaing				D E	mplover	dentificat	lon number	
,	Check if app	•	C Name of organizati	on	gert		. D	m,	Caro C	od Com	n		آ ا				
/	Address cha	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Talephone number 508 – 432 – 65)4	
\Box	Name chan	ge I	Doing business as	(or P r), hox if m	ail is not deliver	ed to street an	idress)				Room/suite	ET	alerxhone	a number		·······
=	nitieli return	_	133 Ouee	n A	nne l	Road							5	08-	<u>432-6</u>	5519	
_	Pinal setum		City or town, state	ot blox	inca, cour	try, and ZIP or	oreign postal	code									
	learninaled		Harwich				MA 026						G (Gross rec	celpts\$	5,358	,468
_],	Amended r	return	F Name and address	of prir	ncipal offic	er.										Yes	X No
٦,	Application	pending	Matthew	K	elle	v						H(a) Listhis	a group re	BLUTT TOT 5			
-	••	. •	72 Mair								1	H(b) Are a	ll subordin	nates incl	luded?	Yes	∐ No
			West Ha				M	A 02	671			1f	"No," atta	ch a list.	See Instruc	tions	
	Tax-exemo	of glob	X 501(c)(3)		501(c)	() •	(Insert no.)		47(a)(1) or	527							
	Website:		ww.thefa	nil						<u> </u>		H(c) Group	exemption	a numbe	er 🔷		
			140		irust	Association	Other ♦	·			L Ye	er of formation	. 199	0	M State	of legal domic	e MA
	Form of or Part I		Immary			/		********	···								
	4 0	المالية	scribe the organ	izatio	n's mies	sion or most	significant	activitie	s:								
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E				· · · · · ·													
Governance	_ ::		ls box ♦ if th		onlanti-	n dieconfine	ed its once	rations o	r disposed o	f more the	25º	% of its ne	t assets				
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٥đ	3 N	lumber	of voting member	rsort	ine gove	arning body	(rait VI, III ombo b = :	tu (Dort \	VI line 4h					4	15		
Activities	4 N	lumber	of independent v	oting	membe	us or me gov	eming Doc	uy (marci) /Dowley i	vi, Bile TD) , line 2e)	•••••				5	14		
ĬŽ			nber of individual											6	650		
Ą	6 T	Total nu	nber of voluntee	s (es	umate i	necessary)		the do					· · · · · · ·	7a	1		0
			elated Lustreas											7b	1		
_	b N	let unre	lated business ta	xable	income	mom Form	990-1, Pa	πı, line	11,,,,,,,,,		·····	Pric	or Year	1 10		Current Yea	r
			ions and grants	(Dad	VIII Box	a 1h)							195,	046		4,505	,009
ē	l .												231,				,069
Revenue			service revenue											577			,034
Ş			ent income (Part										168 ,				,933
_	11 0	Uther re	venue (Part VIII,	COLUM	ит (А), Т	mes o, oo, c	10, 20, 100, 100, 100	, and 111	7)		├		621,			5,260	
	12 T	otal rev	enue – add lines	8 thr	ough 1	(must equi	/A\ Pass (, column 1 2)	171, III IZ							,	0
			nd similar amour												1		ō
			paid to or for me								··· ├		471,	675	1	446	,378
S	15 8	Salaries,	other compensa	tion,	employe	ee penents (raπ IX, CO	ж ппик), unes 5-10	y	···			164			,200
Expenses	16a F	Profession	other compensa onal fundraising f ndraising expense	ees (Part IX,	column (A)	nne 116) 05\ ♣		57	770	··· ⊦		<u>~ /</u>		 		
ğ	. b 1	Total fur	draising expense	s (Pa	art IX, c	oiumn (D), li	ne 25) ♥				···· }-	7	820,	610	1	2,692	.986
ш	17 (Other ex	penses (Part IX,	colur	πn (A),	lines 11a-1	1d, 11f-24	e)			····		320, 294,			$\frac{2,032}{3,144}$	
	18 7	Total ex	penses. Add line:	s 13	17 (mus	st equal Part	IX, colum	n (A), lín	e 25)		···· }		327,			$\frac{3,133}{2,115}$	
	19 F	Revenue	e less expenses.	Subtr	act line	18 from line	12					Beginning			+	End of Yes	
sets or	2			400							H		046,			8,217	
8	20 7		sets (Part X, line							- · · · · · · · · · · · · · · · · · · ·	····	~ /	40	887			,251
Net As	21 7		bilities (Part X, lir								····	6	005	442		8,179	
_			ets or fund balan		subtract	ine 21 fron	i ine 20			*****		<u> </u>			. 1		
_	Part II	S	ignature Blo	CK		. /			nandne seks	tulos and a	latema	inte and to	the heet	of my	knowledge	and belief	. it is
Į	Inder per	naities of	perjury, I declare complete. Declarati	pat 1	nave exa	imined this re	ium, includir Maerviš bas	ig accomi sett on all	panying scheo information o	ioles and s f which pre	parer i	has anv kno	wiedge.	or my i	เฉพเธนนูต		.,
	rue, corre	ect, and	complete, Declarati	GIT UI	hehaidi 10	7/7		- J. J.									
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	gn		Signature of officer		L_					m.	026	urer		- *			
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Us	e Only	1			Зох		_ ^-	~~~							EOG	3-428	
		Firm's						655				····	Pho	ne no.	300		
Ma	ay the IF	RS discu	uss this return wi	h the	prepar	er shown at	ove? See	instruction	ons							X Yes	
		work Re	duction Act Notic	e, see	the se	parate instru	ctions.									Form	990 (2021
ÐΑ	A																

Part III Statement of Program	antry of Cape Cod Corp m Service Accomplishments		Page
Check if Schedule O c	ontains a response or note to any lin	e in this Part III	X
Briefly describe the organization's mis	sion:		
See Schedule O	***************************************		
* *************************************	***************************************		**********************
* * * * * * * * * * * * * * * * * * * *	***************************************		*******************

Did the organization undertake any sig	prificant program services during the year whi	ich were not listed on the	
prior Form 990 or 990-EZ?	***************************************		Yes X N
if "Yes," describe these new services	on Schedule O.		
	, or make significant changes in how it condu	icts, any program	
services?			Yes X N
if "Yes," describe these changes on S	chedule O.		······ <u> </u>
Describe the organization's program s	ervice accomplishments for each of its three	largest program services, as measured b	y
expenses. Section 501(c)(3) and 501(c)	c)(4) organizations are required to report the	amount of grants and allocations to other	s,
the total expenses, and revenue, if any	/, for each program service reported.		
a (Code:) (Expenses \$			
The Family Pantry pr families represent 8 150 families on its	2,946,072 including grants of \$ covided food for 1,900, ,788 people including busiest days and saved its 650 dedicated volume	2,636 children. It s l approx \$2,200,000 i	families. The
dirotgii che Work or	its 600 dedicated Volt	inteers.	
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(Code: \((Expenses \$	including grants of \$	\ /D	
1/A	including grants of \$\psi\$) (Revenue \$,
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(Code:) (Expenses \$	including grants of \$	\ /Povenue €	
I/A	arotoming grants or \$) (Revenue \$	•••••
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Other program services (Describe on S	shodula (C.)		
Program solvices (Describe on S	Greunie U.)		
	including greats of P	\ /m	
(Expenses \$ ■ Total program service expenses ◆	including grants of \$ 2,946,072) (Revenue \$)

Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X debt negotiation services? if "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 **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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on X 18 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 19 if "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form 990 (2021)

25a 26 27 28 "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 28c X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 33 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 6 35b related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 36 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 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?

ı	l <u>.</u>		Yes	No
1a	4			
1b	0			
<u></u>		10		

Form 990 (2021)

	30 (2021) The Family Pantry of Cape Cod Corp 22-3079904		Yes	No
Doet	V Statements Regarding Other IRS Filings and Tax Compilates (comments)			
	the number of employees reported on Form W-3, Transmittal of wage and Tax			
	and the state of t	2b	X	
	the state of the second of the properties of the			
	the and to be greater than 250, you may be required to e-life. See instructions.	3a		X
	The state of the s	3b		
	- To the very large to the veer? If "No" to line 3b, provide an explanation on concease of	- 35		-
		4a		X
ka <i>P</i>	the familiar country (such as a hank account, securities account, or outer interest	- 1 44		
	. A st. Francisco amountes A			
	The remaining for EinCEN Form 114. Report of Foreign Bank and Financial Accounts (i DAV).			x
		5a		X
		5b		^
b i	of "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	-
				۱
6a ∣	Does the organization have annual gross receipts that are normally grosses to organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
,	organization solicit any contributions triat were not tax deductions as extraorent that such contributions or	1		
b	organization solicit any contributions that were not but deceased in the contributions or if "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		<u> </u>
	gifts were not tax deductible?	l		
	- that was receive deductible contributions under section 1700/-			1
	the property of \$75 made party as a continuous and party to good	7a		X
		7b	Τ	7
	The state of the s		1	
	" " " " " " " " " " " " " " " " " " "	7c		K
·	Did the organization sell, exchange, or otherwise dispose of tangular personal personal benefit contract?	ان ا	╁	
di	If "Yes," indicate the number of Forms 8282 filed during the year	7e		K
u		7f	+	1 3
_	Altonium dironium		+	13
f	to a standard intollection of the leading of the le	7 <u>g</u>		13
g	the contribution of cars, hosts airplanes, or other vehicles, did the organization in	7h	-	+*
h		_	İ	
8	Sponsoring organizations maintaining donor access trained and the sponsoring organization have excess business holdings at any time during the year?	8	┿	
	sponsoring organization nave excess usualiness including at any special specia		1	1
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
а	Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	\perp	_
b	Did the sponsoring organization make a distribution to a dollor, delibring advisor, or state of the sponsoring organization make a distribution to a dollor, delibring advisor, or state of the sponsoring organization make a distribution to a dollor, delibring advisor, or state of the sponsoring organization make a distribution to a dollor, delibring advisor, or state of the sponsoring organization make a distribution to a dollor, delibring advisor, or state of the sponsoring organization make a distribution to a dollor, delibring advisor, and the sponsoring organization make a distribution to a dollor, delibring advisor, and the sponsoring organization make a distribution to a dollor, delibring advisor, and the sponsoring organization and the sponsoring advisor of the sponsoring advisoring adv	İ	1	
10	Section 501(c)(7) organizations. Enter:			
a	we was a sent contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub ladities	7	1	
11	Section 501(c)(12) organizations. Enter:	Ì	-	İ
а	Cross income from members or shareholders	7	-	- 1
b	Own instance from other sources (Do not net amounts due or paid to other sources		ı	
_	() dense them	12	<u>.</u>	- [
12a	trusts, is the organization filing Form 990 in field or Form 1941.	\ \ '`	┺┼	_
	to the amount of tay exempt interest received or accrued during the year	\dashv	-	
b	year	13	<u>.</u> –	-+
13	to the exceptation licensed to issue gualified health plans in more than one state:	·	а	-
а	Note: See the instructions for additional information the organization must report on Schedule O.	- 1	- [ı
	the annulation is required to maintain by the states in which			
b	Enter the amount of reserves the organization is required to maintain by the organization is licensed to issue qualified health plans 13b 13c			
	the organization is licensed to issue qualified field plane.		_ -	
C	Enter the amount of reserves on nano		<u>4a </u>	
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 1	4b	
b	If "Yes," has it filed a Form 720 to report these payments? If I'vo, provide all explanation of \$4,000,000 in remuneration of			-
15	the section 4960 tax on payment(s) of more than \$1,000,000 in remainded.		15	
	excess parachute payment(s) during the year?		T	$\neg \neg$
			16	
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	∵		
.0	ATON Pohodulo O			l
47	The first and discussing nerson of mine operator charges in	١	17	1
17	Section 501(c)(21) organizations. Did the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, any disqualined percent of the trust, and the trust, and the trust of the trust, and the trust of the		"	- 1

F	om 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904			_
	Obtaining management, and Discinsure For each "Voo" management to	d E	WA I - W	⊃age 6
			"No"	
-	Check if Schedule O contains a response or note to any line in this Part VI	566 IU	Structio	
3	ection A. Governing Body and Management		<u> </u>	X_
			1,4	Т
7	a Enter the number of voting members of the governing body at the end of the tax year 12 15		Yes	No
	in there are material differences in voting rights among members of the governing hady, or	-		1
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain on Schedule O.			
_	Enter the number of voting members included on line 1a, above, who are independent 15		1	
2	Old any officer, director, trustee, or key employee have a family relationship or a hydrogen selection at	-		l
_	any suite officer, director, trustee, or key employee?	_		
3	Did tile diganization delegate control over management dutice sustanzativa i	2	-	X
	outportision of officers, trictions, inistees or key employees to a man-	١.]	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant discrete of the prior Form 990 was filed?	3	_	_X_
5		4		<u> </u>
6		5	-	X
7a	and displaced field the file index states and the source to slock or any interest of the source to slock or any interest of the source to slock or any interest or any interes	6		X
	one or more members of the governing body?			
Ł	and a second so the organization reserved to for enhant to consend that went	7a		<u> </u>
	Stock rolugies, or persons other than the governing hodge			
8	Did the organization contemporaneously document the meetings held or written potions under the meetings held or written potions under the meetings held or written potions under the meetings held or written potions under the meetings held or written potions under the meetings held or written potions under the meetings held or written potions are the meetings held or written potions and the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meetings held or written potions are the meeting and the meeting are the meeti	7b		<u> </u>
а	▼			
b	was additionally to act on penalt of the doverning body?	8a	X	
9	is there any officer, director, trustee, or key employee listed in Part VIII. Continue A	8b	Х	
_	ate organization's mainta audiess? If "yes" provide the names and additional additional and additional additional additional additional and additional addit	İ,		
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	9		<u>X</u>
		de.)		·····
10a			Yes	No
b	If "Yes," did the organization have written policies and procedures governing the patients.	10a		<u>X</u>
11a		10b		
Ь		11a		X
12a	Did the digalization liave a written contint of interpet police? If the I are to the			
Ь	vere officers, directors, or trustees, and key employees required to disclose apprelly listened to	12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following remand includes	14	X	
	Trade portation polytical and confirmation and confirmation and a second second and a second			
a				
b	Other officers or key employees of the organization	15a	X	
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or clarifes a			-
	was a reverse entity dutiff file Aest's			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization.	16a	_ ;	X_
	participation in joint venture arrangements under applicable federal to low and like store to evaluate its		ı	
	organization's exempt status with respect to such arrangements?	- 1		
Sect	ion C. Disclosure	16b		
7	List the states with which a copy of this Form 990 is required to be filed . MA			
0	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. 15 and 1024 A. 15	,		
			•	
	Ministration Allographs Website Allographs Other Countries			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
	The state of the public divisit of the law wash			
Ch	State the name, address, and telephone number of the person who possesses the organization's books and records 133 Queen Appe Book			
	wich			
VA.	MA 02645 508-	<u>432-</u>	<u>-651</u>	9

	_				a	Cod	Com	22-	-3079904	omnensated		Page
om 990 (2021)	The	Family	Pantry	OI	cape	Cou	COLP		3073303		Employage 300	4
OTTI GOO (====:7	****		fficare Dir	cotor	e Truef	oos K	ev Emp	ovees.	. Hignest C	ompensateu :	Employees, and	4

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the orga	nization nor any	rela	ted	orgai	nizal	tion co	ompe	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	(C) Posit heck n ss pen d a d) ion nore i son it irecto	than one s both a r/trustee	e n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustæe or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
(1) Matthew Kelley President	2.00	x		x				0	0	0
(2) John DiVito	2.00	x		x				0		0
(3) Toni London Vice President	2.00	x		x				0	C	0
(4) Melissa Masi	2.00	x		x				O	(0
(5) Caesar Alcantar		x						C	(0
Oirector (6) Craig Morong	1.00	x								0
Director (7) Nancy Poor	1.00	 K)	0 0
(8) Richard Roy	1.00									0 0
Director (9) Patricia Nadie	1.00									0 0
Director (10) Mary Kate Galla	1.00		ζ		+				0	0 0
Director (11) Matt Pitta	1.00		<u> </u>				-			0 0
Director	0.00	2	K						0	Form 990 (2021)

Tail Vis Cotton A. Others	s, Directors, 17	uste	es, r	юу	Emp	loye	es, a	and Highest Compensate	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for retated organizations below	(c	lo not ox, uni Ticer a	Po check ess p	(C) sition more erson direct	than is both	one 1 an lee)	(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
(12) Connor Franci			8		-	82				
Director (13) Justin Tavano	0.00	X						0	0	
Director	1.00	x						0		
(14) Kathy McNamar	a 1.00								0	C
(15) Larry Lyford	1.00	Х						0	0	0
Director (16) Christine Men	0.00 ard	х						0	0	0
Executive Director	40.00	х	_	х			_	108,149	0	11,244
						1				
1b Subtotal	s to Part VII S			<u></u>				108,149	, .	11,244
d Total (add lines 1b and 1c) Total number of Individuals (inch	udina but not lin	nited	to th			4	ove)	108,149 who received more than \$	5100,000 of	11,244
3 Did the organization list any form employee on line 1a? If "Yes," of 4 For any individual listed on line.	ner officer, dire omplete Schedu	ctor, ule J	trust	ee, l	key e indiv	emple idua	oyee	o, or highest compensated		Yes No
Individual 5 Did any person listed on line 1a	receive or acco	nan :	150, 	 	? If "	Yes,	" cor	mplete Schedule J for such	1	4 X
for services rendered to the orga ection B. Independent Contractors										5 X
Complete this table for your five compensation from the organizat	will report out	nsate npens	d ind sation	iepei i for	nden the	t cor caler	ntrac ndar	tors that received more the	an \$100,000 of	
Name and bu	siness address					-	<u> </u>	Description	el) of services	(C) Compensation
	<u></u>					_				
						\dagger				
						1				
Total and										
Total number of independent con- received more than \$100,000 of a	tractors (includir compensation fr	ng bu om ti	t not he o	ilmi gan	ted t	o tho	se l	listed above) who	0	
										Form 990 (2021)

252,120 c Net income or (loss) from fundraising events ga Gross Income from gaming activities. See Part IV, line 19 9b b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 1,813 1,813 11a Other income d All other revenue 1,813 • 14,566 e Total. Add lines 11a-11d 488,350 5,260,045 Form 990 (2021) 12 Total revenue, See instructions ...

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Program service expenses (C) Management and general expenses Fundralsing Grants and other assistance to domestic organizations ехрепвез and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 388,453 270,639 Pension plan accruals and contributions (include 91,498 26,316 section 401(k) and 403(b) employer contributions) Other employee benefits 24,059 Payroli taxes 17,063 5,240 1,756 33,866 23,595 Fees for services (nonemployees): 7,977 2,294 Management **b** Legal Accounting 10,051 Lobbying 10,051 Professional fundraising services. See Part IV, line 17 5,200 Investment management fees 5,200 gi Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,033 12 Advertising and promotion <u>1,033</u> 6,121 13 Office expenses 2,755 3,366 45,393 14 Information technology 19,839 6,707 18,847 15 Royalties Occupancy 35,815 33,576 Travel 2,239 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Payments to affiliates Depreciation, depletion, and amortization 93,996 Insurance 88,121 5,875 28,226 24,526 Other expenses, Itemize expenses not covered 3,700 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.) Food costs 2,288,232 2,288,232 Repairs & maintenance 90,883 Donations 85,203 5,680 29,726 Credit card fees 29,726 21,133 e All other expenses 21,133 42,377 Total functional expenses. Add lines 1 through 24e 41,664 713 3,144,564 2,946,072 Joint costs. Complete this line only if the 140,713 57,779 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)

The Family Pantry of Cape Cod Corp 22-3079904 Page 11 Form 990 (2021) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 4,302,221 3,740,577 Cash—non-interest-bearing Savings and temporary cash investments 4,000 3 Pledges and grants receivable, net 3 4 Accounts receivable, net _____ Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 9,238 8 Inventories for sale or use 61,469 61,469 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,521,6<u>56</u> 10a basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10b 1,480,459 1,430,075 10c 1,041,197 2,373,752 800,970 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 12 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 8,217,901 6,046,329 16 15 Total assets. Add lines 1 through 15 (must equal line 33) 38,25 40,887 17 Accounts payable and accrued expenses 18 17 Grants payable _____ 19 18 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other llabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 38,251 40,887 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ◆ X and complete lines 27, 28, 32, and 33. 8,131,444 5,965,150 Net assets without donor restrictions 48,206 40,292 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ◆ Assets or Fund and complete lines 29 through 33.

29 Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

30 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

8,179,650

30

31

32

6,005,442

6,046,329

32

m 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904 Part XI Reconciliation of Net Assets			F	age
Check if Schedule O contains a response or not be a second or not be a				
Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)				<u>.</u>
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1	5,2	260	,04
Revenue less expenses. Subtract line 2 from line 4	2	3,:	44	, 56
Net assets or fund balances at heginning of year (must a substitute of the substitut	3	2,:	.15,	, 48
Net unrealized gains (losses) on investments	4	6,0	05,	
Donated services and use of facilities Investment expenses	5	···	58,	,72
Investment expenses	6			
Prior period adjustments	7			
Other changes in net assets or fund balances (explain on Schedule O)	8			
Net assets or fund balances at end of year. Combine lines 3 through 0 (must as 1.5)	9			
32, column (B))				
art XII Financial Statements and Reporting	10	8,1	79,	65
Check if Schedule O contains a response or note to any line in this Day VIII				
Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<i>.</i> [
Accounting method used to prepare the Form 990.			Yes	N
If the organization changed its method of accounting from a prior year or checked "Other." explain on				
CONTOURING C.				1
Were the organization's financial statements compiled or reviewed by an independent accountant?]	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a		X
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Details Deta				
Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year ways audited by		-		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	Х	
separate basis, consolidated basis, or both:				
IVI 6				l
If "Yes" to line 2a or 2b, does the amerization have a sometime to insolidated and separate basis				l
the audit, review, or compilation of its financial teteraneur in a committee that assumes responsibility for oversight of				
the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on		2c	x	
Schedule O.		``		
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Single Audit Act and OMB Circular A-133?				
if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • • • • • • • • • • • • • • • •	3a		X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			- 1	

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.

Open to Public Inspection

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 22-3079904

ne of the	organization		af	Came Cor	d Corp)	22-30799	04
	•	The Family Pan	try or	rapizations n	nust com	olete th	s part.) See instructions	
Part I	Reason	for Public Charity Sta	Tus. (All O	through 12 che	ck only on	box.)		
orga	nization is not a pi	rivate foundation because it in the notation of churches, or associate	s: (FOT III)es :	nes described in	section 17	0(Б)(1)(А)(i).	
	A church, conver	ntion of churches, or associa	RION OF CHURC B. (Attach Sch	hadule F (Form !	990).)			
	A school describ	ed in section 170(b)(1)(A)(i	i), (Allacti Sci	lescribed in sect	ion 170(b)(1)(A)(iii).		
	A hospital or a c	cooperative hospital service of	nganization u	idib a bosnital de	scribed in	section '	i70(b)(1)(A)(iii). Enter the host	oital's name,
	A medical resear	rch organization operated in	CONJUNCTION V	Altti ti Hookimi				
	city, and state:	operated for the benefit of a	college or un	o benwo viteravit	r operated	y a gove	mmental unit described in	
5 L								
_	section 170(b)(1)(A)(iv). (Complete Part II.) or local government or gove	emmental unit	t described in se	ction 170(t)(1)(A)(v),	
6	A federal, state,	Or local government or gove	etantial part o	of its support from	n a governr	nental ur	it or from the general public	
7 X	An organization	ction 170(b)(1)(A)(vi). (Com	plete Part II.)	•				
	described in ac	et described in section 170)(b)(1)(A)(vi).	(Complete Part	II.)		a was a sent college	
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
9 <u> </u>	or university or	a non-land-grant college of a	agriculture (se	e instructions). E	nter the na	me, city,	and state of the company.	
	university:		.,			deibutions	membership fees, and gross	i
io [An organization	that normally receives (1) notivities related to its exempt	nore than 33	1/3% of its supp	on nom wi	and (2) n	s, membership fees, and gross o more than 331/3% of its	
	recelpts from a	ctivities related to its exempt	unicuons, su	einess taxable in	come (less	section 5	11 tax) from businesses	
г	acquired by the	organization alter Julie 35, organized and operated ex	clusively to te	est for public safe	ty. See se	ction 509	(a)(4).	ne of
11	An organization	omanized and operated ex	clusively for th	he benefit of, to I	perform the	functions	of, or to carry out the purpose a)(2). See section 509(a)(3).	Check
12	One or more bi	ublicly supported organization	ns described	in section 509(a	ı)(1) or sect	and comi	a)(2). See section 509(a)(3). blete lines 12e, 12f, and 12g.	
	the box on line	s 12a through 12d that desc	ribes the type	of supporting of	rganization (and com	plete lines 12e, 12f, and 12g.	g
4	Type I. A	supporting organization open	ated, supervis	sed, or controlled	a maiority (of the dire	ganization(s), typically by givin actors or trustees of the	
	the suppor	ted organization(s) the powe	r to regularly	appoint or older	nd B			
	supporting	organization. You must co	mplete raisi	ntrolled in conne	ction with it	s support	ed organization(s), by having ontrol or manage the supporte	
ļ	b 📙 Type II. A	supporting organization sup	na omanizatio	on vested in the	same perso	ns that c	ontrol or manage the supporte	d
	control of	management of the support on(s). You must complete I	Part IV, Secti	опs A and C.			D. C. L	th
	- Tune III f	unctionally integrated. A St	apporting orga	anization operate	d in connec	tion with,	and functionally integrated wi A, D, and E.	111,
	c [] Type III T	unctionally integrated. A su ted organization(s) (see inst	ructions). You	ı must complete	Part IV, S	ections	with its supported organizatio	n(s)
	d Type III r	non-functionally integrated.	A supporting	organization op	erateo in co etiefu a dis	ribution :	with its supported organizatio requirement and an attentivene art V.	ess
	that is not	t functionally integrated. The	organization	" Death Section	ne A and I), and Pa	art V.	
							a Type I, Type II, Type III	
	e Check this	s box if the organization receily integrated, or Type III no	n-functionally	integrated suppo	orting organ	ization.		
	s Tretor the pur	ober of supported organization	ons				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	- Provide the fo	ollowing information about the	e supported	organization(s).				(vi) Amount of
		(ii) EiN	(iii) Type	of organization	(N) is the o	oganization	(v) Amount of monetary support (see	other support (see
(1)	Name of supported organization	***	(describe	ed on lines 1-10 see instructions))		rgovening ment?	Instructions)	instructions)
			above (s	See Instructions)/	Yes	No		
(A)			ļ			_		
(B)								
(C)								
			 					
(D)					_			
			†					
(E)								
						<u> </u>		Schedule A (Form 990)
Tot	al			000 or 000 E7				Antionais (22)

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 the tests listed below, please complete Part III.) Part II

S		on idilo to quality	unuel the tes	is listed below,	please comple	te Part III.)	,
Ç	alendar year (or fiscal year beginning in) 4	(a) 2017	(%) 0040	T			
	_ •	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		•				(4)
	membership fees received. (Do not include any "unusual grants.")				•		
		2,785,282	2,718,791	3,558,292	5,195,046	4,505,009	18,762,41
2			1				10,702,41
	organization's benefit and either paid to or expended on its behalf						
_							
3							
	furnished by a governmental unit to the organization without charge					į	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	10 700 444
-	each person (other than a					4,303,009	18,762,410
	governmental unit or publicly						
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount				į	1	
6	shown on line 11, column (f)					i	
_	Public support. Subtract line 5 from line 4 ction B. Total Support						1,372,308
<u> </u>	endar year (or fiscal year beginning in)						17,390,102
7		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	
8	Amounts from line 4	2,785,282	2,718,781	3,558,292	5,195,046		(f) Total
٠	Gross income from interest, dividends, payments received on securities loans,				3/133/046	4,505,009	18,762,410
	rents, rovallies, and income from				İ	1	
	similar sources	2,798	6,916	25,005	24 020		
9	Net income from unrelated business			- 700	24,939	14,566	74,224
	activities, whether or not the husiness]	
	is regularly carried on		1	1		ŀ	
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1				1	
44	(Explain in Part VI.)					Į	
11	Otal Support. Add lines 7 through 40						
12	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization	(see instructions)					18,836,634
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	janization's first, se	cond. third, fourth	Or fifth fay year as		12	2,935,285
ē	organization, check this box and stop home			- mar unt your no	a section on I(C)(3	•)	
Sec	uon o, computation of Public en	nnot Dans	ge	**************	<u></u>	·	
14	Public support percentage for 2021 (line 6	column (f) disided b	na line 44 1	(f))			
15	Public support percentage from 2020 Scheo	fule A, Part II, line	14	·"		14	92.32 %
16a	33 7/3% SUDDON test	4. 0	*************	and line 44 is 22	4 (DO)	15	99.64%
	box and stop here. The organization qualifi 33 1/3% support test—2020. If the organization	es as a publicly sur	oported omanization	n and mie 14 18 33	1/3% or more, che	ck this	
ь	33 1/3% support test—2020. If the organization of	ation did not check	a box on line 13 o	160 ond lles de l			▶ 🕱
_	this box and stop here. The organization of 10%-facts-and-circumstances test—2021.	ualifies as a publicly	Supported organia	ration	s 33 1/3% or more	, check	
7a	10%-facts-and-circumstances test—2021 10% or more, and if the organization meets	. If the organization	did not check a bo	v an line 42 40-	461		▶ 🔲
	TO O THORE, GIRL II HIE DICARIZATION Mode	the feets and atm	4	•	·, /// - / (
	Part VI how the organization meets the fact organization	s-and-circumstance	s test. The omenia	of this DOX and Sto	op nere. Explain in	1	
	organization		vices. The organiz	auon quaimes as a	publicly supported	đ	
Þ	organization 10%-facts-and-circumstances test—2020. 15 is 10% or more, and if the organization of	If the omanization	did not chook a ba				▶□
	15 is 10% or more, and if the organization of	neets the facts and		A On Illie 13, 10a, 1	iod, or 1/a, and ilr	10	
	in Part VI how the organization meets the fa	icts-and-circumeter	Se tool The	, crieck this box an	id stop here. Expl	ain	
	organization	· with an original states	ea rear THE oldal	iization qualifies as	a publicly suppor	ted	
В	Private foundation, if the organization did n	ot check a boy on !!	no 12 10- 40t -	· · · · · · · · · · · · · · · · · · ·	**************	************	▶ □
	organization Private foundation. If the organization did n instructions	G DOX UIT II	10 10, 108, 100, 1	/a, or 17b, check t	his box and see		
-							▶ □

 \blacktriangleright

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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. Part III If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (d) 2020 (e) 2021 (c) 2019 (a) 2017 (b) 2018 Calendar year (or fiscal year beginning in) Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total (d) 2020 (e) 2021 (c) 2019 (b) 2018 (a) 2017 Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 % 16 15 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 16 % Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 17 Investment income percentage from 2020 Schedule A, Part III, line 17 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section	<u>A.</u>	All	Supp	orting	Orga	anizations

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

			Ye	es	No
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	The Family Pantry of Cape Cod Corp 22-307990	4		Page	<u>5</u>
Schedu Par	or to the continue of		Yes	No	_
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	Has the organization accepted a gift or contribution and the state of	11a		 	
	11c below, the governing body of a supported organization?	11b			
Ь	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1			
C	A 35% controlled entity of a person described of time that of the about the	11c			
	provide detail in Part VI.			т	
Sect	ion B. Type I Supporting Organizations		Yes	No	<u>}</u>
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or				
1	the source to regulate application included a majority of the				
		1			
	the boulet to appoint and/or remove quicers, unactors, or added the	1 .			
	to describe the send what conditions or restrictions, if any, applied to dust posterior during	1_		+	_
_	to the benefit of any supported organization duter than the appearance		Į		
2	the state of the state of the supporting or controlled the supporting organization in the state of the state	- [
	organization(s) that operated, supervised, or controlled organization(s) that operated, VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_	1		
	supervised, or controlled the supporting organization.	2			
<u> </u>	tion C. Type II Supporting Organizations		T ./-		lo
Sec			Yes	-	<u></u>
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1	
1	t and the emprivation's supported organization(S)? If NO, usacino iii are transmission's				
	or trustees of each of the diganization as supported or management of the supporting organization was vested in the same persons that controlled or managed	1			
	the supported organization(s).		Щ_		
800	tion D. All Type III Supporting Organizations		Ye		No
360		Γ	 ''°	-	
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
1	the united notice describing the type and amount of support provided daming and				
	The read on that was most recently filed as of the date of nonlocating and the first	1	İ		
	the decimants in effect on the date of notification, to the extent not providedly	- <u>'</u>	+	+	
•		Ì			
2	the doverning body of a supported digatezation:	2			
	. "	<u> </u>	+-	-	
	s the estationable described on line 2, above, did the organization's supported organization	-			
3	the approximation's investment policies and in directling the day of the organization of		Ì		
	a significant voice in the organization's investment posterior income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3			
	to the second in this magni		!		_
80		one)			
	Check the hox next to the method that the organization used to satisfy the linegral to the control of the method that the organization used to satisfy the linegral to the control of the	urisj.			
	The emerization satisfied the Activities Test, Complete line 2 below.				
		Inotructic	nel		
	The organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations. Complete line organization is the parent of each of its supported organizations.	1150000	"" 	'es	N
	The state of the s	Г	Τ.	-	
	and the association's activities during the tax year girectly tuttlet the exempt perposes of		-		
	the standard to which the amenization was responsive? If 165, months at the contract of	Į		1	
	, I		1		
	those supported organizations and explainment the those supported organizations, and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined	١,	a		
	that there activities constituted substantially all of its activities.	F	-		
	and the standard on the 2standard constitute activities that, but for the digarizations	- 1	-	1	
	at the emerization's supported organization(s) would have been original	- !			
	involvement, one or more of the digalization of supported organization and its supported organization would "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	<i> </i> .	2b	- [
	have engaged in these activities but for the organization's involvement.	⊢	<u> </u>	-+	
	- to Computed Organizations, Auswer lines 38 and 3b below.	1		1	
	by the appropriation have the power to regularly appoint or elect a majority of the officers, dispositely a	!	<u>, </u>	- 1	
		H	3a	-+	
	to but the empirication everying a substantial degree of direction over the policies, programs, and		₂₆		
	b Did the organization exercise a state of the plant of the plant of the plant of the organization in this regard.		3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Interrest of Food Alexander	Cape Cod	Corp 22-307	9904
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LI note if the organization satisfied the integral Part Test as a qualified	. 4 A A		S
grown montaneouslany integrated supporting organ	izations must com	Dete Sections A through	. 3ee
Section A Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain			(optional)
2 Recoverles of prior-year distributions	1		
3 Other gross income (see instructions)			
4 Add lines 1 through 3.	3		
5 Depreciation and depletion	4		
Portion of operating expenses paid or incurred for production or collection	5		
of gross Income or for management, conservation, or maintenance of	l		
property held for production of income (see instructions)			
7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
	8		
Section B - Minimum Asset Amount 1 Aggregate fair market value of all page.		(A) Prior Year	(B) Current Year (optional)
430 - 340 Ida Hidrice Value of all Horr-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):	_		
a Average monthly value of securities	1a	·	
b Average monthly cash balances	1b		
c 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	- 1.91		
(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).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6 Multiply line 5 by 0.035.	5		
7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C – Distributable Amount			
Adjusted net income for prior year (from Section A, line 8, column A)			Current Year
2 Enter 0.85 of line 1.	1		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	2		
4 Enter greater of line 2 or line 3.	3		
5 Income tax imposed in prior year	4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
emergency temporary reduction (see instructions).			· . · · · · · · · · · · · · · · · · · ·
7 Check here if the current voca is the annulus in the	6		
7 Check here if the current year is the organization's first as a non-functionally in (see instructions).	tegrated Type III s	supporting organization	······································
1100 HOROBORO).			

art	V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ons (continued)	
				Current Year
ecti	on D – Distributions			
1	Amounts paid to supported organizations to accomplish exempt purpos	es eupported		
2	Amounts paid to supported disamples furthers exempt purposes	Oi anhboired		
	organizations, in excess of income from activity	uted organizations		
3	Administrative expenses paid to accomplish exempt purposes of suppo	Med diganizations		
4	Amounts pald to acquire exempt-use assets	ila in Dart VA		
5	Qualified set-aside amounts (prior IRS approval required—provide deta	us in Fait Vij		
6	Other distributions (describe in Part VI). See instructions,			
7	Total annual distributions. Add lines 1 through 6.	tion is menonsive		
8	Distributions to attentive supported organizations to which the organizations	IIIOII is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	A)	(ii)	(III)
		(i) Excess Distributions	Underdistributions	Distributable
Sec	tion E - Distribution Allocations (see instructions)	EXCESS DISTRIBUTIONS	Pre-2021	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	a From 2016			
	b From 2017			
	c From 2018			
	d From 2019			
	e From 2020			
	f Total of lines 3a through 3e			
	g Applied to underdistributions of prior years			
	h Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see Instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
	a Applied to underdistributions of prior years			
	b Applied to 2021 distributable amount			
	c Remainder, Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
	any, Subtract lines 3g and 4a from line 2, For result			
	greater than zero, explain in Part VI. See Instructions.			
	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
-	7 Excess distributions carryover to 2022. Add lines 3			
	and 4c.			
_	B Breakdown of line 7:			
	a Excess from 2017			
	b Excess from 2018			
	c Excess from 2019			
	d Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Fo	rm 990) 2021	The I	Tamily	Pantru /	of Cape	Cod Co.			
Part VI	B, lines 1 and 3a, and 3b; Pa	t IV, Section A	, lines 1, 2, tion C, line	3b, 3c, 4b, 4; Part IV, S	4c, 5a, 6, 9a Section D, lin	by Part II, lir a, 9b, 9c, 11 nes 2 and 3;	e 10; Part I a, 11b, and Part IV, Se	I, line 17a or 17b; P 11c; Part IV, Section ction E, lines 1c, 2a,	n
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Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

◆ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047 2021

The Family Pantry of Cape Cod Corp

Employer identification number

22-3079904

Organization type (check one) .
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is Note: Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
X For an organization regulations under se 16b, and that received 12 2% of the amou	described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the actions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or yed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or yed from 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during filterary, or education "N/A" in column (b)	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
contributor, during contributions totale during the year for General Rule appropriate totaling \$5,000 or	the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the slies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it it IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021) Name of organization Page 1 of 1 The Family Pantry of Cape Cod Corp Employer identification number 22-3079904 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) No. (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution Greater Boston Food Bank . **1**.... 70 S. Bay Ave Person Payroil Boston MA 02118 \$ 1,749,041 X Noncash (Complete Part II for noncash contributions.) (a) (c) No. (d) Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. (d) Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 (d) Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) No. (d) Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. (d) Name, address, and ZIP + 4 Total contributions

Type of contribution

Person Payroii Noncash (Complete Part II for noncash contributions.) Name of organization

The Family Pantry of Cape Cod Corp

Employer Identification number 22-3079904

		ples of Part II if additional space	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Donated Food		
		\$ 1,749,041	
) No. rom Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.,			
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	,		
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		, .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			Schedule B (Form 99

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990.

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

OMB No. 1545-0047 2021 Open to Public

Name of the organization

Inspection Employer identification number

_	Part Organizations Maintaining Dona Addition		22-3079904
		is or Other Similar Funds or A	ACCOUNTS
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 6.	
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year Aggregate value of contributions to (during a contributions)		
3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year Did the omanization inform all december 1		
	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
6	funds are the organization's property, subject to the organization's exclus Did the organization inform all grantees, donors, and donor advisors in writing	ive legal control?	Yes N
	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be used	
	The results being and the first the dense of the		
P	art II Conservation Easements.		Yes N
	Complete if the organization appropriate "Vee"		100
1	Complete if the organization answered "Yes" on For	m 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization (check all		
	Preservation of land for public use (for example, recreation or educate Protection of natural habitat	motoriodity ni	portant land area
	Preservation of open space	Preservation of a certified histo	ric structure
2	Complete lines 2a through 2d if the association is		
	Complete lines 2a through 2d if the organization held a qualified conservate easement on the last day of the tax year.	tion contribution in the form of a conservi	ation
а			Held at the End of the Tax Ye
b		***************************************	2a
C	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure includes	***************************************	2b
ď	Number of conservation easements on a certified historic structure includer Number of conservation easements included in (c) acquired after 7/25/96	d in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, a	and not on a	
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extingu	***************************************	2d
	Number of conservation easements modified, transferred, released, extingutax year ◆	ished, or terminated by the organization	during the
4			
5	Number of states where property subject to conservation easement is local	ted ◆	
	Does the organization have a written policy regarding the periodic monitoring violations, and enforcement of the second of the s	ng, inspection, handling of	
6	The Villa of the Control of the Chinselvation Adeamanta it half-o		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in marity to a		and Jour
	Amount of expenses incurred in monitoring, inspecting, handling of violation ◆ \$	s, and enforcing conservation easement	s during the year
8	Does each conservation account		g the year
_	Does each conservation easement reported on line 2(d) above satisfy the nand section 170(h)(4)(B)(ii)?	equirements of section 170(h)(4)(B)(i)	
			Yes No
_	In Part XIII, describe how the organization reports conservation easements in balance sheet, and include, if applicable, the text of the features to the	n its revenue and expense statement an	d 100
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	inization's financial statements that descr	ibes the
Pa			
	t III Organizations Maintaining Collections of Art, Hist Complete if the organization answered "Yes" on Form	orical Treasures, or Other Sim	ilar Assets.
la			
	of the organization elected, as permitted under FASB ASC 958, not to report of art, historical treasures, or other similar assets held for public exhibition, especies, provide in Part XIII the text of the footpote to its featurest to the featur	in its revenue statement and balance sh	eet works
	ervice, provide in Part XIII the text of the footnote to its financial statements	ducation, or research in furtherance of p	ublic
b	the organization elected, as permitted under FASB ASC 958, to report in it rt, historical treasures, or other similar assets held for public orbitilities.	that describes these items.	
1	rt, historical treasures, or other similar assets held for public public public assets held for public publ	s revenue statement and balance sheet	works of
i	rovide the following amounts relating to these items:	cation, or research in furtherance of publi	lic service,
(Revenue included on Form 990. Part VIII line 1		
(Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other		\$
f	the organization received or held works of art, historical treasures, or other		♦ \$
fi	blowing amounts required to be reported under EACH ACC acc.	difficial dissets for illiancial gain, provide	the
٠.	STOTILE RICIGIES OF FUTIL 1990. PART VIII TIDE 1		
) A	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X		\$
Pa	ssets included in Form 990, Part X		♦ \$
	and the state of the sale and t		Schedule D (Form 990) 2024

- 11 parkers of Cape Cod Corp	22-307990	4	Page 2
ule D (Form 990) 2021 The Family Pantry of Cape Cod Corp t III Organizations Maintaining Collections of Art, Historical Treasures	or Other Simila	r Assets (d	continued)
t III Organizations Maintaining Collections of Art, Fristerious Translations using the organization's acquisition, accession, and other records, check any of the following that	t make significant use	of its	
Using the organization's acquisition, accession, and drief records, check any of the collection items (check all that apply):			
t 1 1 con or evenera process			
Public exhibition			
Scholary research			
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization.	ion's exempt purpose i	n Part	
XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other properties of the granization's collections.	her similar		☐ Yes ☐ No
During the year, did the organization solicit or receive donations of air, historical received assets to be sold to raise funds rather than to be maintained as part of the organization's collections to be sold to raise funds rather than to be maintained as part of the organization's collections.	ion?		Yes No
assets to be sold to raise fullds failed full failed f			n Form
rt IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, lin	те 9, ог геропеа а	u sulouir o	II I OIIII
() (B O)			
trustee custodian or other intermediary for contributions of other a	issets not		☐ Yes ☐ No
If "Yes," explain the arrangement in Part XIII and complete the following table:			Amount
	!	40	
Beginning balance		1c	
		1d	
my 4 % attack desired the steps		16 1f	
Ending belance			Yes No
Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial action by the organization has been provided to	ccount liability?		· 🗀 · · · H · ·
Did the organization include an amount on Form 990, Part X, line 21, for escious or coalcolar or in "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided or "Yes," explain the arrangement in Part XIII.	on Part XIII		
Complete if the organization answered "Yes" on Form 990, Fait IV, I	Two years back (d) T	nree years back	(e) Four years back
(a) Current year (b) Prior year (c) t	Iwo years back (47		
a Beginning of year balance			
b Contributions			
c Net investment earnings, gains, and			
losses			
d Grants or scholarships			
e Other expenditures for facilities and			
programs			
f Administrative expenses			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) here a	10.		
a Board designated or quasi-endowment ◆			
b Permanent endowment ♦%			
c Term endowment ◆%			
The percentages on lines 2a, 2b, and 2c should equal 100%.	nistered for the		
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and admir	Indicated the time		Yes N
			3a(i)
(i) Unrelated organizations			3a(li)
(i) Unrelated organizations (ii) Related organizations			3b
by More on line 3a(ii) are the related organizations listed as required on constant			
4 Describe in Part XIII the intended uses of the organization's endowment runds.			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV,	, line 11a. See For	m 990, Par	t X, line 10.
	asis (c) Accum	uiated	(d) Book value
Description of property (a) Cost or durier dasis (b) Cother)	deprecia	tion	
387	201		387,20
1a Land 1,733,		6,009	1,017,10
1			
b Buildings			
b Buildings c Leasehold improvements 372.		3,309	69,1
b Buildings c Leasehold improvements d Equipment	/ =	3,309 21,879	7,0
b Buildings c Leasehold improvements		21,879	

Schedule D (Form 990) 2021 The Family Pantry of Part VII Investments - Other Securities.			P ₆
Complete if the organization answered "Yes" or	n Form 990 Part IV II	ino 11h Des Esse por	
	(b) Book value	ite 11b. See Form 990), Part X, line 12.
(including name of security)	(S) SOOK VAILE		od of valuation:
(1) Financial derivatives		Cost or end-	of-year market value
(2) Closely field equity interests			
(3) Other (A)			
(A)			
(B)	•		
(C)	•		
(P)			
(E)			
(F)			
(G)			
(H)	•		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	-		
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization and the state of	_		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" on (a) Description of Investment	Form 990, Part IV, lin	e 11c. See Form 990.	Part X, line 13
(w) Description of Investment	(b) Book value	(c) Method	of valuation:
(1)			year market value
(2)			
3)			
(4)			
(5)			
6)			. <u>, ,</u>
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
rare ix Uther Assets.	' ''' '' ''	L	
Complete if the organization answered "Yes" on I	Form 990. Part IV line	11d Soo Earm 000	D/
		, rid. dee Foliii 990,	
1)			(b) Book value
2)			
	· · · · · · · · · · · · · · · · · · ·		
	· ·		
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities.	<u></u>		
Complete if the organization answered "Neall and			
Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	11e or 11f. See Form	990, Part X.
(a) Description of liability			,
Federal income taxes			(b) Book value
The same taxes			
I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
ability for uncertain tax positions, in Part XIII provide the tout of the fact	te to the organization	············	
elization's liability for uncertain tax positions under FASB ASC 740. Check	nere if the toy! - 5 !!- f	ancial statements that report	s the
THE COURT OF THE C	ions in the lext of the footno	ote nas been provided in Pa	rt XIII

Part XIII	(Form 990) 2021 Suppleme	The Fam ntal informati	ily Pantry on (continued)	of Cape	Cod Corp	22-3079904	Page 5

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			-		" " " " "		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

◆ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service

◆ Go to www.irs.gov/Form990 for instructions and the latest information Inspection Employer identification number Name of the organization 22-3079904 The Family Pantry of Cape Cod Corp Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (III) Did fund raiser have custody or control of (or retained by) (or retained by) (iv) Gross receipts (I) Name and address of individual organization fundraiser listed in (II) Activity from activity or entity (fundraiser) col. (i) extibutors? Yes No 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

F	hedule G (Form 990) 2021 Part II Fundraising E	The Family Pantry Events. Complete if the organ of fundraising event contribution			Page 2
		of fundraising event contribution of fundraising event contribution of fundraising event contribution of fundraising events and fundamental fundamenta	ins and gross income on	Form 990-EZ, lines 1 and	18, or reported more d 6b. List events with
		(a) Event#1 Summer Gala	(b) Event #2	(c) Other events	(d) Total events (edd col. (a) through
Ę		(event type)	(event type)	(totel number)	cal. (c))
Revenue	1 Gross receipts	262,220			262,220
	2 Less: Contributions 3 Gross income (line 1 minus				
	line 2)	262,220			262,220
ļ	4 Cash prizes				
	5 Noncash prizes				
euses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
o iie	8 Entertainment				
	9 Other direct expenses	10,100			10,100
	10 Direct expense summary.11 Net income summary. Sub	Add lines 4 through 9 in column (d) stract line 10 from line 3, column (d)	••••••		10,100
Pa	rt III Gaming. Comp	plete if the organization answering 990-EZ, line 6a.	red "Yes" on Form 990, I	Part IV, line 19, or reporte	252,120 ed more than
Revenue	Ψ10,000 GH T GH	in ood LZ, line oa.	(b) Pull tabs/instant	·	
	1	(a) Bingo	bingo/progressive bingo	(c) Other geming	(d) Total gaming (add
2	1 Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
\dashv	1 Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other geming	
\dashv		(a) Hingo	bingo/progressive bingo	(c) Other geming	
\dashv	2 Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other geming	
Direct Expenses	2 Cash prizes 3 Noncash prizes	(a) Hingo	bingo/progressive bingo	(c) Other geming	
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	Yes %	bingo/progressive bingo Yes% No	(c) Other geming Yes % No	
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes%	Yes %	Yes%	
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. A	Yes % No dd lines 2 through 5 in column (d)	Yes %	Yes % No	
Lired Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. A 8 Net gaming income summar	Yes % No dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column ry. Subtract line 7 from line 1, column	Yes % No	Yes % No	col. (a) through col. (c))
a E	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. A 8 Net gaming income summar inter the state(s) in which the case the organization licensed to case	Yes % No dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activities in cook of	Yes % No n (d)	Yes % No	col. (a) through col. (c))
d e d	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. A 8 Net gaming income summar inter the state(s) in which the cost the organization licensed to c "No," explain:	Yes % No dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activities onduct gaming activities in each of the	Yes % No n (d) es: hese states?	Yes % No	col. (a) through col. (c))
d a b	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. A 8 Net gaming income summar inter the state(s) in which the cast the organization licensed to cast.	Yes % No dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activities in cook of	Yes % No n (d) es: hese states?	Yes % No	col. (a) through col. (c))

Schedule G (Form 990) 2021

	ule G (Form 990) 2021 The Family Pantry of Cape Cod Corp 22-3079904		P	age 3
Sched	ule G (Form 990) 2021 The Family Pantry of Cape Cou Corp 22 55		Yes	No
1	Does the organization conduct gaming activities with nonmembers?			
2	Does the organization conduct garining activities with restrict an ember of a partnership or other entity s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	Г	Yes	No
	ormed to administer charitable gaming?	·····		
13	Indicate the percentage of gaming activity conducted in:	13a		%
	The appropriation's facility	13h		%
b	An outside facility	100		
14	Enter the name and address of the person who prepares the organizations gamming-operate statements.			
	Name ◆			
	Address ♦	**********		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	ſ	Yes	☐ No
			_	
ь	If "Vee " enter the amount of gaming revenue received by the digerization."			
	amount of gaming revenue retained by the third party • \$			
C	if "Yes," enter name and address of the third party:			
	Name ♦			
	Address ◆			
16	Gaming manager information:			
	Name ♦ Gaming manager compensation ♦ \$			
	-			
	Description of services provided ◆			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent Schutzer			
17 a	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_	s No
F	spent In the organization's own exempt activities during the tax year ◆ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (if Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in See instructions.	formation), and 1.	
	QQQ alastania.		• • • • • • • • •	
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		Schedule	G (Form	990) 20

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SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

Schedule L (Form 990) 2021

	The Family Pantr	y of Cape Cod	Corp						tuyer lo			umber		
Part I	Excess Benefit Transact	ofit Transactions (section 501(c)(3) section 501(c)(4)								904				
	Complete if the organization ans	wered "Yes" on Fo	orm 990, Part I	V, lir	ie 2	5a or 25b.	or Fon	m 990-F7 Part V	auons Line	only) ⊿os	f-			
1	(a) Name of disqualified person	(b) Relat	(b) Relationship between disquelified person and				5, 5, 1, 5111 990-EZ, Part V, II/10 40b.							
(4)			organizatio					(c) Description of	transact	lon		(d) Correcte Yes N		
<u>(1)</u>											+"	-	No	
<u>(2)</u> <u>(3)</u>	<u> </u>										-	 	-	
(4)												┪—	\dashv	
(5)			···.									1-	\dashv	
(6)										*******		+-	\dashv	
	the amount of text in									-		1	_	
under	the amount of tax incurred by the org	janization manage	rs or disqualifie	ed pe	ersor	ns during t	he yea	Г						
3 Enter	section 4958the amount of tax, if any, on line 2, at	bove reimburged	hy the eventure	· · · ·					. •	\$				
	the amount of tax, if any, on line 2, at	bove, leittibulsed	by the organiza	auon					. •	\$				
Part II	Loans to and/or From Int													
	Complete if the omanization answ	erested Perso vered "Voc" on En	ons.									****		
	Complete if the organization answ organization reported an amount of	on Form COO Dod	m 990-EZ, Pa	πV,	line	38a or Fo	m 990	, Part IV, line 26;	or if t	he				
······································	(a) Name of interested person (b) Reference (a) Name of interested person (b) Reference (b) Reference (c) Name of interested person (c) Name of interested p													
		with organization	barı	Do	r from			(f) Balance due	(g) in	default	? (h) A	√oproved (i) Wi operation agreem		
				To From					<u></u>	т -		miliee?	34.0	*167
				110	HOT	<u> </u>			Yes	No	Yes	No	Yes	N
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(3)														
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	Crosts on Assistant									[
Part III	Grants or Assistance Bene	fiting Interest	tod Down	<u></u>			\$							
	Complete if the organization answer	red "Yes" on Form	teu rerson:	5. !	ידית									
	(a) Name of interested person	1		$\overline{}$, _					
	(p		(b) Relationship between interested person and the organization			ount of assista	assistance (d) Type of assistance			(e) Purpose of assistance				
1)				+			-		<u> </u>					
2)				+			+		ـــــ					
3)				+			-		╀—		 ,			
4)				+					 					
5)				+			+		 					
5)			····	+			+		 					
1			·	+			-		┼					
3)				_			+-		 					
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r raperwork A	Reduction Act Notice, see the Inst	tructions for Fon	п 990 or 990-1	ĒZ.			1		<u></u>					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

2021

◆ Attach to Form 990.

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

Open To Public Inspection Employer Identification number

OMB No. 1545-0074

	The Fami	T 17 10:	ant			Employer Identificati	on nu	mber	
_	Part I Types of Property	TY E	antry of Cape	Cod Corp		22-30799	04		
		(a)		,					
		(a) Check i applicabi	The Strong of Bolkgrounding Of	(c) Noncash contribution amounts reported on		(d) Method of determini			
1	Tall Tronto Gi Bit	<u> </u>		Form 990, Part VIII, line 1g		noncash contribution an	nounts		
2	Art — Historical treasures								
3	Art — Fractional Interests								
4	Books and publications								***************************************
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	manectual property								
9	Securities Publicly traded								
10	Securities — Closely held stock								
11	Securities — Partnership, II C	-							
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution Historic					•			
	Structures Ouglified consequeign								
14	daming correct Aution	······································							
	contribution Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate Other								
18	Collectibles								
19	1 God alvertory	Х	1	2 105 010					
20	brugs and medical supplies			2,105,219	FMV				
21	laxidemy							····	
22	Historical artifacts								
23	Scientific specimens								
24	Audieological artifacts								
25	OIE V	Х	1	17 500					
6	Orter ▼()			17,590	FMV				
7	Other ♦(
<u> </u>									
9	Number of Forms 8283 received by the	organiza	ation during the tax year fo	r contribution of					
	which the organization completed Form	8283, P	art V. Donee Acknowledge	CONTRIBUTIONS TOL					
					29				
0a	During the year, did the organization rec 28, that it must hold for at least three yo	ceive by	contribution any nonerty r	anaded in Dest Liver 4				Yes	No
	28, that it must hold for at least three ye	ars from	the date of the initial conf	ribution and which is a	inrough	1			
_ 1		entire ho	iding period?	indudori, and which isn't r	equired	ĺ	- 1	l	
b	f "Yes," describe the arrangement in Pa	art II.		******************			30a		<u>X</u>
' '	Joes the organization have a gift accept	tance po	licy that requires the review	V of any noneter-term				Ī	
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								
a [Does the organization hire or use third p	arties or	related organizations to e	alicit process			31		X
								T	
b i	"Yes," describe in Part II.					Li	2a		X
li	the organization didn't report an amoun	nt in colu	mn (c) for a type of proper	ty for which as time () :		- [Ţ	
				A TOL MURCI CONTELLU (8) [8	s cnecked,	1			
r Pap	erwork Reduction Act Notice, see the Ins	tructions	for Form 990					1	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or Form 990-EZ. ◆ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Quen to Public

Inspection

Employer Identification number The Family Pantry of Cape Cod Corp 22-3079904 Form 990 - Organization's Mission The Family Pantry's mission is to provide food and clothing to those in need without regard to age, race, color, national origin, religion, residence, sex, sexual orientation, marital status, handicap, veteran, or any other status. Form 990, Part I, Line 6 The Family Pantry volunteers assist in a variety of capacities including food distribution, clothing distribution, warehouse management, thrift shop operations, garden operations, food stamps & fuel assistance applications, and office duties. The use of volunteers significantly reduces the organization's payroll and operational expenses. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the board of directors at a regularly scheduled board meeting. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflicts of interest are reviewed and enforced by the Board of Directors. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors has an annual review process for each employee comparing actual results to identified goals. Compensation decisions are made based on an annual performance review and compensation is benchmarked using "Valuing our Non Profit Workforce."

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(including information on Listed Property)

Attach to your tax return.

◆ Go to www.lrs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

The Family Pantry of Cape Cod Corp 22-3079904 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see Instructions) 1 Total cost of section 179 property placed in service (see instructions) 1,050,000 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter -0-3 2,620,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married fiting separately, see instructions 4 5 <u>6</u> (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 10 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 11 12 Carryover of disallowed deduction to 2022, Add lines 9 and 10, less line 12 ... 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 14 15 15 Other depreciation (including ACRS) <u>16</u> MACRS Depreciation (Don't include listed property. See instructions.) 93,995 Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 if you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Ō 18 Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use only-see instructions) (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM property S/L 27.5 yrs. MM S/L I Nonresidential real 39 yrs. MM S/I property MM Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year c 30-year S/L 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 21 here and on the appropriate lines of your return. Partnerships and S corporations--see instructions 93,995 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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FPC1 The Family Pantry of Cape Cod Corp
Federal A

22-3079904

FYE: 12/31/2021

deral	Asset Report
Form	990, Page 1

Asset Description	Date In Service	Cost Bus	Sec 179Bonus	Basis for Depr PerConv Me	th Prior C	Current_
Prior MACRS: 1 Fork Lift	6/01/93	1,331 1,331		1,331 3 HY S/L	1,331	0
Prior MACRS: 1 Fork Lift Other Depreciation: 3 Computers 4 Office Equipment 5 Office Equipment 7 Office Equipment 8 Machinery 10 Buildings 11 Land 13 Floor cleaner 14 Tech Plus monitor 15 Building improvements 16 Building improvements 17 Building improvements 18 Building improvements 19 Fork lift 20 Dell computer 21 Fire alarm 22 Building permit 23 Garage doors 24 Garage doors 25 Construction 26 Blacktop 27 Construction 28 Plumbing 29 Black top 30 Construction 31 Construction 32 Construction 33 Electrical 34 Tables 35 Shelving 36 Monitor/ printer, etc 37 Construction 40 Lohr construction 41 L. Kahlbach-const costs 42 Garage doors 44 Lohr construction 45 Electrical work 46 Misc construction 47 Software-track inventory 48 Shingles 49 Copier 50 Misc construction 47 Software-track inventory 48 Shingles 49 Copier 50 Misc construction cost 51 Mid Cape Center 52 Bidg supplies 53 Bidg supplies 54 Equipment 56 Equipment 57 Equipment 58 Equipment 59 Building improvements 60 Equipment 61 Building Improvement 62 Equipment 63 Air Conditioning System 66 Fire Sprinklers 67 Lighting	6/01/93 — 6/01/93 6/01/94 6/01/95 1/01/97 1/01/97 1/01/97 1/01/98 9/03/02 3/12/02 1/31/02 2/2/8/02 3/31/02 2/15/03 4/28/03 9/18/03 9/18/03 9/18/03 10/28/03 11/21/03 11/21/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/03 12/12/04 2/13/04 4/06/04 4/06/04 4/06/04 4/30/04 8/28/04 8/04/04 8/11/04 12/31/04 5/05/04 5/10/05 5/10/05 5/10/05 5/10/05 5/10/05 5/31/06 6/29/06 6/29/06 6/29/06 6/29/06 6/29/06 6/10/06 6/10/06 6/10/06	2,240 3,000 995 762 1,169 475,039 50,000 1,084 250 4,932 188 1,000 9,995 1,720 1,192 1,250 451 1,300 40,000 695 17,500 2,000 4,770 15,500 2,500 3,000 945 550 462 2,500 1,988 2,400 7,142 3,000 1,480 1,290 674 348 88 88 3 4,335 1,119 3,228 2,072 6,000 984 2,349 1,661 7 1,985 33,888 9 1,661		1,331 2,240 5 MO S/I 3,000 5 MO S/I 3,000 5 MO S/I 995 5 MO S/I 762 3 MO S/I 1,169 3 MO S/I 50,000 0 La 1,084 3 MO S/I 250 3 MO S/I 1,000 30 MO S/I 1,000 30 MO S/I 1,000 30 MO S/I 1,720 3 MO S/I 1,720 3 MO S/I 1,720 3 MO S/I 1,720 3 MO S/I 1,720 3 MO S/I 1,720 3 MO S/I 1,720 30 MO S/I 1,720 30 MO S/I 1,750 30 MO S/I 1,300 10 MO S/I 1,300 10 MO S/I 1,300 30 MO S/I 1,450 10 MO	1,331 2,240 3,000 995 L 762 L 1,169 L 360,238 Ind 0 L 1,084 L 250 L 3,110 L 118 IL 118 IL 625 IL 9,995 IL 1,720 IL 1,192 IL 719 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,720 IL 719 IL 451 IL 1,300 IL 1,720 IL 1,720 IL 1,720 IL 1,720 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,300 IL 1,400 IL 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

FYE: 12/31/2021

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Federal Asset Report Form 990, Page 1

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<u>Asset</u>	Description	Date In_Service	Cont	Bus Sec	Basis			
72 Garden Fer				_%_ <u>179</u> Bonus	for Depr	Per Conv Meth	Prior	Current
73 Well	-	6/26/11 5/26/11	16,837			15 MO S/L	10,664	
74 Garden Sig	ns	6/15/11	3,000		3,000	15 MO S/L	1,917	1,122
75 Aborvitae		3/31/11	1,600 2,676		1,600	7 MO S/t.	1,600	200 0
76 Tomato Sta	kes	5/02/11	3,397		2,676	15 MO S/L	1,739	1 7 9
77 Irrigation S 78 Land Impro	ystem	6/27/11	8,425		3,397	7 MO S/L	3,397	0
	vements	5/17/11	16,832		8,425	15 MO S/L	5,336	562
79 Parking Lot 80 Block Wall	Expansion	5/17/11	33,475		16,832	15 MO S/L	10,754	1,122
81 Dry Wells		5/17/11	9,000		33,475 9,000	15 MO S/L	21,387	2,232
82 Garden Shee	d	5/27/11	5,000		5,000	15 MO S/L 15 MO S/L	5,750	600
83 Bird Houses	I	5/27/11	2,704		2,704	10 MO S/L	3,194	334
84 Industrial F1	oor Cleaner	5/27/11	2,100		2,100	7 MO S/L	2,591	113
85 Building Re	design	12/10/12 8/01/12	5,849		5,849	7 MO S/L	2,100 5,849	0
86 Walk in Coo	oler	12/28/12	292,118 11,162		292,118	30 MO S/L	81,955	0.729
87 2013 Chevy	Express Truck	2/22/13	36,095		11,162	7 MO S/L	11,162	9,738 0
88 Online Datal 89 Land-265 Re	base	6/24/13	12,000		36,095	5 MO S/L	36,095	ő
	oute 28	11/14/14	203,956		12,000	5 MO S/L	12,000	ő
90 Building-265 91 Generator	Route 28	11/14/14	226,875		203,956	0 Land	0	ŏ
92 Pallet Racks		8/07/14	27,018		226,875 3 27,018 3	MO S/L	46,635	7,563
93 Awning		7/10/14	3,300		3,300	MO S/L	5,779	900
95 2nd Glance 1	[mpmyemente	8/07/14	2,900			7 MO S/L 80 MO S/L	3,064	236
96 NEC SL1100	Telephone System	11/15/15	312,288			0 MO S/L	620	97
7/ Savin MP 40	54SP Conier	3/19/15 6/01/15	4,990		_	7 MO S/L	53,783	10,410
98 Migali C-72N	I Glass Door Freezer	12/02/15	6,180			7 MO S/L	4,099 4,929	713
77 FUS System	& Printer	11/01/15	7,523		7,523	7 MO S/L	5,463	883 1,074
100 Floor Scrubb 101 2010 Truck	er	11/01/15	1,037 1,004		1,037	5 MO S/L	1,037	1,074
		7/07/16	28,369		1,004	7 MO S/L	741	144
102 Office Mgr D 103 Flooring	esk	12/03/16	1,914			5 MO S/L	25,532	2,837
104 Window Grill	l _e	3/17/16	11,422		1,914	7 MO S/L	1,117	273
105 Exhaust Fan	o & Staaman	7/21/16	1,751		11,422 30 1,751 30	0 MO S/L	1,808	381
106 Fly Catching	Machines	1/29/16	2,318		2,318	0 MO S/L 7 MO S/L	258	58
10/ Handjack		6/21/16	415		415	MO S/L	1,628	332
108 Dell Outlet La	attitude 3550	6/29/16 4/19/16	457			MO S/L	267 294	59
109 Signage		12/09/16	560		560 5	MO S/L	523	65
110 Bella Totes		10/06/16	3,111 2,430		3,111 7	MO S/L	1,815	37 444
111 Two Dell Out	let Lattitude 3570	8/11/16	933		2,430 7	MO S/L	1,475	347
112 Stand Alone C 113 Fixtures 2nd C	Cooler	5/15/16	4,300		933 5	MO S/L	824	109
	Hance E450/5450 Laptop	2/15/16	2,000		4,300 7 2,000 7		2,867	614
115 Front Door	15450/5450 Laptop	1/18/17	901		901 5	MO S/L MO S/L	1,405	285
116 Display Cabine	et Conference Room	2/24/17	2,790		2,790 30	MO S/L MO S/L	705	181
TILL INDUSTRIANCE.	Lelenhone Suctam	2/27/17 3/20/17	1,221		1,221 7	MO S/L	357	93
110 Dell Office La	btude 3570	4/17/17	2,335		2,335 7	MO S/L	669 1,251	174
119 Ann-Patigue M	fats	7/04/17	663 1,840		663 5	MO S/L	486	333 133
120 Commercial Ga 121 Heil 5 Ton Out	arage Door	8/15/17	3,700		1,840 7	MO S/L	920	263
122 Hussman Produ	tdoor Condensing Unit	10/03/17	3,900		3,700 30	MO S/L	421	124
122 Hussman Produ 123 Ruud 10 Gallor	ice Case	10/04/17	18,750			MO S/L	423	130
124 Freezer Mercha	ndiser 2 Deer	10/21/17	870		18,750 7 870 30	MO S/L	8,706	2,678
123 Stainless Steel	Table	10/31/17	7,586			MO S/L MO S/L	92	29
120 Stainless Steel	Work Table	10/31/17 12/21/17	900		900 7	MO S/L	3,432	1,083
4/ Duilding Redes	ion	6/09/17	447			MO S/L	407 192	129
28 Parking Lot Ad	dition - 7 Spaces	10/19/17	14,217			MO S/L	1,698	63
23 Duilding Impr-2	Ind Glance	10/01/18	3,200 2,081		3,200 15	MO S/L	676	474 213
30 Building Impro 31 Shopping Carts	vments	12/25/18	29,713		2,081 30	MO S/L	156	69
		6/04/18	1,915		29,713 30	MO S/L	1,981	990
32 Panic Buttons 33 American Floor	Moto	10/08/18	4,615		1,915 7	MO S/L	707	273
34 Walk In Cooler	MHIS	9/04/18	1,588		4,615 7 1,588 7	MO S/L	1,483	660
35 Phillips HeartStr	art Onsite & Cabinet	11/01/18	12,825		12,825 7	MO S/L MO S/L	529	227
Po Completence Ruu	m Chaire (16)	3/06/19	1,085			MO S/L MO S/L	3,970	1,832
o/ Freezer Merchar	idiser 3 Section	8/04/19 5/08/19	2,802			MO S/L	284 567	155
po Generator Sub P	anel Feed & April 1:0	9/23/19	8,487			MO S/L	567 2,021	400
ps wild Chance Dor	nation Center	10/15/20	5,841 64 305		5,841 30	MO S/L	2,021	1,212
TO ZUIO ISUZU I DIC	k	8/07/20	64,305 40,475		64,305 30	MO S/L	536	195 2,143
41 Office & Boutiq 42 Warehouse Ligh	ue Flooring	12/09/20	10,251		40,475 5	MO S/L	3,373	8,095
42 Warehouse Ligh 43 Undercover Tent	ang	10/23/20	2,150		10,251 30 1	MO S/L	28	342
- OMGGOOVEL LEN	•	3/19/20	3,530		2,150 30 1	MO S/L	12	72
			-		3,530 7 1	MO S/L	378	505
								1

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FPC1 The Family Pantry of Cape Cod Corp

22-3079904 Federal Asset Report

22-3079904

FYE: 12/31/2021

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Asset 144 145 146 147 148 149 150 151 152 153 154	Description Air Purifiers Equipment for Donation Center Paving of parking lot 2021 Pantry Renovation Roof repairs Wire Shelving Stainless Tables Office Partitions Plastic storage totes Repair Fencing 2019 Izuzu NNR	Date In Service 12/04/20 10/01/20 12/10/21 9/14/21 12/03/21 2/04/21 8/16/21 6/04/21 9/04/21 11/04/21 12/16/21	Cost 1,428 12,177 15,000 46,440 4,670 1,036 1,284 1,497 7,372 7,080 60,000 2,520,326	Bus %	Sec 179Bonus	Basis for Depr 1,428 12,177 15,000 46,440 4,670 1,036 1,284 1,497 7,372 7,080 60,000 2,520,326	7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 15 MO S/L 5 MO S/L	Prior 17 435 0 0 0 0 0 0 0 0 0 945,872	204 1,739 83 516 0 136 61 125 351 79 0 93,995
	Total Other Depreciation Total ACRS and Other Depre	eciation	2,520,326			2,520,326	- -	945,872	93,995
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers	2,521,657 0 0 2,521,657			2,521,657	<u>0</u>	947,203 0 0 947,203	93,995 0 0 93,995

22-3079904

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 MA Asset Report Form 990, Page 1

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FYE:	12/31/2021
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Asset Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
Other Depreciation:							100 1111
1 Fork Lift	6/01/93	0	۸		_		
3 Computers 4 Office Equipment	6/01/93	Ö	0	0	0	0	Ō
4 Office Equipment 5 Office Equipment	6/01/94	0	ŏ	ŏ	0	0	0
7 Office Equipment	6/01/95 1/01/97	0	0	Ô	ŏ	ŏ	0 0
8 Machinery	1/01/97	0	0 0	0	0	0	ŏ
10 Buildings 11 Land	7/15/98	ŏ	ő	0	0	15 024	0
13 Floor cleaner	7/15/98	0	0	ŏ	ŏ	15,834 0	15,834 0
14 Tech Plus monitor	9/03/02 3/12/02	1,084 250	1,084	1,084	0	ŏ	0
15 Building improvements 16 Building improvements	1/31/02	4,932	250 4,932	250 3,110	0	0	0
16 Building improvements 17 Building improvements	2/28/02	188	188	118	164 6	164 6	0 0
19 Fork lift	3/31/02 2/15/03	1,000 9,995	1,000	625	33	33	0
20 Dell computer	4/28/03	1,720	9,995 1,720	9,995	0	0	0
21 Fire alarm 22 Building permit	9/18/03	1,192	1.192	1,720 1,192	0 0	0	0
23 Garage doors	9/25/03 9/30/03	1,250	1,250	719	41	0 41	0 0
24 Garage doors	8/19/03	451 1,300	451 1,300	451	0	0	0
25 Construction 26 Blacktop	10/28/03	40,000	40,000	1,300 22,889	0 1,333	1 222	0
27 Construction	11/21/03	695	695	695	1,333	1,333 0	0
28 Plumbing	12/03/03 12/12/03	17,500 3,000	17,500	9,965	584	584	0
29 Black top 30 Construction	12/18/03	2,000	3,000 2,000	1,708 2,000	100	100	0
30 Construction 31 Construction	12/22/03	4,770	4,770	2,703	0 159	0 159	0
32 Construction	12/23/03 12/23/03	15,500	15,500	8,783	517	517	0 0
33 Electrical 34 Tables	12/12/03	2,500 3,000	2,500 3,000	1,417 1,708	83	83	Ö
34 Tables 35 Shelving	7/23/03	945	945	945	100 0	100 0	0
36 Monitor/ printer, etc	3/26/04 3/23/04	550	550	550	ŏ	0	0 0
37 Construction costs	1/10/04	462 2,500	462 2,500	462	0	ŏ	ŏ
38 Construction costs-Grinnell 39 Foster bldg	1/20/04	1,988	1,988	1,417 1,121	83 66	83	Õ
40 Lohr construction	2/03/04	2,400	2,400	1,353	80	66 80	0
41 L. Kahlbach-const costs	2/11/04 2/14/04	7,142 3,000	7,142 3,000	4,027	238	238	ŏ
42 Garage doors 44 Lohr construction	2/23/04	1,450	1,450	1,692 1,450	100 0	100	0
45 Electrical work	3/29/04	2,625	2,625	1,466	87	0 87	0
46 Misc construction	4/06/04 4/30/04	6,420 257	6,420	3,585	214	214	ŏ
47 Software-track inventory 48 Shingles	8/28/04	2,000	257 2,000	143 2,000	9	9	Ó
49 Copier	8/04/04	1,480	1,480	1,215	74	0 74	0
50 Misc construction cost	9/11/04 12/31/04	1,290 674	1,290	1,290	0	0	Ö
51 Mid Cape Center 52 Bldg supplies	5/05/04	348	674 348	360 193	22 12	22	ō l
53 Bldg supplies	5/10/04	88	88	49	3	12 3	0
55 Equipment	6/15/04 3/01/05	3 4,335	4 225	2	0	ő	ŏ
56 Equipment 57 Equipment	3/26/05	1,119	4,335 1,119	4,335 1,119	0 0	0	0
57 Equipment 58 Equipment	7/01/05	3,228	3,228	3,228	0	0 0	0
59 Building improvements	7/06/05 5/10/05	2,072 6,000	2,072	2,072	0	0	0
60 Equipment	12/31/05	984	6,000 984	3,133 984	200	200	0
61 Building Improvement 62 Equipment	8/20/06	2,349	2,349	1,122	0 79	0 79	0
63 Equipment	6/29/06 6/27/07	1,662 5,477	1,662	1.662	0	0	0
64 Office Copier 65 Air Conditioning System	5/31/08	1,985	5,477 1,985	5,477 1,985	0	0	0
65 Air Conditioning System 66 Fire Sprinklers	7/01/08	33,888	33,888	14,120	0 1,130	0 1,130	0
67 Lighting	3/03/09 6/10/09	3,500	3,500	1,381	116	1,130	0
68 Conference Tables & Chairs	4/01/09	1,661 2,600	1,661 2,600	641	56	56	0
69 Computer 70 Air Conditioning System	5/12/10	498	498	2,600 498	0	0 0	0
71 Parking Lot	12/08/11 11/27/11	15,726	15,726	4,761	525	525	0
72 Garden Fencing	6/26/11	19,800 16,837	19,800 16,837	11,990	1,320	1,320	0
73 Well 74 Garden Signs	5/26/11	3,000	3,000	10,664 1,917	1,122 200	1,122	0
75 Aborvitae	6/15/11 3/31/11	1,600	1,600	1,600	0	200 0	0
	3/31/11	2,676	2,676	1,739	179	179	ŏ
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FPC1 The Family Pantry of Cape Cod Corp

22-3079904 MA Asset Report

22-3079904

FYE: 12/31/2021

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		Date		Basis	MA	MA Current		Difference Fed - MA
Asset	Description	In Service_		for Depr	Prior _	0	0	0
76	Tomato Stakes	5/02/11	3,397	3,397 8,425	3,397 5,336	562	562	0
77	Irrigation System	6/27/11	8,425 16,832	16,832	10,754	1,122	1,122	0
78	Land Improvements	5/17/11 5/17/11	33,475	33,475	21,387	2,232	2,232 600	ů l
79	Parking Lot Expansion	5/17/11	9,000	9,000	5,750	600 334	334	ŏ
80 81	Block Wall Dry Wells	5/27/11	5,000	5,000	3,194 2,591	113	113	<u>o</u>
82		5/27/11	2,704 2,100	2,704 2,100	2,100	0	Ō	0
83	Bird Houses	5/27/11 12/10/12	5,849	5,849	5,849	0	0 728	0
84	Industrial Floor Cleaner	8/01/12	292,118	292,118	81,955	9,738	9,738 0	ŏ
85		12/28/12	11,162	11,162	11,162 36,095	0	ŏ	0
86		2/22/13	36,095	36,095 12,000	12,000	ŏ	0	0
88		6/24/13 11/14/14	12,000 203,956	203,956	0	0	0	0
89	Land-265 Route 28	11/14/14	226,875	226,875	46,635	7,563	7,563 900	ő
90		8/07/14	27,018	27,018	5,779	900 236	236	ŏ
91		7/10/14	3,300	3,300	3,064 620	97	97	0 [
93	Awning	8/07/14	2,900 312,288	2,900 312,288	53,783	10,410	10,410	0
95	5 2nd Glance Improvements	11/15/15 3/19/15	4,990	4,990	4,099	713	713	0
90	NEC SL1100 Telephone System	6/01/15	6,180	6,180	4,929	883	883 1,074	ő
9		12/02/15	7,523	7,523	5,463 1,037	1,074	1,014	0
9		11/01/15	1,037	1,037 1,004	741	144	144	0
10		11/01/15	1,004 28,369	28,369	25,532	2,837	2,837	0
10	1 2010 Truck	7/07/16 12/03/16	1,914	1,914	1,117	273	273 381	
10		3/17/16	11,422	11,422	1,808		58	
10 10		7/21/16	1,751	1,751	258 1,628		332	. 0
10	5 Exhaust Fan & Steamers	1/29/16	2,318 415	2,318 415	267		59	
liŏ		6/21/16 6/29/16	457	457	294	. 65	65	
10	17 Handiack	4/19/16	560	560	523		37 444	
10		12/09/16	3,111	3,111	1,815 1,475	444 347	347	·
10 11		10/06/16	2,430	2,430 933	1,473 824		109	9 0
1	= 11 O day Tambada 2570	8/11/16	933 4,300	4,300	2,867	614	614	
11	12 Stand Alone Cooler	5/15/16 2/15/16	2,000	2,000	1,405	5 285	28: 18:	' I
	Fixtures 2nd Glance Dell Latitude E450/5450 Laptop	1/18/17	901	901	70:		_	• - 1
_	.	2/24/17	2,790	2,790	35° 669			4 0
	16 Display Cabinet Conference Room	2/27/17	1,221	1,221 2,335	1,25		33:	
	17 NEC St. 1100 Telephone System	3/20/17 4/17/17	2,335 663		48	6 133		
	18 Dell Outlet Latitude 3570	7/04/17	1,840	1,840	92			·
	19 Anti-Fatigue Mats 20 Commercial Garage Door	8/15/17	3,700		42 42			
	20 Commercial Garage Door 21 Heil 5 Ton Outdoor Condensing Unit	10/03/17	3,900		8,70		2,67	8 0
	22 Huseman Produce Case	10/04/17 10/21/17	18,750 870		´ 9	2 29) 2	9 0 3 0
l i	23 Rand 10 Gallon Water Heater	10/21/17	7,586		3,43			~
	24 Freezer Merchandiser 3 Door 25 Stainless Steel Table	10/31/17	900	900	40 19			53 0
	25 Stainless Steel Table 26 Stainless Steel Work Table	12/21/17	44		1,69			74 0
	27 Duilding Redesign	6/09/17	14,217 3,20		67	<i>1</i> 6 21	3 2	13 0
	128 Parking Lot Addition - 7 Spaces	10/19/17 10/01/18	2,08	2,081		56 6		69 0 90 0
	129 Building Impr-2nd Glance 130 Building Improvments	12/25/18	29,71	3 29,713	1,98			90 0 73 0
		6/04/18	1,91					60 0
	132 Panic Buttons	10/08/18	4,61 1,58			29 22	7 2	27 0
l l	133 American Floor Mats	9/04/18 11/01/18	12,82	5 12,825	3,9	70 1,83	2 1,8	
1	134 Walk In Cooler	3/06/19	1,08	5 1,085	; 2	84 15		55 U 00 0
	135 Phillips HeartStart Onsite & Cabinet 136 Conference Room Chairs (16)	8/04/19	2,80	2 2,802	2 5	67 40 21 1,21		
l	127 Escarer Merchandiser, 3 Section	5/08/19	8,48	7 8,487 1 5,841	7 2,0	43 19	5 1	.95 U
	138 Generator Sub Panel Feed & Aeriai Lii	9/23/19	5,84 64,30		5 5	36 2,14	13 2,1	
l l	130 2nd Chance Donation Center	10/15/20 8/07/20		5 40,47	5 3,3	73 8,09	95 8,0	95 0 342 0
1	140 2016 Isuzu Truck	12/09/20	10,25	10,25	1		42 3 72	72 0
1	141 Office & Boutique Flooring 142 Warehouse Lighting	10/23/20	2,1	50 2,150	•			505 0
:	142 Warehouse Lighung 143 Undercover Tent	3/19/20		30 3,530 28 1,42		17 2	04 2	204 0
	1 A A in Darifiers	12/04/20 10/01/20				1 ,7		739 0 83 0
	145 Fourteent for Donation Center	12/10/21		00 15,00	0	~ _	83	83 0 516 0
1	146 Paving of parking lot 147 2021 Pantry Renovation	9/14/21		40 46,44	0	0 5	16	WAV -
1	147 2021 Pantry Renovation							

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FPC1 The Family Pantry of Cape Cod Corp
22-3079904 MA Asset Report Form 990, Page 1

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153	Description Roof repairs Wire Shelving Stainless Tables Office Partitions Plastic storage totes Repair Fencing 2019 Izuzu NNR Total Other Depreciation	Date In Service 12/03/21 2/04/21 8/16/21 6/04/21 9/04/21 11/04/21 12/16/21	Cost 4,670 1,036 1,284 1,497 7,372 7,080 60,000 1,987,121	Basis for Depr 4,670 1,036 1,284 1,497 7,372 7,080 60,000	MA Prior 0 0 0 0 0 0 0	MA Current 0 136 61 125 351 79 0	Federal Current 0 136 61 125 351 79 0	Difference Fed - MA 0 0 0 0 0 0
	Total ACRS and Other Depre	ciation	1,987,121	1,987,121 1,987,121	577,468 577,468	78,161 78,161	93,995 93,995	15,834 15,834
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	1,987,121 0 0 1,987,121	1,987,121 0 0 1,987,121	577,468 0 0 0 577,468	78,161 0 0 78,161	93,995 0 0 93,995	15,834 0 0 15,834

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22-3079904 Depreciation Adjustment Report 22-3079904 All Business Activities FYE: 12/31/2021 AMT Adjustments/ Preferences AMT Tax Description Form Unit Asset There are no assets that meet the criteria of this report

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Future Depreciation Report 05/25/2022 3:08 PM FYE: 12/31/22

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Asset	Description	Date In Service	Cost	Tax	AMT	
Prior	MACRS:			•		
1	Fork Lift	6/01/93	1,331	0	0	
			1,331	0	0	
Other	Depreciation:					
3						
4	Computers Office Equipment	6/01/93 6/01/94	2,240 3,000	0	0	
5 7	Office Equipment Office Equipment	6/01/95	995	0 0	0 0	
8	Machinery	1/01/97 1/01/97	762 1,169	0 0	0	
10 11	Buildings Land	7/15/98	475,039	15,835	0	
13	Floor cleaner	7/15/98 9/03/02	50,000 1,084	0	Ō	
14 15	Tech Plus monitor Building improvements	3/12/02	250	0	0 0	
16	Building improvements	1/31/02 2/28/02	4,932 188	164 7	0	
17 19	Building improvements Fork lift	3/31/02	1,000	34	0 0	
20	Dell computer	2/15/03 4/28/03	9,995 1,720	0	0	
21 22	Fire alarm Building permit	9/18/03	1,192	Ó	0 0	
23	Garage doors	9/25/03 9/30/03	1,250 451	42 0	0	
24 25	Garage doors Construction	8/19/03	1,300	0	0 0	
26	Blacktop	10/28/03 11/21/03	40,000 695	1,333 0	0 0	
27 28	Construction Plumbing	12/03/03	17,500	583	0	
29 30	Black top	12/12/03 12/18/03	3,000 2,000	100 0	0 0	
31	Construction Construction	12/22/03 12/23/03	4,770	159	0	
32 33	Construction	12/23/03	15,500 2,500	517 83	0 0	
34	Electrical Tables	12/12/03 7/23/03	3,000 945	100	0	
35 36	Shelving Monitor/ printer, etc	3/26/04	943 550	0	0 0	
37	Construction costs	3/23/04 1/10/04	462 2,500	0	Ó	
38 39	Construction costs-Grinnell Foster bldg	1/20/04	1,988	83 67	0 0	1
40	Lohr construction	2/03/04 2/11/04	2,400 7,142	80 238	0	
41 42	L. Kahlbach-const costs Garage doors	2/14/04	3,000	100	0 0	
44	Lohr construction	2/23/04 3/29/04	1,450 2,625	0 88	0	
45 46	Electrical work Misc construction	4/06/04	6,420	214	0	
47 48	Software-track inventory	4/30/04 8/28/04	257 2,000	8 0	0 0	İ
48 49	Shingles Copier	8/04/04 9/11/04	1.480	74	ő	
50 51	Misc construction cost	12/31/04	1,290 674	0 23	0 0	!
52	Mid Cape Center Bldg supplies	5/05/04 5/10/04	348	12	0	ĺ
53 55	Bldg supplies Equipment	6/15/04	88 3	3 0	0 0	ł
56	Equipment	3/01/05 3/26/05	4,335 1,119	0	0	
57 58	Equipment Equipment	7/01/05	3,228	0	0 0	ĺ
59	Building improvements	7/06/05 5/10/05	2,072 6,000	0 200	0 0	ŀ
60 61	Equipment Building Improvement	12/31/05	984	0	0	
62	Equipment	8/20/06 6/29/06	2,349 1,662	78 0	0 0	
63 64	Equipment Office Copier	6/27/07 5/31/08	5,477	0	Ō	
65 66	Air Conditioning System	7/01/08	1,985 33,888	0 1,129	0 0	
67	Fire Sprinklers Lighting	3/03/09 6/10/09	3,500	117	0	
68	Conference Tables & Chairs	4/01/09	1,661 2,600	55 0	0 0	
					-	

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FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Future Depreciation Report FYE: 12/31/22 22-3079904

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	Description	Date In Service	Cost	Tax	AMT
<u>et</u>	Description	5/12/10	498	0	0
	Computer	12/08/11	15,726	524	0
	Air Conditioning System	11/27/11	19,800	1,320	0
	Parking Lot	6/26/11	16,837	1,123	0
	Garden Fencing	5/26/11	3,000	200	0
	Well	6/15/11	1,600	178	0
	Garden Signs	3/31/11	2,676	178 0	ő
	Aborvitae Tomato Stakes	5/02/11	3,397	561	ŏ
,	Irrigation System	6/27/11	8,425	1,122	ŏ
17 18	Land Improvements	5/17/11	16,832	2,231	Ō
79	Parking Lot Expansion	5/17/11	33,475 9,000	600	0
30	Block Wall	5/17/11	5,000	333	0
1	Dry Wells	5/27/11 5/27/11	2,704	0	0
32	Garden Shed	5/27/11	2,100	0	0
33	Bird Houses	12/10/12	5,849	0	0
84	Industrial Floor Cleaner	8/01/12	292,118	9,737	0
35	Building Redesign	12/28/12	11,162	0	0
86	Walk in Cooler	2/22/13	36,095	0	0
87	2013 Chevy Express Truck	6/24/13	12,000	0	0 0
88	Online Database	11/14/14	203,956	0	ő
89	Land-265 Route 28	11/14/14	226,875	7,562	ŏ
90	Building-265 Route 28	8/07/14	27,018	901 0	ŏ
91	Generator Pallet Racks	7/10/14	3,300	97	ŏ
92	Awning	8/07/14	2,900	10,409	ŏ
93 95	2nd Glance Improvements	11/15/15	312,288 4,990	178	Ō
96	NEC SL1100 Telephone System	3/19/15	6,180	368	0
97	South MP 4054SP Copiet	6/01/15	7,523	986	0
98	Migali C-72M Glaas Door Freezer	12/02/15 11/01/15	1,037	0	Ō
99	POS System & Printer	11/01/15	1,004	119	0
100	Floor Scrubber	7/07/16	28,369	0	0
101	2010 Truck_	12/03/16	1,914	274	0
102	Office Mgr Desk	3/17/16	11,422	381	0
103	Flooring	7/21/16	1,751	58	0
104	Window Grills	1/29/16	2,318	331	0
105	Exhaust Fan & Steamers	6/21/16	415	60	ŏ
106	Fly Catching Machines	6/29/16	457	65 0	ŏ
107	Handjack Dell Outlet Lattitude 3550	4/19/16	560	445	ŏ
108	Signage	12/09/16	3,111	347	Ŏ
109 110	Balla Totes	10/06/16	2,430 933	0	Ō
111	Two Dell Outlet Lattitude 3570	8/11/16	4,300	614	0
112	Stand Alone Cooler	5/15/16	2,000	286	0
113	Fixtures 2nd Glance	2/15/16	901	15	0
114	Dell Latitude E450/5450 Laptop	1/18/17 2/24/17	2,790	93	0
115	Front Door	2/27/17	1 221	175	0
116	Dignlay Cabinet Conference Room	3/20/17	2,335	334	0
117	NEC SU1100 Telephone System	4/17/17	663	44	0
118	Dell Outlet Latitude 3570	7/04/17	1,840	263	0
119	Anti-Fatigue Mats	8/15/17	3,700	123	0
120		10/03/17	3,900	130	ő
121		10/04/17	18,750	2,679 29	
122		10/21/17	870	1,084	
123	* f 1 1! 2 Door	10/31/17	7,586	1,064	_
124		10/31/17	900	64	^
125		12/21/17	447	474	_
126 127	Puilding Redesign	6/09/17	14,217 3,200	213	
128	Parking Lot Addition - 7 Spaces	10/19/17	2,081	70	
129		10/01/18	29,713	991	. 0
130	Building Improvments	12/25/18	1,915	274	. 0
131		6/04/18 10/08/18	4,615	659) C
132	Panic Buttons	9/04/18	1,588	227	r g
133	American Floor Mats	11/01/18	12,825	1,832	
134	4 Walk In Cooler	3/06/19	1,085	155	
13:	5 Phillips HeartStart Onsite & Cabinet	8/04/19	2,802	40	9
130	6 Conference Room Chairs (10)	5/08/19	8,487	1,213	3
13		9/23/19	5,841	19:	5
13		10/15/20	64,305		•
13		8/07/20	40,475	8,09	י כ
14					

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Future Depreciation Report
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Description Office & Boutique Flooring Warehouse Lighting Undercover Tent Air Purifiers Equipment for Donation Center Paving of parking lot 2021 Pantry Renovation Roof repairs Wire Shelving Stainless Tables Office Partitions Plastic storage totes Lepair Fencing Office Partition Total Other Depreciation	Date In Service 12/09/20 10/23/20 3/19/20 12/04/20 12/10/21 9/14/21 12/03/21 2/04/21 8/16/21 6/04/21 9/04/21 11/04/21 12/16/21	Cost 10,251 2,150 3,530 1,428 12,177 15,000 46,440 4,670 1,036 1,284 1,497 7,372 7,080 60,000 2,520,326	342 71 504 204 1,740 1,000 1,548 0 148 184 214 1,053 472 12,000 104,520	AMT (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)
Grand Totals		2,520,326 2,521,657	104,520	0
	Office & Boutique Flooring Warchouse Lighting Undercover Tent Aidercover Tent	Description Service	Description Service Cost	Description

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	D	Date In Service	Cost N	//A
<u>Asset</u>	Description	COLATO		
Prior N	MACRS:		•	Λ
1	Fork Lift	6/01/93	0	0
_		=	0	
045	Demociations			
Other	Depreciation:	6/01/93	0	0
3	Computers	6/01/94	0	0
4 5	Office Equipment Office Equipment	6/01/95	0	0 0
7	Office Equipment	1/01/97 1/01/97	0	ŏ
. 8	Machinery	7/15/98	0	<u>o</u>
10 11	Buildings Land	7/15/98	0	0 0
13	Floor cleaner	9/03/02	1,084 250	Ö
14	Tech Plus monitor	3/12/02 1/31/02	4,932	164
15	Building improvements Building improvements	2/28/02	188	7
16 17	Building improvements	3/31/02	1,000	34 0
19	Fork lift	2/15/03 4/28/03	9,995 1,720	ŏ
20	Dell computer	9/18/03	1,192	0
21 22	Fire alarm Building permit	9/25/03	1,250	42 0
23	Garage doors	9/30/03 8/19/03	451 1,300	ŏ
24	Garage doors	10/28/03	40,000	1,333
25 26	Construction Blacktop	11/21/03	695	0 583
27	Construction	12/03/03	17,500 3,000	100
28	Plumbing	12/12/03 12/18/03	2,000	0
29	Black top	12/22/03	4,770	159
30 31	Construction Construction	12/23/03	15,500	517 83
32	Construction	12/23/03 12/12/03	2,500 3,000	100
33	Electrical	7/23/03	945	0
34		3/26/04	550	0 0
35 36		3/23/04	462 2,500	83
37	Construction costs	1/10/04 1/20/04	1.988	67
38		2/03/04	2,400	80
39 40		2/11/04	7,142 3,000	238 100
41	L. Kahlbach-const costs	2/14/04 2/23/04	1,450	0
42	Garage doors	3/29/04	2,625	88
44		4/06/04	6,420	214 8
46	Misc construction	4/30/04 8/28/04	257 2,000	ő
47	Software-track inventory	8/04/04	1,480	74
48		9/11/04	1,290	0
49) Misc construction cost	12/31/04	674 348	23 12
5	Mid Cape Center	5/05/04 5/10/04	88	3
52	2 Bldg supplies	6/15/04	3	0
5:		3/01/05	4,335	0
5	6 Equipment	3/26/05 7/01/05	1,119 3,228	ŏ
5	7 Equipment	7/06/05	2,072	0
5	8 Equipment 9 Building improvements	5/10/05	6,000	200 0
6	n Faninment	12/31/05	984 2,349	78
6	1 Building Improvement	8/20/06 6/29/06	1,662	0
	2 Equipment	6/27/07	5,477	0
	3 Equipment 4 Office Copier	5/31/08	1,985	0 1,129
	5 Air Conditioning System	7/01/08 3/03/09	33,888 3,500	117
1 6	66 Fire Sprinklers	6/10/09	1,661	55
	7 Lighting Conference Tables & Chairs	4/01/09	2,600	0
۱ ۱	GO COMOTORIO TABLES			
- 1				

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22-3079904 MA Future Depreciation Report

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Asset		Date in Service	Cost	MA		
69 70	Computer	5/12/10	498	0		
71	Air Conditioning System Parking Lot	12/08/11	15,726	524		
72	Garden Fencing	11/27/11 6/26/11	19,800	1,320		
73	Well	5/26/11	16,837 3,000	1,123		
74 75	Garden Signs Aborvitae	6/15/11	1,600	200 0		
76	Tomato Stakes	3/31/11	2,676	178		
77	Irrigation System	5/02/11 6/27/11	3,397	.0		
78 79	Land Improvements	5/17/11	8,425 16,832	561 1,122		
80	Parking Lot Expansion Block Wall	5/17/11	33,475	2,231		
81	Dry Wells	5/17/11 5/27/11	9,000	600		
82	Garden Shed	5/27/11 5/27/11	5,000 2,704	333		
83 84	Bird Houses	5/27/11	2,100	0		
85	Industrial Floor Cleaner Building Redesign	12/10/12	5,849	ŏ		
86	Walk in Cooler	8/01/12 12/28/12	292,118	9,737		
87	2013 Chevy Express Truck	2/22/13	11,162 36,095	0		
88 89	Online Database Land-265 Route 28	6/24/13	12,000	0 0		
90	Building-265 Route 28	11/14/14	203,956	ŏ		
91	Generator	11/14/14 8/07/14	226,875	7,562		
92 93	Pallet Racks	7/10/14	27,018 3,300	901 0		
95 95	Awning 2nd Glance Improvements	8/07/14	2,900	97		
96	NEC SL1100 Telephone System	11/15/15	312,288	10,409		
97	Savin MP 4054SP Copier	3/19/15 6/01/15	4,990 6,180	178		
98 99	Migali C-72M Glaas Door Freezer	12/02/15	7,523	368 986		
100	POS System & Printer Floor Scrubber	11/01/15	1,037	0		
101	2010 Truck	11/01/15 7/07/16	1,004	119		
102 103	Office Mgr Desk	12/03/16	28,369 1,914	0 274		
103	Flooring Window Grills	3/17/16	11,422	381		
105	Exhaust Fan & Steamers	7/21/16	1,751	58		
106	Fly Catching Machines	1/29/16 6/21/16	2,318	331		
107 108	Handjack	6/29/16	415 457	60 65		
109	Dell Outlet Lattitude 3550 Signage	4/19/16	560	05		
110	Bella Totes	12/09/16 10/06/16	3,111	445		
111	Two Dell Outlet Lattitude 3570	8/11/16	2,430 933	347		
112 113	Stand Alone Cooler Fixtures 2nd Glance	5/15/16	4,300	0 614		
114	Dell Latitude E450/5450 Laptop	2/15/16	2,000	286		
115	Front Door	1/18/17 2/24/17	901	15		
116 117	Display Cabinet Conference Room	2/27/17	2,790 1,221	93 175		
118	NEC SL1100 Telephone System Dell Outlet Latitude 3570	3/20/17	2,335	334		
119	Anti-Fatigue Mats	4/17/17	663	44		
120	Commercial Garage Door	7/04/17 8/15/17	1,840 3,700	263		
121 122	Heil 5 Ton Outdoor Condensing Unit	10/03/17	3,900	123 130		
123	Hussman Produce Case Ruud 10 Gallon Water Heater	10/04/17	18,750	2,679		
124	Freezer Merchandiser 3 Door	10/21/17 10/31/17	870	29		
125 126	Stainless Steel Table	10/31/17	7,586 900	1,084		
120	Stainless Steel Work Table Building Redesign	12/21/17	447	128 64		
128	Parking Lot Addition - 7 Spaces	6/09/17	14,217	474		
129	Building Impr-2nd Glance	10/19/17 10/01/18	3,200	213		
130 131	Building Improvments	12/25/18	2,081 29,713	70 991		İ
132	Shopping Carts Panic Buttons	6/04/18	1,915	274		ł
133	American Floor Mats	10/08/18 9/04/18	4,615	659		ļ
134	Walk In Cooler	9/04/18 11/01/18	1,588 12,825	227		ĺ
135 136	Phillips HeartStart Onsite & Cabinet	3/06/19	1,085	1,832 155		- 1
137	Conference Room Chairs (16) Freezer Merchandiser, 3 Section	8/04/19	2,802	401		ļ
138	Generator Sub Panel Feed & Aerial 1 in	5/08/19 9/23/19	8,487	1,213		ĺ
139	2nd Chance Donation Center	10/15/20	5,841 64,305	195		l
140	2016 Isuzu Truck	8/07/20	40,475	2,144 8,095		
				, -]
						i i

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 MA Future Depreciation Report FYE: 12/31/22

FYE: 12/31/2021

Form 990, Page 1

05/25/2022 3:08 PM

Asset 141 142 143 144 145 146 147 148 149 150 151 152 153 154	Office & Boutique Flooring Warehouse Lighting Undercover Tent Air Purifiers Equipment for Donation Center Paving of parking lot 2021 Pantry Renovation Roof repairs Wire Shelving Stainless Tables Office Partitions Plastic storage totes Repair Fencing 2019 Izuzu NNR Total Other Depreciation Total ACRS and Other Depreciation	Date In Service 12/09/20 10/23/20 3/19/20 12/04/20 10/01/20 12/10/21 9/14/21 12/03/21 2/04/21 8/16/21 6/04/21 11/04/21 11/04/21	Cost 10,251 2,150 3,530 1,428 12,177 15,000 46,440 4,670 1,036 1,284 1,497 7,372 7,080 60,000 1,987,121	MA 342 71 504 204 1,740 1,000 1,548 184 214 1,053 472 12,000 88,685
	Grand Totals		1,987,121	88,685

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form 990 2020 & 2021 For calendar year 2021, or tax year beginning Name Taxpayer Identification Number The Family Pantry of Cape Cod Corp 22-3079904 2020 2021 Differences 1. Contributions, gifts, grants 1. 5,117,146 4,505,009 -612,1372. Membership dues and assessments 2. 3. Government contributions and grants 3. 77,900 -77,900 4. Program service revenue 231,971 482,069 4. 250,098 -10,373 5. Investment income 24,939 5. 14,566 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 1,638 7. 4,468 2,830 8. Net income or (loss) from fundraising events 8. 167,699 252,120 84,421 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 664 1,813 1,149 12. Total revenue. Add lines 1 through 11 5,621,957 12. 5,260,045 -361,912 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 16. Salaries, other compensation, and employee benefits 471,675 16, 446,378 -25,297 17. Professional fundraising fees 17. 2,164 5,200 3,036 18. Other professional fees 18. 10,012 11,084 1,072 19. Occupancy, rent, utilities, and maintenance 19. 38,752 35,815 -2,937 20. Depreciation and Depletion 20. 87,880 93,996 6,116 21. Other expenses 21. <u>2,683,966</u> 2,552,091 -131,875 22. Total expenses. Add lines 13 through 21 3,294,449 22. 3,144,564 -149,88523. Excess or (Deficit). Subtract line 22 from line 12 2,327,508 5,621,957 23, 2,115,481 -212,027 24. Total exempt revenue 24. 5,260,045 -361,91225. Total unrelated revenue 25. 26. Total excludable revenue 243,704 2,171,572 -2,636 2,174,208 502,916 8,217,901 26. 259,212 27. Total assets 6,046,329 27, 28. Total llabilities 40,887 38,251 28. 29. Retained earnings 6,005,442 8,179,650 29. 30. Number of voting members of governing body 16 30. 15

31.

32.

16

12

15

14

650

1			ייין יייין יייין יייין אין יייין			
True Family	Family Pantry of Ca	pe Cod Corp			Employer 22–3(Employer Identification Number 22-3079904
		2018	- 1	2020 F 195 046	2021	2022
Contributions, gifts, grants	2,785,282	2,718,781	3,520,755	4	J	
Membership dues				231,971	482,069	
Program service revenue			2,433	1,638	4,468	
Capital gain or loss	901 0	6 916	23,403	24,939	14,566	
Investment income	141,399	197,807	4 4	167,699	252,120	
Fundialsing revenue (incomenced)					1 213	
(manuscrip) aprilant fill	311.654	366,899	441	*00	ч	
	٠ ١	3,290,403	4,122,916	5,621,957	C#0'007'C	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	24.4 E00	300 30B	365.958	471,675	446,378	
Other compensation	214, 209	.	14,820	12,176	16,284	
Professional fees	TT / 104	704 46	35,383	38,752	35,815	
Occupancy costs	79,007	27,724	84,687	87,880		
Depreciation and depletion	2 150 515	2 446,955	2,993,199	2,683,966	2,552,091	
Other expenses	2, 133, Caso	2 913,157		,294,	3,144,564	
Total expenses	639.444	٦.	3 1	2,327,508	2,115,481	
Excess of (Deficit)				L 100 400 H	E 260 045	
Total exempt revenue	3,241,133	3,290,403	4,122,916	2,621,937	CE0,002,C	
Total unrelated revenue	21 A AES	373,815	467,380	259,212	502	
Total excludable revenue	2CF, 21C	3.032.865	3,670,911	6,046,329	8,217,901	
Total Assets	165 964	4	32,848	40,887	8	
Total Liabilities	2 622 364	2.994,356	3,638,063	6,005,442	8,179,650	

FPC1 The Family Pantry of Cape Cod Corp 5/25/2022 3:08 PM Federal Statements 22-3079904 FYE: 12/31/2021 Taxable Interest on investments Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Amount Obs (\$ or %) 6,039 14 Total 6,039 Taxable Dividends from Securities Description Unrelated Exclusion Postal Acquired after UŞ Business Code Code 6/30/75 Amount Obs (\$ or %) Dividend \$ 20,830 14 Inv Fee -12**,**303 14 Total 8,527

5/25/2022 3:08 PM	Fund Raising	Fund Raising
	Management & General \$\simeq \frac{1,033}{\$}\$	Management & General States States
tements	C. Line 11g - Other Fees for Service (Non-employee) Total Program Manage Expenses Service Gervice \$ 1,033 \$ \$ 1,033 \$	Total Expenses Total Service 17, 189 13, 757 6, 907 3, 404 1, 120 42, 377 5 41, 664
Federal Statements	X, Line 11g - Other Total Expenses \$	Form 990. Part IX. Line 24 Total Expenses \$ 17, 189
of Cape Cod Corp	Form 990, Part IX	
FPC1 The Family Pantry of Cape Cod Corp 22-3079904 FYE: 12/31/2021	Description 403B Fees Total	Volunteer expense Transportation Garden expenses Other general expenses Contract Labor Total

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Federal Statements

5/25/2022 3:08 PM

FYE: 12/31/2021

22-3079904

Schedule A. Part II, Line 5 - Excess Gifts

CONGRETATION.		
Doπor Name	Total	Excess
	\$ 5,000	\$
Anlares Enterprises Vela Foundation	10,000	
Cashman Equipment Corp	5,000	
Helfrich Brothers Boiler Works	5,000	
Barnstable County Mutual Insuance	25,000	
Morong Family Charitable Trust	5,000	
One Step Forward Education	5,000	
Hyannis Rotary Good Works	5,000	
Mid Cape Home Centers	6,305	
O'Neill & Associates	5,000	
Tufts Health Plan Foundation	10,000	
National Grid	10,000	
Burton A. and Maxine C Rice Found.	5,000	
Burton A. and Maxine C Rice round.	5,000	
Jay Cashman, Inc.	5,000	
Syniti Daniel Family Charitable Foundation	5,000	
Danier Family Charletable rounded	5,000	
Cape Air Campbell Soup Co.	12,480	
Campbell Soup Co.	10,000	
Tower Family Fund Morris and Rita Kesselman Found.	5,000	
Donaghue Barrel & Singal	5,000	
Eastern Bank Charitable Found.	5,000	
Eastern Bank Charleage Found.	48,000	
Langan & Dempsey Eversource Energy Foundation	25,000	
Harwich Fire Dept.	8,365	
Vela Foundation	10,000	
The Great Island Foundation	10,000	
DBA Zudy	5,000	
The Chamberlain Found.	5,000	
Stop & Shop Supermarket	10,000	
One Step Forward Found.	5,000	
Ayer Foundation	5,000	
Burns Levinson Asset Management	30,000	
Cape Cod Potters	10,000	
Bernard & Judy Cornwell Found	5,000	
Chatham Harwich Newcomers Club	5,040	
Rick Roy Construction	10,000	
Holy Redeemer Church	5,000	
Baskin's Hardware	10,500	
Terrapin Station Foundation	10,000	
The Lyons Family Trust Fund	55,000	
Greater Boston Food Bank	1,749,041	1,372,308
	\$ 2,179,731	\$ 1,372,308
Total	T	

5/25/2022 3:08 PM	Amount	\$ 6,039 20,830 -12,303 \$ 14,566		Amorine	\$ 482,069 1,813 262,220 \$ 746,102
orp Federal Statements	Schedule A. Part II. Line 8(e) Description		Schedule A. Part II, Line 12 - Current year	Description	
FFC1 THE FAMILY PAINTY OF CAPE COD COR 22-3079904 FYE: 12/31/2021		Dividend Inv Fee Total			Trift Shop sales Other income Summer Gala Total

FPC1 The Family Pantry of Cape Cod Corp
22-3079904 Federal Statements

22-3079904 FYE: 12/31/2021

5/25/2022 3:08 PM

Summer Gala

Other Direct Fundraising or Gaming Expenses

Description	 <u>Amount</u>
Other event expenses Equipment rental Wychmere Admin Fee	\$ 10,100
Total	\$ 10,100



Form M-990T Return Summary

For calendar year 2021, or taxable period beginning

, and ending

22-3079904

The Family Pantry of Cape Cod Corp

ncome			
Federal unrelated but			
Deductions / adjustm			
Income subject to ap	portionment	1.000000	
Income apportionmen	nt percentage	1.00000	
Apportioned income			
Income not subject to	o apportionment		
	etts solar or wind power deduction		
Loss carryover dedu	ction _		
Taxable income			
Tax Computation			
Excise tax before on	edits		
Total credits			
Voluntary contributio	n - endangered wildlife		
Total excise tax			
Payments / Refundal	ole Credits / Penalties		
Payments / refundal	ble credits		
M-2220 penalty			
Late filing Interest			
Failure to file penalt	у		
Failure to pay penal	lty .		•
Total payments	penalties		
Overpayment cred	ited to next year's estimated tax		
Refund			
Tax due			
	- nd		Miscellaneous Information
	t Year's Estimates	Amendo	ed return
1st quarter			/ extended due date 03/15/22
2nd quarter		,	
3rd quarter			
4th quarter Total			
	Form PC	/ Short Form PC - Ann	nual Report
Fil	ling fee 500	Amended rei Return / exte	tum Inded due date 08/15/22

1022

The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512 Telephone: (617) 727-9640

M.G.L. Ch.180 Corporation Annual Report

Filing Fee: \$15.00

ANNUAL REPORT

IDEN	TIFICATION	
NO.	22-3079904	

Filing for November 1, 2022

		oter one hundred and eighty (180) of the Gener	ai Laws.
	e Family Pantry of		
. ADDRESS:	133 Queen Anne Road		
Harwich	(number)	(street)	
	or town)	MA (state)	02645
DATE OF THE I	AST ANNUAL MEETING:		(zip)
g tric toot.	(check appropriate cox)	perpetual care funds in trust and attach a copy	
establi OR	ametery corporation certifies that perpetu shing the trust is attached.	al care funds are held in trust and a copy of th	ne written agreement
The ce	metery corporation hereby certifies that	it does not hold perpetual care funds in trust.	
State the names	and addresses of the president, treasure	er, clerk, at least one director of the corporation	and the date on which the torus
office of each exp	pires: (PLEASE TYPE OR PRINT).	, and disposition	and the date on which the term of
IAME OF OFFICE	NAME	ADDRESSES	
		Number, Street, City or T	EXPIRATION OF TERM O
		State and Zip Code	1
resident:	See Attached List		OFFICE
reasurer:			
icasuiei.]		
ilerk;			
r Secretary)			
lirectors:			
or Officers			
aving the			
owers of			
irectors)			
	<u> </u>		
undersigned		being the	مة علم
re-named corporation vn.	, in compliance with General Laws, Chapter	180, hereby certify that the information above is true	and correct as of the dates
/ITNESS WHEREOF	AND UNDER PENALTIES OF PERJURY, I	hereto sign my name on this	
	·		

1022

Office Use Only: Fiscal Year	
1	

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE

MAURA HEALEY ATTORNEY GENERAL BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Form PC

teport for the Fiscal Period: 01/01/2021	to 12/31/2	021	Check all items attached (if applicable)
AG Account #: 027825 Fed	Filing Fee or Printout of X Electronic Payment Confirmation		
lectronic Payment Confirmation #:	out of electronic payment	confirmation.	Copy of IRS Return
Electronic Payment Date:			Audited Financial Statements/Review
When dld the organization first engage in charitable work in Massachusetts? 10,	/ <u>15/1990</u>		Amended Articles/ By-Laws
Has the organization applied for or been granted IRS tax exempt status?		X Yes No	X Schedule A-1 X Schedule A-2
If yes, date of application OR date of determi	nation letter:	10/15/1990	Schedule RO Schedule VCO
IRS Exemption under 501(c):		<u>3</u>	Probate Account
If exempt under 501(c), are contributions to tax deductible as charitable contributions?	he organization	X Yes No	
Organization Data			
Name: The Family Pantry of		orp	
Mailing Address: 133 Queen Anne I	Road		
City: Harwich		Stat	e: MA Zip: 02645
Phone Number: 508-432-6519	Fax Numi	ber: <u>508-432-7083</u>	
Email cmenard@thefamilypantry.co	m	Watesiawww.thefamilyp	antry.com
In the table below, please enter the appropriate cod Enter up to 2 codes from Table 3 for your organization	es from the correspond	ding tables found in the instructions.	
Category	Code	Category	Code
County (Table 1)	1	Organization Purpose Code 1	45
Type of Organization (Table 2)	11	Organization Purpose Code 2	
Please check box if final return prior to dissolute	ion:		Office Use Only: Payment Received
Form PC Rev. 09/2020	F	Page 1 of 15	

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

· · · · · · · · · · · · · · · · · · ·
īrust 🔲
<u> </u>
year (see definition "Related Yes X No
_

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	
В.	Gross support and revenue	4,505,009
C.	Program services and similar amounts paid out	5,255,577
D.	Fundraising expenses	2,946,072
E.	Management and general expenses	57,779
F.	Payments to affiliates	140,713
G.	Total expenses	
Н.	Net assets or fund balances at the end of the year	3,144,564
		8,179,650

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Christine Menard				Compensation
'-	Executive Officer	40.00	108,149	11,244	
2.	Jim Obera		200,249	11,244	
۷.	Warehouse Supervisor	40.00	66,950	11 044	
з.	Pat Brophy		00,930	11,244	
3.	Program Manager	40.00	61,013		
,	Jennifer Vaughn		01,013		
4.	Thift Shop Manager	30.00	44,400		
_	Lori Dayton	30.00	-44,400		
5.	Office Manager	30.00	31,626		

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your
	response to 6? If yes, please provide explanation (attach separate sheet).

1022

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
	Rick Roy Construction	35,856	Bldg Construct.
2.	Sanders, Walsh & Eaton, LLC	7,000	Audit
3.	Len Kalbach	6,845	Electrician
4.	Global Internet Business Solutions	3,150	IT
5.	Rosemarie Resnik & Associates	2,800	Consulting

9. Bank(s) in which the organization's funds are deposited (Include bank addresses and phone number):

Bank	Address	Phone Number
Cape Cod Five Cents Savings	P.O. Box 10 Orleans MA 026	30 800-240-0555
TD Bank	536 Main Street Harwich Port MA 026	500-432-1100

10.	. What is the organization's accounting method?	Cash X Accrual Other (specify):			
11.	. If organization's mailing address is a P.O. Box, list	the organization's full street address:			
	Address:	q	itate:	Zip Code:	
12.	2. Contact Person Name: Christine Me				
	City: Harwich Phone Number: 508-432-6519		State: MA	Zip Code: 0	2645

FPC1 05/25/2022 3:09 PM

The Family Pantry of Cape Cod Corp 22-3079904	
13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	Yes No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless exempt from the solicitation certificate requirement.	
15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the both the right to identify which exemption applies to your organization.	ox to
a religious organization	
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]	

- 16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **None**
- 17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. See Statement 1
- Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
 See Statement 2
- 19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

 Yes X No if you attach list of states where solicitation was conducted including a solicitation.

if you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FPC1 05/25/2022 3:09 PM

21.

rp 22-3079904

The Family Pantry of Cape Cod Corp 22-3
1022
 Has this organization or any of its officers, directors, or employees: If yes, please attach an explanation.
(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?
(b) Ever been refused registration or had its registration or tax exemption des suspended, modified or revoked by a governmental agency?
(c) Been the subject of a proceeding regarding any solicitation or registration

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
	ve any restrictions been removed during the year from donor-restricted funds? es, please attach an explanation.	Yes	X No

X No

X No

Yes

Yes

23. This question Involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
/h)	Do you have an agreement with any individual described in Related Party	Yes	X No

(b) Do you have an agreement with any individual described in Related Party Yes definition, sections (a) or (b), containing such an agreement?

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement. FPC1 05/25/2022 3:09 PM

The Family Pantry of Cape Cod Corp 22-3079904

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, walver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

See Statement 3

	During the year:		
Α.	Has your organization sold or transferred assets to or purchased assets to		
В.		Yes	X No
	yes organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	☐ Yes	X No
F.	your signazor in initial ed goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	X Yes	No No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
<u>l.</u>	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
М.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

Signature	Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature:	Date:
Printed Name: John DiVito	
Title: Treasurer	
Name of Preparer: Sanders, Walsh & Eaton, CPA	As, LLC
Address PO Box F Osterville, MA 02655 City State	Zip Code
Phone Number 508-428-0790	

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in c name which appears on page 1.	onnection with the s	olicitation of funds, other than the official	
Types of solicitation activities in which you expect to engage	- (.)		
		oly):	
Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			
dentify the method or methods you expect to use for the fur Professional solicitor*	ndraising (check all i	Own employees	[V]
Professional fundraising counsel*	<u> </u>		X
Commercial co-venturer*		Volunteers	X
Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City	State	Zip Code	
Professional Fundraising Counsel Name: Rosemar	ie Resnik	& Associates	
Address 32B Wianno Avenue			
City Osterville	State	MA Zip Code 02655	
Commercial Co-Venturer Name:			
Address			
City	State	Zip Code	

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Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ame and Title: Jc	hn DiVito				Treasurer		
ddress 133	Queen Anne	Road				02645	
ity <u>Harv</u>	vich		State	<u>MA</u>	_ Zip Code _	02645	
lame and Title:							
ddress	<u></u>						
City			State		Zip Code		
Name and Title:	and the second s						
Address							
			State		Zip Code		
City		-	Culio				
		sponsibility for the charity's		on of contrib	utions:		
entify the individuals	who will have final re		distribut		utions: Treasurer		
entify the individuals	who will have final re-	sponsibility for the charity's	distribut				
entify the individuals Name and Title: <u>J</u> Address <u>133</u>	who will have final re- fohn DiVito	sponsibility for the charity's	distribut		Treasurer	02645	
entify the individuals Name and Title:	who will have final re- fohn DiVito Queen Anne	sponsibility for the charity's	distribut	MA	Treasurer Zip Code	02645	
entify the individuals Name and Title:	who will have final re- fohn DiVito G Queen Anne wich	sponsibility for the charity's	distribut	MA	Treasurer Zip Code	02645	
entify the individuals Name and Title:	who will have final re- fohn DiVito Queen Anne	sponsibility for the charity's Road	distribut	MA	Treasurer Zip Code	02645	
entify the individuals Name and Title:	who will have final re- fohn DiVito G Queen Anne	sponsibility for the charity's	State	MA	Treasurer Zip Code	02645	
entify the individuals Name and Title:	who will have final re- fohn DiVito Gueen Anne wich	sponsibility for the charity's	State	MA	Treasurer Zip Code	02645	

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

name which appears on page 1.	onnection with the s	olicitation of funds, other than the official	
Types of sollcitation activities in which you expect to engage	e (check all that app	oly):	
Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mallings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			
Identify the method or methods you expect to use for the fur	ndraising (check all i	that apply):	
Professional solicitor*		Own employees	X
Professional fundraising counsel*	X	Volunteers	X
Commercial co-venturer*			
* Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City	State	7.0.	
	Oldle	Zip Code	
Professional Fundraising Counsel Name: Roseman	ie Resnik	& Associates	
Address 32B Wianno Avenue			
City Osterville	State	MA Zip Code 02655	
Commercial Co-Venturer Name:			
Address			
City			
	State	Zip Code	

The Family Pantry of Cape Cod Corp 22-3079904

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ame and	Title: John DiVito		Treasurer	
ddress	133 Queen Anne Road			
ity	Harwich	State MA	Zip Code <u>02645</u>	
ame and	Title:			
ddress				
City		State	Zip Code	
lame and	Title:			
Address				
		State	Zip Code	
	individuals who will have final responsibility for t			
	individuals who will have final responsibility for t			
entify the i	individuals who will have final responsibility for t	the charity's distribution of contrib	utions:	
entify the line line line line line line line lin	individuals who will have final responsibility for t	the charity's distribution of contrib	utions: Treasurer	
entify the investment of the i	individuals who will have final responsibility for t d Title: John DiVito 133 Queen Anne Road	the charity's distribution of contrit	utions: Treasurer	
Name and Address City	individuals who will have final responsibility for to differ John DiVito 133 Queen Anne Road Harwich	the charity's distribution of contrib	utions: Treasurer	
Name and Address City Name an	individuals who will have final responsibility for to differ John DiVito 133 Queen Anne Road Harwich	the charity's distribution of contrit State MA	utions: Treasurer Zip Code 02645	
Name and Address City Name an Address	individuals who will have final responsibility for to d Title: John DiVito 133 Queen Anne Road Harwich dd Title:	the charity's distribution of contribution of	utions: Treasurer Zip Code 02645 Zip Code	
Name and Address City Name an Address	individuals who will have final responsibility for to differ John DiVito 133 Queen Anne Road Harwich and Title: Ind Title:	the charity's distribution of contribution of	utions: Treasurer Zip Code 02645 Zip Code	

FPC1 05/25/2022 3:09 PM

The Family Pantry of Cape Cod Corp 22-3079904

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: John DiVito	
Title: Treasurer	
Signature:	Date:
Printed Name: Matt Kelley	
Title: President	

5/25/2022 3:08 PM State Zip Code 02675 02645 02645 02645 02646 02645 02664 02633 02645 02650 02660 02671 02360 Æ Æ ΜĀ MΑ Æ ÆΑ ÆΑ Ä Ä Æ MA Ä Ā Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal South Yarmouth Yarmouth Port North Chatham Harwich Port Š Harwich Port West Harwich S. Dennis Plymouth Harwich Harwich Chatham Harwich Harwich Massachusetts Statements 39 Captain Bount Road Address 123 Queen Anne Road Vice Preside 1022 Orleans Road 25 Chimpmunk Lane 627 Maian Street 270 Stage Island 42 Ridgewood Dr. 8 Morgan Circle 17 Gilbert Lane 3 Rowland Drive 98 Gorham Road 72 Main Street FPC1 The Family Pantry of Cape Cod Corp Treasurer President Secretary Director Director Director Director Director Director Director Director Title Name Mary Kate Gallagher Caesar Alcantara Connor Francis Patricia Nadie Matthew Kelley Justin Tavano FYE: 12/31/2021 Craig Morong Melissa Masi Richard Roy John DiVito Toni London Matt Pitta Nancy Poor 22-3079904

02645

02670 02664

MΑ Æ Æ

S. Yarmouth

Harwich

Executive Di 133 Queen Anne Road

W. Dennis

96 Uncle Barneys Rd

237 N. Main St.

Director Director Director

Christine Menard

Kathy McNamara

Larry Lyford

133 Queen Anne Rd

FPC1 The Family Pantry of Cape Cod Corp

Massachusetts Statements

22-3079904

FYE: 12/31/2021

Statement 3 - Form PC, Page 6, Line 24 - Related Party Transactions

Description

Question 24G: Name and Address: Richard Roy, BOD member, 123A Queen Anne Rd., Harwich, MA Nature of Transaction: Construction services provided by Rick Roy Construction, LLC. , a firm owned by BOD member. Amount involved in the transaction: \$35,856 Authorizing the transaction: Board of Directors

5/25/2022 3:08 PM

990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.lrs.gov/Form990 for Instructions and the latest Information.

OMB No. 1545-0047

2021

Open to Public Inspection

A	For	the 2021 c	alendar year, o	r tax year b	eainnina	moigovii bijir.	and ending		itormatio	n.			inspection			
В	Ched	k if applicable:	C Name of organiza	ation		··· · · · · · · · · · · · · · · · · ·	talia eliality				n =					
	Addre	≆s change		Th	e Famil	lv Pantra	y of Cape (Tod Com		- 1	D Employer identification number					
\Box	Nema	e change	Doing business a	s		-,	Or Cape (con Corp								
님	i	J	Number and street	t (or P.O. box If	mail Is not deliv	ered to street add	ress)) (22-3079904 E Telephone number						
\sqcup	•	return	133 Quee	en Anne	Road		•	'	Room/suite			one number -432-6	E10			
	Final Termin	return/ reted	City or town, state	or province, cou	intry, and ZIP o	r foreign postal co	de				200	432-6	219			
一	1		Harwich			MA 0264	15									
님		nded neturn	F Name and address	s of principal offi	cer:						G Gross r	eceipts\$	5,358,468			
Ш	Apple	ation pending	Matthew	. Kelle	217				H(a) is th	kannı	næhm for	subordinales?	Yes X No			
		į	72 Mair	Stree	-7 -7								⊣™⊟™			
			West Ha			MR	00671				rdinates in		Yes No			
1	Тях-я	xempt status;	X 501(c)(3)		/ \ \		02671		i	f "No," ε	ittach a lis	t. See instructi	ons			
<u></u>			ww.thefar	501(c)	<u> </u>	(insert no.)	4947(a)(1) or	527								
<u>.</u>		of organization:	X Corporation						H(c) Grou	p exemp	ption numb	ber 🔷				
	art			Trust	Association	Oher ◆	····	L. Year	of formation				legal domicie: MA			
			mmary						***	***						
	1 1	Buelly de	scribe the organi	ization's miss	ion or mos	t significant a	ctivities:		······································							
8		See	schedule O	j 	******		***************************************	*****************				*********	•••••			
Ē		*********	**************	********			*****************	• • • • • • • • • • • • • • • • • • • •			• • • • • • • •	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •			
Governance		*********	********							• • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
ő	2	Check this	box ♦ If the	e organizatio	n discontinu	ed its operation	ons or disposed of	Franco Hom 250/			· · · · · · · ·					
બ	. ~	1 4GITINGI Q	: AOUNT HIGHBORE	s oi life dove	ภาเกต ทกสง	(Part VI line 1	tal									
	4	Number of	independent vo	fina member	s of the am	omina body (D-430 B- 413					15				
Activities	5	Total numi	per of individuals	employed is	s or alle gov	ening body (Part VI, line 1b) rt V, line 2a)				4	15				
Ę			per of volunteers	OTTODIOVEC B	i calelluar v	ear 2021 (Par	τ V, line 2a)				5	14				
<												650				
	١ (:	Mot vonde	aten nosiless te	venue from	Part VIII, co	Mumn (C) line	12				7a		0			
-		Met unreia	ted dusiness tax	able income	from Form	990-T, Part I,	line 11				7b		0			
									Prio	Year		Cur	ment Year			
3	۵	Droamm o	na anu grants (F	art VIII, line	^{1h)}		• • • • • • • • • • • • • • • • • • • •				046		505,009			
Revenue			01 1100 10 10 10 II	i ait viii. Iiise	201			I .	2	231,	971		482,069			
2									26,577							
_		OU 101 1046	ilde (Fast VIII, CC	JIUMA (A), IIM	es 5, 6a, 80	c. 9c. 10c. and	1 11e)	ľ	1		363		253,933			
		TOTAL TOTAL	ius – auu illies o	inrouen 11 i	(Must eauai	Part VIII coli	umm (A) line 49)		5.6	21	957	5	260,045			
	13	Grants and	similar amounts	s paid (Part I)	X. column í.	A), lines 1~3)				,	99,	<u>J,</u>				
- [1-1	Delicing be	in to or for trieff!	ivers (mar ix	. COlumn (A	J. line 4)							0			
ايو	15	Salaries, of	her compensation	on, employee	benefits (P	art IX column	n (A), lines 5-10)			71			0			
Expenses	16a	Professiona	I fundraising fee	s (Part IX. c	olumn (A) I	ine 11e)	, 6.0% integ 0—10)		4		675		446,378			
81	b	Total funda	aising expenses	(Part IX colu	ima (D) lin		57,7	70		<u>Z,</u>	164		5,200			
<u> </u>	17	Other expe	nses (Part IX, co	dime (A) lie	nisi (D), III i na 44- 44-	± 20) ₩,	·····	/9								
	18	Total exper	sees Add lines 1	70 177 (mar. at.	53 2- [0	i, 111–248)			2,8	<u>20,</u>	610	2,	692,986			
- 1	10	Povenue le	on syponess Du	o−ir (iiiust e	equal Part I.	X, column (A)	, line 25)		3,2	<u>94,</u>	449	3,	144,564			
5 KI		. w.onue 10	ss expenses. Su	Duact line 18	nom line	IZ.,,,,,,,,,,,			2,3	27,	508		115,481			
	20	Total assets	(Part X, line 16	a				Be	ginning of	Current	Year	End	of Year			
(4)	21	Total liahilis	es (Part X, line 1	ノ วลา					6,0			8,.	217,901			
Fig	22	Not receip		20)						40,	887		38,251			
	rt II	Net assets	or fund balances	. Subtract fin	e 21 from l	ne 20			6,0	05,	442	8.:	179,650			
			ature Block													
Und	ter pe	naities of per	ury, I declare that	I have examin	ed this retur	n, including acco	ompanying schedule	s and statements, a	and to the	hest o	f my kno	vedoden and	hallas u.t.			
1140	, con	oci, and com	piete. Declaration (of preparer (of	her than offic	er) is based on	all information of wi	hich preparer has a	ny knowie	edge.	a sary realic	wiedge aliu	Deitel, It is			
								······································			Т					
ıgn	1	1:	iture of officer								Date					
ere	•	<u> </u>	ohn DiVi	Lto				Treasure	·		Data					
		Туре	or print name and title	9				TEGOULE	<u> </u>							
		Print/Type pa	oparer's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Preparer's signate	(m		Ta.							
ıld		Joseph F	. McGee, CPA			-			Date		Check	if PTIN				
epa	ırer	Firm's name			Walsh	Joseph F. I		T T C	05/2	5/22	self-empl		584870			
se C	Only	· ····· · · · · · · · · · · · · · · ·		Box F	··cT2II	& Eato	n, CPAs,	LLC		Finn's	Ein "	84-1	894608			
	-	Elemba - dat			. 1/7	000										
av fi	םו מח	Firm's addres	s UST	erville	e, MA	02655				Phone	ло.	508-42	28-0790			
r D-	ner	ork Poduce	nis return with the	e preparer si	nown above	7 See instruct	tions	******					Yes No			
A	hatM	ork reduction	on Act Notice, se	e the separat	e instruction	18.							om 990 (2021)			
													···· (<uz:)< td=""></uz:)<>			

rt III 🤌	Statement of Program	try of Cape Cod Corp 22-3 Service Accomplishments		
	Check if Schedule () cor	tains a response or note to any line in this F	Part III	
	cribe the organization's mission			
ee Sci		····		
ee	TEGRATE O			
• • • • • • • • • • • • • • • • • • • •	***/**			
•	*************		<	
		ficant program services during the year which were no	of listed on the	
Did the or	ganization undertake any signi	licant program services during the year which were no	n saloz on trio	Yes X
prior Form	990 or 990-EZ?			تا تا
if "Yes," de	escribe these new services or	Schedule U.		
		or make significant changes in how it conducts, any pr		Yes X
services?				🗀 '60 급 '
If "Yes," de	escribe these changes on Sch	iedule O.	as assessment by	
Describe t	he organization's program ser	vice accomplishments for each of its three largest pro	gram services, as measured by	
expenses.	Section 501(c)(3) and 501(c)	4) organizations are required to report the amount of	grants and allocations to others,	
the total e	xpenses, and revenue, if any,	for each program service reported.		
(Code:		2,946,072 including grants of \$ ovided food for 1,900,000 m	\ (Revenue \$	482,069
50 fa	es represent of milies on its l h the work of	ousiest days and saved appr its 650 dedicated volunteer	сож \$2,200,000 in cs.	labor cos
	,			
(Code:) (Expenses \$	Including grants of \$) (Revenue \$	
I/A				
				.,

	***************************************		***************************************	

· · · · · · · · · · · · · · · · · · ·				
		including grants of \$		
: (Code: N/A				
N/A) (Expenses \$	including grants of \$		
N/A		including grants of \$ Schedule O.)		

_ F	art IV Checklist of Required Schedules			age .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	1.0
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		 	╁
	candidates for public office? If "Ves." complete Schodule C. Dort I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in jobbying activities, or have a section 501(h)	۳		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ж
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			A
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes." complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-
	the environment, historic land areas, or historic structures? If "Vee " complete Schoolule D. Poet II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III Did the organization report an amount in Part X line 21 for communic outstails account lightlift.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			!
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		У
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	 	\vdash	<u> </u>
	Of in guasi endowments? If "Vas " complete Schodule D. Dart V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	-	
	VII, VIII, IX, or X, as applicable.	1		
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	1118	_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		X
C	Did the diganization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		x
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	┯┼	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	120	х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	^ +	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	425		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
14a	LID IDE OFFICIALIZATION PREINTAIN ON Office amplioyees of openin outside of the United Octains	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
	fundraising, business, investment, and program service activities outside the United States or appreciate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		X
15	Did tile digdrization report on Part IX, column (A), line 3, more than \$5 (((i)) of grants or other assistance to or	'7"		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX column (A) line 3 more than \$5,000 of account of the part	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Vos." complete Schoolule E. Darte III and III	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	 -	<u>X</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Y
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' 		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	,,		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\dashv	
	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	_		x
DAA	The state of the s	21		_
		Form	990	,2021)

Form 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904

Par	t IV Checklist of Required Schedules (continued)		Yes	No	-
			162	140	-
22 [Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X	
F	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			<u> </u>	
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	23		X	
•	employees? If "Yes," complete Schedule J	2.5		 	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
;	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x	
1	through 24d and complete Schedule K. If "No," go to line 25a	24b		† 	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		+	_
C	Did the organization maintain an escrow account other than a refunding escrow at any time dunng the year	24c		1	
	to defence any tay ayount bands?	24d	 	┼─	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244	<u> </u>	╁	_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	İ	x	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	204	 	+	-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		İ	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		X	,
	if "Ves." complete Schedule L. Part I	230	-	+**	-
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		x	,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	╁┈╴	+	-
27	Did the omanization provide a grant or other assistance to any current or former officer, director, trustee, key			1	
	employee creator or founder, substantial contributor or employee thereof, a grant selection committee	-	1		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	1		x	,
	persons? If "Ves." complete Schedule L. Part III	27	-	1-2	-
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	- 1		1	
	Pert IV instructions for applicable filing thresholds, conditions, and exceptions):	-	İ		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		\ _v	İ	
_	"Ves " complete Schedule I. Part IV	28a		X	,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b	-		<u> </u>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			١,	,
_	"Von." complete Schedule I Part IV	280			K
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	X	-	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	١,	
	responsition, contributions? If "Ves." complete Schedule M	. 30	_		K K
31	Did the emphization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	+		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 1		١,	v
-	complete Schedule N. Part II	. 32		- -	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,	J
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	-		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1.		1,	v
~~	or IV and Part V line 1	34		+	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	а	-	X
b	it "Voe" to line 35a, did the organization receive any payment from or engage in any transaction with a		. 1		
u	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			- .	٧.
JU	related, organization? If "Yes." complete Schedule R, Part V, line 2	30	3		X
37	Did the organization conduct more than 5% of its activities through an entity that Is not a related organization				
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule K, Part VI	3	7	_	X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			.	
38	19? Note: All Form 990 filers are required to complete Schedule O.	31	3 2	<u> </u>	_
	led V. Statements Regarding Other IRS Filings and Tax Compliance			Г	_
٣	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	*****
	. 1	,	Y	es	Ņ
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			-	
1a	The state of the s		İ		
b	The second state of the se				
C	reportable gaming (gambling) winnings to prize winners?	1			
	геропавие данния (данния до миница о разо минист		Form	990	(20

For	m 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904		F	Page 5										
	The state of the s		Yes	No										
28	The state of the s													
t	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	_												
	the contract of the condition of the con	2b	X	<u> </u>										
32	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.													
Ŀ	The state of the s	_3a		X										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b												
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?													
ь														
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).													
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years.	5a		x										
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?													
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X										
6a		5c		 										
	organization solicit any contributions that were not tay deductible as about the analytical and a second tributions.	_		v										
b		6a		X										
	gifts were not tax deductible?	6b												
7	Organizations that may receive deductible contributions under section 170(c).	OD.												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods													
	and services provided to the payor?	7a		x										
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b												
C	bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	'''												
	required to file Form 8282?	7c		x										
d	" 1 - 4; mid-base and matrices of totals ozoz inec control the very	-												
е	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract?	7e		X										
f	bit the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X										
g	if the organization received a contribution of qualified intellectual property, did the organization file Form 8800 as required?	7g		X										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X										
8	openisoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the													
9	sponsoring organization have excess business holdings at any time during the year?	8												
a	spendering erganizations maintaining conor advised funds.													
b	Did the sponsoring organization make any taxable distributions under section 4966?	9a												
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b												
а	Initiation fees and capital contributions included as Dark VIII. III. 40	1 1												
b	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													
11	Section 501(c)(12) organizations. Enter:													
а	Gross income from members of characteristics													
b	Gross income from other sources. (Do not net amounts due or paid to other sources													
	1 1													
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		- 1											
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a												
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1											
а	Is the organization iscopped to incur qualified by the latest the same of the	-												
	Note: See the instructions for additional information the organization must report on Schedule O.	13a												
b	Enter the amount of reserves the organization is required to maintain by the states in which													
	the organization is licensed to issue qualified health plans													
C	Lines the amount of reserves on hand		- 1											
14a	and any payments for indoor tanning services during the tax year?	14a	_	X										
b	" 1991 had it should be report these payments? If "No," provide an explanation on Schedule O	14b		47										
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-											
	excess parachute payment(s) during the year?	15		X										
	if "Yes," see instructions and file Form 4720, Schedule N.	''' -		43										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х										
	if res, complete Form 4/20, Schedule O.		_											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in													
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17												
	If "Yes," complete Form 6069.	.												
DAA			000											

Form 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 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. 15 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, b X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C Dischasure

Sec	tion C. Disclosure
	11.1 the states with which a copy of this Form 990 is required to be filed ◆ MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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
19	financial statements available to the public during the tax year.
	mancial statements available to the public during a triplet of the person who possesses the organization's books and records •

State the name, address, and telephone number of the person who possesses the organization's books and records

Christine Menard Harwich

133 Queen Anne Road

MA 02645

508-432-6519

-orm 990 (20	021) The Family Pantry of Cape Cod Corp 22-3079904	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	Page 7
	mospendent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	П
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	<u>Ц</u>
a Complete	this table for all popular and the life of the latest t	

table for all persons required to be listed. Report compensation for the calendar year ending with or within the

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

Check this box if neither the org	which to list the janization nor a	pers	ions lated	abov lorg	ve. aniza	ation	com	pensated any current office	er director or truston	
(A) Name and title	(B) Average hours per week (list any	(d bo	io not x, uni	Pos check ess po und a	(C) sition more erson directi	then d is both or/trust	(ee) an enc	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	ЖПСЕГ	Key employee	Highest compareded employee	Former	1099-MISC/ 1099-NEC)	1099-NEC)	from the organization and related organizations
(1) Matthew Kelley	2.00									
President	0.00	x		x				0	o	
(2) John DiVito										0
	2.00									
Treasurer (3) Toni London	0.00	X		X				0	0	0
(3) TOLLY LONGON	2.00									
Vice President	0.00	х		x						_
(4) Melissa Masi				-				0	0	<u> </u>
*	2.00								İ	
Secretary	0.00	X		X					0	0
(5) Caesar Alcantara	-									
Director	1.00 0.00	х						o	O	0
(6) Craig Morong	_									<u> </u>
Director	1.00 0.00	x						0		_
(7) Nancy Poor			寸	_		_		<u> </u>	0	0
Director	1.00	x						0		_
(8) Richard Roy			ヿ	十	寸	+	_		0	0
	1.00		ı			-				
Director	0.00	X	\perp					0	o	0
(9) Patricia Nadie										
Director	1.00	x								
(10) Mary Kate Gallag	her	^	\dashv		\dashv	\dashv	_	0	<u>0</u>	0
	1.00				- 1					
Director		Х						o	o	^
(11) Matt Pitta						\top	\top		- 0	0
Di maghau	1.00	[
Director	0.00	X						0	0	0

Form **990** (2021)

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Form 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904

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

Part VII Section A. Officers	Directors, Trus	stees	, Ke	y Ei	mpk	yees	, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	cer en	ss per	tion nove t son is	then one both a function and the state of th	n [(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	cor	(F) nated amo of other mpensatio from the anization a d organiza	on and	
	dotted line)		8			8							
(12) Connor Franc	s												
	1.00							o	0				0
Director (13) Justin Tavano	0.00	X	-	<u> </u>		\vdash							
(13) Justin Tavan	1.00							_					^
Director	0.00	X	_	<u> </u>	_			0	0	1			0
(14) Kathy McNama	ta 1 00												
	1.00	X						0	O)			0
Director (15) Larry Lyford		† <u></u>	┢			\Box							
(25)	1.00									,			0
Director	0.00	X	╀	-	╁			0		1			
(16) Christine Me	40.00									_	_		
Executive Director	0.00	X		Х			L	108,149		<u>}</u>	1	1,2	44
		╁╴	+-	+	十		T						
		1	_	_	_	-	┞			_			
		$\cdot \cdot $									-		
1b Subtotal	,						•	108,149			1	11,2	244
c Total from continuation sh	eets to Part VII,	, Sec	tlon	Α.			•	108,149	1			11,2	244
d Total (add lines 1b and 1c) 2 Total number of individuals)		had t	a the	eo l	ieteri :	abo						
2 Total number of individuals reportable compensation fro	m the organizati	on 🖣	1	UEIL	J3C 1	iotou i					T	Yes	No
•					_ 1		ania	was or highest compensa	red			100	
3 Did the organization list any employee on line 1a? If "Ye.	- //	nodiii	~	וס את	irn i	II CHILLED		·			3		X
For any Individual listed on organization and related organization.	n 4 ' U			-d-h	10 O	nmaa	neat	kon and older carticensalic	H				
organization and related org	janizations great	eru	241 D								4		Х
individual	e 1a receive or a	accru	e co	mpe	nsat	ion fro	mc	any unrelated organization	or individual		5		X
for services rendered to the Section B. Independent Contract	rtore												·····
		npen	sate	d inc	lepe	ndent	ÇO	ntractors that received mor	e than \$100,000 of	vear			
compensation from the orga	inization, Report	com	pens	atio	n for	the c	zale T	rour your origins the	(B) cription of services	. Juan	_ a	(C)	alion
Name	and business address						┽		arpuon or services				
													
							T						
							+				+-	<u></u>	
							+						
							\perp				+		
2 Total number of independe		20110	inc s	nut n	nt II	mited		hose listed above) who			1		
2 Total number of independence received more than \$100.0	ini contractors (ii 100 of compensa	tion	from	the	orge	nizati	on	<u></u>	0		<u> </u>	.m 9 9	0 (2021)
											, ,		- 11

Form 990 (2021)	The	Family Part 1	Pantry	of	Cape	Cod	Corp	22-3079904	

_		Checl	c if Sc	chedule O coi	ntains	a respo	onse or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
E	ş .	1a Federated ca	mpaig	ns	1a						30000115 012 014
g	and Other Similar Amounts	b Membership	dues		1b						
ķ	Ŧ	c Fundralsing e	vents	***************	1c						
誓	늄	c Fundralsing events 1c d Related organizations 1d			1						
Ž,	Ē	e Government grant	s (contribu	utions)	1e						
Š	2	T All other contribution	ns, gifts,	grants.		T .		1			
2	Ĕ	g Noncash contribution		uded above	1f	4	,505,009				
Ě		ines 1a-1f			1g	\$ 2	,122,809				
<u>ၓ</u>	ğ	h Total. Add lin	es 1a-	<u>-1f</u>				4,505,009			
	1				Business Code						
8	2	a Trift Sho	p sa	les			4	482,069	482,069		
Hogram Service	ω.	ь									
Ë	Ş										
Ę١	2			**************							
Ĕ		9									
		f All other progr	am se	rvice revenue							
	12	g Total. Add line	es 2a-	<u>21</u>			•••••	482,069			
	3	other elected	ome (including dividen	ds, inte	rest, and					
	4	Income from it	mount	s)				14,566			14,566
	5	Roveltles	ivesuri	ent of tax-exem	ot bond	proceeds	s 💠				
	"	rtoyalues	·· ····	(i) Real							
	6:	a Gross rents	6a			(8)	Personal				
		b Less: rental expense									
		C Rentalinc.or(loss)	6c								
		Net rental inco		(lose)							
	72	a Gross amount from sales of assets		(i) Securitie) Other				
		other than inventory	7a	92	,791		<u> </u>				
<u>=</u>	b	Less: cost or other								İ	
Revenue		basis and sales expe	7 <u>b</u>	88	, 323					j	
ž		Gain or (loss)	7c		,468						
Other	d	Net gain or (los	s)		· <u></u>			4,468	4,468		
δ	l 8a	Gross noome fro	m fundi	raising events							
		(not including s	٠٠٠;٠٠:								
		of contributions re									
	۱.	1c). See Part IV,	ene 18		8a		262,220				
	֓֞֟֜֟֜֟֜֟֓֓֓֓֓֓֓֓֟֜֟	Less: direct ex	penses (laca) f		8b		10,100				
	Qa	Net income or Gross income t	(iuss) i	rom tunoralsing	events			252,120			
	"	activities. See F	on ye	ine 19	9a						
	b	Less: direct exp	ant IV, Denses		9a 9b		· · · · · · · · · · · · · · · · · · ·				
		Net income or									
	10a	Gross sales of	invento	orv. less	Tilles						
		returns and allo	wance	s	10a				İ		
	b	Less: cost of go	ods so	old	10b]		
	С	Net income or (loss) fr	rom sales of inve			•				
							Business Code				
او	11a	Other inco	me					1,813	1,813		
Revenue	b			***************	• • • • • • • •	,,,,,,,					
æ	C										
	d	All other revenu	е	***************							
1		Total. Add lines	11a-1	1d	<u></u>		.	1,813			
	12	Total revenue.	See in	structions		,,,,,,		5,260,045	488,350	0	14,566
A										-	Form 990 (2021)

DAA

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Management and Do not include amounts reported on lines 6b, 7b, general expenses expense expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part M, Ine 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,316 91,498 270,639 388,453 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,756 2,294 5,240 17,063 24,059 Other employee benefits 7,977 23,595 33,866 Payroll taxes 10 Fees for services (nonemployees): a Management b Legal 10,051 10,051 c Accounting 5,200 d Lobbying 5,200 Professional fundraising services. See Part IV, line 17 Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column 1,033 1,033 (A) amount, list line 11g expenses on Schedule (C.) 3,366 6,121 2,755 12 Advertising and promotion 18,847 6,707 19,839 45,393 13 Office expenses Information technology 14 Royaltles 2,239 33,576 35,815 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 5,875 88,121 93,996 Depreciation, depletion, and amortization ... 3,700 22 24,526 28,226 Insurance 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. if ine 24e amount exceeds 10% of ine 25, column (A) amount, list line 24e expenses on Schedule O.) 2,288,232 85,203 2,288,232 Food costs 5,680 90,883 Repairs & maintenance
Donations 29,726 29,726 21,133 42,377 21,133 Credit card fees 713 41,664 All other expenses 57,779 140,713 2,946,072 3,144,564 25 Total functional expenses. Add lines 1 frough 24e 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 following SOP 98-2 (ASC 958-720) Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing 3,740,577 Savings and temporary cash investments 1 4,302,221 2 Pledges and grants receivable, net 4,000 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 9,238 8 Prepaid expenses and deferred charges 61,469 61,469 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 2,521,656 1,041,197 **1,430,075** 10c 1,480,459 Investments—publicly traded securities 800,970 11 2,373,752 Investments—other securities. See Part IV, iine 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 15 15 16 6,046,329 8,217,901 16 Accounts payable and accrued expenses 17 40,887 17 38,251 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 20 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 22 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 40,887 26 38,251 Organizations that follow FASB ASC 958, check here • X Net Assets or Fund Bajances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 5,965,150 8,131,444 Net assets with donor restrictions 40,292 28 48,206 Organizations that do not follow FASB ASC 958, check here • and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Pald-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 6,005,442 8,179,650 32 Total liabilities and net assets/fund balances 6,046,329 8,217,901

Form 990 (2021)

orm 990 (2021) The Family Pantry of Cape Cod Corp 22-3079904			Page	e 12
Boot VI Percentilistion of Net Assets				$\overline{}$
Check if Schedule O contains a response or note to any line in this Part XI		5,26	<u> </u>	뉴
1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,20		
2 Total expenses (must equal Part IX, column (A), line 25)	<u> 2 -</u>	2,11		
3 Revenue less expenses. Subtract line 2 from line 1	3 4	6,00		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			$\frac{3}{8}, \frac{7}{7}$	
5 Net unrealized gains (losses) on investments	· -> -		0,1	
6 Donated services and use of facilities	. 6			
7 Investment expenses	. '- 			
8 Prior period adjustments	. •			
Other changes in net assets or fund balances (explain on Schedule O)	. 9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40	8,17	0 6	:50
32, column (B))	. 10	0,1,	<i>3</i> , c	,50
nest VII Einancial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		i i i i i i i i i i i i i i i i i i i	Yes	L
			160	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		-	ļ	
If the organization changed its method of accounting from a prior year or checked "Other," explain on				
Schedule O.		2a		x
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
if "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
reviewed on a separate basis, consolidated basis, or both:				İ
Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
b Were the organization's financial statements audited by an independent accountant?		·····		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			!	
separate basis, consolidated basis, or both:		}		
X Separate basis Consolidated basis Both consolidated and separate basis		İ		1
c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		2c	x	
the allost review of Childhighillian of its initialization and constant of the		••••		1
If the organization changed either its oversight process or selection process during the tax year, explain on				
Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		3a		x
Single Audit Act and OMB Circular A-133?	• • • • • • • • • • • • • • • • • • • •			1 -
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		36		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	U D	m 99	n 1202

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.

OM8 No. 1545-0047 2021

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

◆ Go to www.irs.gov/Form990 for instructions and the latest information. The Family Pantry of Cape Cod Corp 22-307990

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Employer identification number 22-3079904

	T	or a buyare ionidation becar	use it is; (For lines 1 through 12	l, check o	กly one b	ox.)	
1	A church, o	convention of churches, or a	ssociation of churches describe	d in sect	ion 170(t	o)(1)(A)(i).	
2	A school d	escribed in section 170(b)(1	I)(A)(II). (Attach Schedule E (Fo	rm 990).)	I		
3	A hospital	or a cooperative hospital ser	vice organization described in	section 1	70/b)/4)/	A)(iii).	
4	A medical i	research organization operat	ed in conjunction with a hospita	ıl describe	d in sec	tion 170(b)(1)(A)(iii). Enter the	bosnital's name
	City, and at	ale,					
5	An organiza	ation operated for the benefit	of a college or university owner	d or oper	ated by a	COVernmental unit described in	**************************************
	section 17	'V(D)(T)(A)(IV). (Complete Pa	rt II.)				ı
6	A federal, s	tate, or local government or	governmental unit described in	section	170(b)(1)	(A)(v).	
7	An organiza described in	ation that normally receives an section 170(b)(1)(A)(vi). (i substantial part of its support i Complete Part II.)	from a go	vemment	al unit or from the general pub	lic
8	A communi	ty trust described in sectio n	170(b)(1)(A)(vi). (Complete Pa	rt II.)			
9	An agricultu	ral research organization de or a non-land-grant college	escribed in section 170(b)(1)(A) of agriculture (see Instructions)	liix) oner	ated in co e name,	njunction with a land-grant coll city, and state of the college or	e ge
10	support from	ntion that normally receives (in activities related to its exer- in gross investment income a the organization after June	1) more than 33 1/3% of its sup mpt functions, subject to certain and unrelated business taxable 30, 1975. See section 509(a)(2	exceptio income (I !). (Comp	ns; and (2 ess section lete Part	2) no more than 331/3% of its on 511 tax) from businesses	oss
11	An organiza	tion organized and operated	exclusively to test for public sa	fety. See	section	509(a)(4).	
12	An organiza	tion organized and operated	exclusively for the henefit of to	nation	the functi	and of arts are	oses of
	OND OF THOSE	, haniely ambholica diagnists	NOOS DESCROAD IN Section 5897	(9)/1) or o	action E	NN(m)/9) D	
		atoo iza unough iza ulat di	sscribes the type of supporting (organizati	on and co	molete lines 12e 12f and 12a	
	the supr	n supporting organization of	perated, supervised, or controlle	d by its s	upported	organization(s), typically by giv	ing
	supporti	no omanization Vou must a	wer to regularly appoint or elect complete Part IV, Sections A a	a majorii	y of the o	lirectors or trustees of the	
	b Type II.	A supporting organization of	complete Part IV, Sections A	ena B.			
	control c	or management of the sunno	pervised or controlled in connecting organization vented in the	ction with	its supp	orted organization(s), by having	1
	organiza	tion(s). You must complete	rting organization vested in the Part IV, Sections A and C.	same pe	sons that	control or manage the support	ted
	C Type III	functionally integrated A	Supporting organization anomic	d in conn	action wil	b and forestones to the second	***
		0.900000000000 (0) (000 II)	saucions). Fou must complete	e ran iv.	Sections	A.D. and E	
	a iype iii	non-functionally integrated	d. A supporting organization on	erated in	connectio	n with its supported according	n/a\
	G (CT 10 1)	or inicoloriday altegrated, 111	e organization generally must s	atistv a d	istribution	requirement and an attacking	л(s) Ass
	- icdanetti	en (see mshuckons). You (must complete Part IV. Section	ns A and	D. and F	Part V	000
	e Check th	is box if the organization red	sived a written determination for	om the ID	C that it i	s a Type I, Type II. Type III	
		my mirediarcal of 1350 lift	A PROPERTY INTEGRATED SUDDO	rting orga	nization.	, , , , , , , , , , , , , , , , , , ,	
	g Provide the 1	mber of supported organization	lons			********	
		1	ne supported organization(s).				.,,,,,,
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
401				Yes	No		
(A)							
<i>(</i> (1))							
(B)							
(0)							
(C)							
(P)\	· · · · · · · · · · · · · · · · · · ·						
(D)							
/F:							
(E)				1			
Total or Pa	perwork Reduction	n Act Notice, see the instruct	ons for Form 990 or 990-EZ.			S	chedule A (Form 990) 2021

Page 2

n 990) 2021 The Family Pantry of Cape Cod Corp 22-3079904

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.) Part II Support

Section	n A. Public Support			4.3.0040	(d) 2020	(e) 2021	(f) Total
alenda	r year (or fiscal year beginning in) 🏻 💠	(a) 2017	(b) 2018	(c) 2019	(a) 2020	(6) 2021	
n	ifts, grants, contributions, and nembership fees received. (Do not clude any "unusual grants.")	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
_	ax revenues levied for the organization's benefit and either paid to or expended on its behalf						
f	he value of services or facilities umished by a governmental unit to the organization without charge					4 505 000	18,762,410
	Total. Add lines 1 through 3	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	10,102,420
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount						1,372,308
	shown on line 11, column (f)						17,390,102
6	Public support. Subtract line 5 from line 4						
Sect	on B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	tar year (or fiscal year beginning in)	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
8	Amounts from line 4 Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,798			24,939	14,566	74,224
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10					<u> </u>	18,836,634
11 12		(see instructions))			12	2,935,285
13	First 5 years. If the Form 990 is for the committation, check this box and stop he	organization's first, re	second, third, four	th, or titth tax year	as a section 501(C)(3)	.
Sec	tion C. Computation of Public S	Support Percei	ntage				· · · · · · · · · · · · · · · · · · ·
14	Bublic support percentage for 2021 (line	6. column (f) divide	ed by line 11, colu	mn (f))			
15	1 0000 Pal	andula A Dart II ii	no 14				99.04.70
16a	and the second of the owner	da ton bib goitesia	eck the box on line	3 13, and line 14 is	1 99 1/3 1/9 OI IIIOIG,	CHECK THE	► X
		-ME	LEUROPORTOR OFFICIAL	zanon			===
ь	22 4/29/ evenort test-2020. If the ords	nization did not ch	eck a box on line '	13 or 16a, and line	19 18 33 1/3 /8 (1)	more, encer	
_	The examination	n musifiae ae a nu	hliciv supported of	ganization			F L
17a		nad ifthe amamiza	stion did not check	a hox on line 13.	TOR. OF TOD, and in	10 17 10	
	cost and if the organization me	ets the facts-and-	circumstances test	CUECK fills boy at	to stob itele: Evb	Carr III	
	not 10 hours the examination meets the	facts-and-circumst	ances test. The of	garezadon dogues	as a passes, sep	P	▶ □
b		DON IT THE OMBINE	ando did nol check	A DOX OII MIC IV)	100, 100, 0		
		on mode the facts	:-and-circumstance	s lest, check this i	TOX BILL STOP LICIO		
	:- Ded VI how the emenization meets the	ne facts-and-circun	nstances test. The	organization quali	iles as a publicity a	apporton	▶ [
	· - #						
18	Private foundation. If the organization instructions	did not check a bo	X OII III 10, TOO,	100, 174, 01 172,			
	Hidragolous			· · · · · · · · · · · · · · · · · · ·		School	ule A (Form 990) 202

Schedule A (Form 990) 2021

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

(Complete only if v	ou checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
16 the	the organization falled to qualify under Part II
ii tile organization	fails to qualify under the tests listed below, please complete Part II.)
	Z tooto listed below, please complete Part II.)

Se	ction A. Public Support	- quality diluci	are tests isted	below, please	complete Part	П.)	
Ca	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2040	(4) 0000		
1	Gifs, grants, contributions, and membership fees		(5) 2010	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
6	Total. Add lines 1 through 5					 	
7a					·		
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				***************************************		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			L			
	ndar year (or fiscal year beginning in) 🔷	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(0) 2024	(n = 1)
9	Amounts from line 6				(a) ZOZO	(e) 2021	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	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	Total support. (Add lines 9, 10c, 11, and 12.)						<u></u>
14	rifst 5 years. If the Form 990 is for the on	ganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(31	
	- Server and Dox and Stop life!	t .		<u></u>			▶ □
Seci	ion C. Computation of Public Su	pport Percent	ane				
15 16	Public support percentage for 2021 (line 8, Public support percentage from 2020 Sche-	column (f), divided	by line 13, column	(f))		15	%
						16	%
 18 h	Investment Income percentage for 2021 (linux street income percentage from 2020 S	10 10c, column (f),	divided by line 13,	column (f))		17	%
	Personal Political Contract Co	CHECKE A. Fail III.	IME 17				%
b	17 is not more than 33 1/3%, check this bot 33 1/3% support tests—2020, if the oman	valiu stop nere. T ization did not abar	ne organization qu	alifies as a publicly	supported organi	zation	▶ 🗌
	33 1/3% support tests—2020. If the organifice 18 is not more than 33 1/3%, check this Private foundation. If the organization did	i DOX 200 Ston her	'e lite omenization	a carolifian an a	. 41		. 🗀
0	Private foundation. If the organization did	not check a box or	line 14. 19a or 10	i qualilles as a put	oucly supported or	ganization	▶ ∐
				TO, CHECK HIS DOX 8	and see instruction	is	▶ ∐

Schedule A (Form 990) 2021

Supporting Organizations Part IV

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

		rganizations

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

		_	es		No	
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	dule A (Form 990) 2021 The Family Pantry of Cape Cod Corp 22-30799	04		Page 5
_ P	art IV Supporting Organizations (continued)			rage 3
11	Has the organization conneted a six and the first factorial and the first fact		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
ı	A family member of a person described on line 11a above?	11a		
	A 35% controlled entity of a person described on line 11a around 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
	provide detail in Part VI.			
Sec	tion B. Type I Supporting Organizations	11c		<u> </u>
				·
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes_	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1 1		!
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1 1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes " explain in Part			
	vi now providing such benefit carried out the purposes of the supported organization(s) that operated	1 1		
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	121		
4	Many a matrix of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		İ	
Sect	ion D. All Type III Supporting Organizations	11		
	- The state of the			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 [
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	by reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the omenication's	1 1	ļ	
S (supported organizations played in this regard.	3		
Secu	on 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)			
a	La organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).		
a	Activities Test, Answer lines 2a and 2b below. Did substantially all of the acceleration and the complete in		Yes	No
_	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2s shows constitute activities that the significant activities described on line 2s shows constitute activities that the significant activities activi	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's		- 1	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	_		
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	970 (evolain in Part VI).	See
ist comb	970 (<i>explain in Part VI</i>). State Sections A through E	
ist conti	(A) Prior Year	(B) Current Year (optional)
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1.0	(A) Prior Year	(B) Current Year (optional)
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Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021 The Family Pa Part V Type III Non-Functionally Integrated 509	ntry of Cape Cod	Corp 22-3079	9904 Page
Section D - Distributions	nana) Supporting Organiza	ations (continued)	
1 Amounts paid to supported organizations to accomplish ever	- 1		Current Year
Experience organizations to accomplish exem	npt purposes		
2 Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity	purposes of supported		
Administrative expenses paid to accomplish exempt purposes			
Amounts paid to acquire exempt-use assets	or supported organizations		
Qualified set-aside amounts (prior IRS approval required—pro	wide details to Double		
6 Other distributions (describe in Part VI). See instructions.	ovide details in Part VI)		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the	omonization in account		
(provide details in Part VI). See Instructions.	organization is responsive		
9 Distributable amount for 2021 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
The Country of the Co		···	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(lii) Distributable Amount for 2021
Distributable amount for 2021 from Section C, line 6			Particular for 2021
2 Underdistributions, if any, for years prior to 2021			
(reasonable cause required-explain in Part VI). See			
instructions. 3 Excess distributions carryover if any to 2021			
The distribution of the diff, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
J Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from			
S II S II S			
Section D, line 7: \$			
a Applied to underdistributions of prior years b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions,			
6 Remaining underdistributions for 2021 Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
- France 6 2040			
d Excess from 2020			
W EAGGG HUITI ZUZU			

Schedule A (Form 990) 2021

e Excess from 2021

DAA

Schedule A (For	m 990) 2021	The F	<u>'amily P</u>	antry o	r cape c	oa Corp	22-30199	U4 Page
Part VI	Supplementa III, line 12; Par B, lines 1 and 3a, and 3b; Pa	rt IV, Section A, 2: Part IV, Sec	, lines 1, 2, 3 tion C, line 1 rt V. Section	3b, 3c, 4b, 4 1; Part IV, Se 1 B, line 1e; I	c, 5a, 6, 9a, ection D, line Part V, Sectio	9b, 9c, 11a, 1 s 2 and 3; Par on D, lines 5, 6	ib, and 11c; Pa t IV, Section E 6, and 8; and P	7a or 17b; Part art IV, Section lines 1c, 2a, 2b, art V, Section E,
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Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990.

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

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

Employer identification number

	ne Family Pantry of Cape Cod Corp					22-3	3079904
Pa	ort I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on it	n ds o Form :	r O (990,	t her Sim i Part IV,	lar Funds or line 6.	Accour	ts.
]		(a) Donor advis			(b) Funds and other accounts
1	Total number at end of year					· · · · · · · · · · · · · · · · · · ·	(-) I william and autor decoding
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 donor advisors in writing that	t the as	sets	held in dor	or advised		
	funds are the organization's property, subject to the organization's excl	lusive le	egal	control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing	that	grant funds	can be used		🗀 169 🗀 110
	only for charitable purposes and not for the benefit of the donor or done	or advis	or, o	for any ot	her purpose		
	conferring impermissible private benefit?						Yes No
Pa	rt II Conservation Easements.						
	Complete if the organization answered "Yes" on F	orm 9	990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization (check						
	Preservation of land for public use (for example, recreation or educ		П		n of a historically	important	land area
	Protection of natural habitat	•	П		n of a certified hi		
	Preservation of open space		_				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation	conti	ribution in ti	ne form of a cons	ervation	
	easement on the last day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
C	Number of conservation easements on a certified historic structure inclu	uded in	(a)	***********		2c	
d	Number of conservation easements included in (c) acquired after 7/25/0)6, and	not (on a			
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, released, ext	inguish	ed, c	r terminate	d by the organiza		the
	tax year ◆	_	-		,	•	,
4	Number of states where property subject to conservation easement is l	ocated	♦				
	Does the organization have a written policy regarding the periodic moni				lling of		
					• • • • • • • • • • • • • • • • • • • •		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violati	ons,	and enforci	ng conservation e	asements	during the year
	•						- •
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations,	and -	enforcing a	onservation easen	nents duri	na the vear
	◆ \$						
8	Does each conservation easement reported on line 2(d) above satisfy t	he requ	uirem	ents of sec	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in i	ts re	venue and	expense statemer	t and	
	balance sheet, and include, if applicable, the text of the footnote to the	organia	zatior	n's financial	statements that d	escribes t	he
_	organization's accounting for conservation easements.						
Ра 	rt III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F	H isto ı orm 9	ical 90,	Treasur Part IV, I	es, or Other : ine 8.	Similar	Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to re	eport in	its n	evenue stat	ement and balanc	e sheet w	orks
	of art, historical treasures, or other similar assets held for public exhibiting	on, edu	ıcatic	ก, or resea	rch in furtherance	of public	
	service, provide in Part XIII the text of the footnote to its financial staten						
b	If the organization elected, as permitted under FASB ASC 958, to report	t in its i	rever	nue stateme	nt and balance st	eet works	of
	art, historical treasures, or other similar assets held for public exhibition,	, едиса	tion,	or research	in furtherance of	public se	rvice,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	,				•	\$
	(II) Assets included in Form 990, Part X					•	\$
2	it the organization received or neid works of art, historical treasures, or	other si	milar	assets for	financial gain, pro	vide the	
	following amounts required to be reported under FASB ASC 958 relating	g to the	se it	ems:			
a	Revenue included on Form 990, Part VIII, line 1			*********	***************	♦	\$
Ð	Assets included in Form 990, Part X				*************	♦	\$
17 P	aperwork Reduction Act Notice, see the Instructions for Form 990.						Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 The Fami	ly Pantry o	f Cape C	od Corp	22-307990)4	Page 2
Part III Organizations Maintainin	g Collections of	Art, Historica	il Treasures, o	r Other Simil	ar Assets	(continued)
3 Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of th	e following that ma	ike significant use	e of Its	
a Public exhibition	a ∏ !	oan or exchange	e program			
b Scholarly research						
c Preservation for future generations						
4 Provide a description of the organization's	collections and explain	how they further	the organization's	exempt purpose	in Part	
XIII.						
5 During the year, did the organization solicit	or receive donations of	of art, historical tr	easures, or other s	similar		
assets to be sold to raise funds rather than		part of the organi	zation's collection?	<u></u>		Yes No
Part IV Escrow and Custodial A Complete if the organization	rrangements.	on Eom 000	Port IV line 9	or reported s	an amount o	n Form
990, Part X, line 21.						
1a is the organization an agent, trustee, custo included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:				A
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance		04 for annual		t lichille?		Yes No
2a Did the organization include an amount on b If "Yes," explain the arrangement in Part X	Form 990, Part X, line	e 21, 101 escium i Volanation has be	en provided on Pa	nt Halbilly r	*************	· 🗀 🖂
Part V Endowment Funds.	III. CHECK Here II IIIe e	Apianadon nas o	SCAT PROVIDED OF TE	.,,,,,,,,,	11111111111	11.11.7.11.2.2.2.
Complete if the organization	on answered "Yes"	on Form 990	, Part IV, line 1	0.		
0311,510.00	(a) Current year	(b) Prior year	(c) Two yea		iree years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
 Other expenditures for facilities and 						
programs						
f Administrative expenses						
g End of year balance		<u> </u>				
2 Provide the estimated percentage of the c		e (line 1g, colum	n (a)) held as:			
a Board designated or quasi-endowment •						
b Permanent endowment ◆	/a					
c Term endowment ♦ %	should agual 400%					
The percentages on lines 2a, 2b, and 2c s 3a Are there endowment funds not in the pos	siloulu equal 10076.	ation that are he	d and administered	i for the		
organization by:	sacsatori or are organiz	duon alor are no				Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						
b If "Yes" on line 3a(ii), are the related orga	nizations listed as requ	ired on Schedule	R?			3b
4 Describe in Part XIII the intended uses of						
Part VI Land, Buildings, and Ed Complete if the organization	guipment.). Part IV. line	11a. See Form	n 990, Part	X, line 10.
Description of property	(a) Cost or other	I	Cost or other basis	(c) Accumula		(d) Book value
. ,	(Investment)		(other)	depreciation	n e	
1a Land			387,201			387,201
b Buildings			1,733,114	716	,009	1,017,105
c Leasehold improvements						
d Equipment	1		372,460		3,309	69,151
e Other		<u> </u>	28,881	.,	L,879	7,002
Total. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Pa	rt X, column (B),	line 10c.)		<u></u>	1,480,459

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that re	ports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in	Part XIII
DAA	Schedule D (Form 990) 202
	•

	dule D (Form 990) 2021 The Family Pantry of Cape Cod	Co	rp 2	22-3079904		Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	iith Ke	venue per Ket	urn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12	a		5,321,297
i	Total revenue, gains, and other support per audited financial statements		. 		1	5,321,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı	E0 707		
	Net unrealized gains (losses) on investments	2a		58,727		
b	Donated services and use of facilities	2b		2,525	1	
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)		<u> </u>			61 252
8	Add lines 2a through 2d				2e	61,252
3	Subtract line 2e from line 1		· · · · · · · · ·		3	5,260,045
4	and the state of t	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)				l	
_	Add lines As and Ah				4c	- 060 04F
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	5,260,045
	art XII Reconciliation of Expenses per Audited Financial Statem	ients	With E	xpenses per i	Returr	1.
	Complete if the organization answered "Yes" on Form 990, F	art IV	, line 12	2a		
1	Total expenses and losses per audited financial statements				1	3,147,089
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		_			
	Donaled services and use of facilities	2a		2,525		
	Prior year adjustments				1	
	Other losses					
đ	Other (Describe in Part XIII.)				2e	<u>2,525</u>
	Add lines 2a through 2d				3	3,144,564
	Subtract line 2e from line 1		1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a				
	Investment expenses not included on Form 990, Part VIII, line 7b				1	
b	Other (Describe in Part XIII.)	. ——			4c	
C	Add lines 4a and 4b		• • • • • • • • • • • • • • • • • • • •		5	3,144,564
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u>, , , , , , , , , , , , , , , , , , , </u>			
P						
	art XIII Supplemental Information.		1h and 1	h: Part V line 4: F	Part X.	line
200	odds the descriptions required for Part II. lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines	1b and 2	2b; Part V, line 4; F	Part X,	line
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines any a	aditional	niomation.		
200	odds the descriptions required for Part II. lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines any a	aditional	niomation.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines e any a	dditionai	niomayon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines e any a	dditionai	niomayon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	nioimauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	nioimauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	nioimauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	nioimauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	nioimauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		
200	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines	dditionai	niomauon.		

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Schedule D (F	om 990) 2021	The	Family	Pantry	of	Cape	Cod	Corp	22-3079904	Page 5
Part XIII	Suppleme	ntal Info	ormation (continued)						1 495 4
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ame of the organization The Family Pantry (of Cape C	od	Coı	mp	22-30799	
Part I Fundraising Activities. Complete if	the organizatio	n an	swere	ed "Yes" on Form 99		
Form 990-EZ filers are not required to 1 Indicate whether the organization raised funds through a				Check all that apply.		
a Mail solicitations				emment grants		
b Internet and email solicitations	Solicitation					
	g Special fun					
c Phone solicitations	a C obeciai in	turaisii	ig eve	3113		
d In-person solicitations 2a Did the organization have a written or oral agreement w	ith any individual	(includ	ling of	ficers, directors, trustees	1	☐ Yes ☐ No
or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	in connection with indraisers) pursual	nt to a	green	nents under which the ful	ndraiser is to be	
(i) Name and address of individual or entity (fundralser)	(II) Activity	cust con	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
		<u> </u>	<u> </u>			
3						
4						
5						
			<u> </u>			
6						
7			<u> </u>			
		_	<u> </u>			
8						
9						
		Ì				
10						
Total List all states in which the organization is registered or		contri	utions	or has been notified it i	s exempt from	
 List all states in which the organization is registered or registration or licensing. 	incerised to solidi.		JUUUI R	o o maa been nomied it i		**********
	••••				,	,

	* . *					

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

b If "Yes," explain:

DAA

	than \$15,000 c	The Family Pantry Events. Complete if the organize of fundraising event contribution greater than \$5,000.	zation answered "Yes" on	Form 990, Part IV, line	Page 2 18, or reported more I 6b. List events with
ω		(a) Event #1 Summer Gala (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (e) through col. (c))
Revenue	1 Gross receipts	262,220			262,220
	Less: Contributions Gross income (line 1 minus line 2)	262,220			262,220
	4 Cash prizes				
	5 Noncash prizes				
sesus	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses	10,100			10,100
	10 Direct expense summary 11 Net income summary. So	. Add lines 4 through 9 in column (d) ubtract line 10 from line 3, column (d)		>	10,100 252,120
P	Part III Gaming. Com	plete if the organization answer	ered "Yes" on Form 990, F	art IV, line 19, or report	
Revenue		42 Plan	(b) Pull tabs/Instant	(c) Other gaming	
α.		(a) Bingo	bingo/progressive bingo	(o) Calci gamesy	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue	(a) awgo	bingo/progressive bingo	(c) Catal gamay	
ses	1 Gross revenue		bingo/progressiva bingo	(e) Cuta gaming	
Expenses			bingo/progressiva bingo	(e) Cuts gaming	
Direct Expenses	2 Cash prizes		bingo/progressiva bingo	(e) Cuta gaming	
Jec C	2 Cash prizes 3 Noncash prizes				
ğ	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs		bingo/progressive bingo Yes % No	Yes %	
Jec C	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes % No Add lines 2 through 5 in column (d)	Yes %	Yes % No	
ğ	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes%	Yes %	Yes % No	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

che	dule G (Form 990) 2021	The Family P	antry of	Cape Co	od Corp	<u> 22-3079904</u>		Page 3	<u> </u>
1	Does the organization cond	uct gaming activities with	nonmembers?				L	Yes No	3
2	Is the organization a grantor	r, beneficlary or trustee of	a trust, or a mem	ber of a partne	ership or other e	ntity			
	formed to administer charita	able gaming?						Yes N	D
3	Indicate the percentage of								
а	The organization's facility						13a	%	-
b	An outside facility							%	_
4	Enter the name and addres	s of the person who prep	ares the organiza	tion's gaming/s	special events bo	ooks and			
	records:								
	Name 🔷					***************************************		•••	
	Address •								
15a	Does the organization have						_	1., [7].	
	revenue?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	Yes N	0
b	If "Yes," enter the amount of	of gaming revenue receive	ed by the organiza	ıtlon ◆ \$		and the			
	amount of gaming revenue	retained by the third part	y♦ \$						
C	if "Yes," enter name and ad	ddress of the third party:							
	Name ♦							•••	
	Address ♦	• • • • • • • • • • • • • • • • • • • •							
16	Gaming manager informati	on:							
	Name ◆								
	Gaming manager compens	sation ◆ \$							
	Description of services pro	vided •	**************						
	Director/officer	Employee	Independ	dent contractor	r				
			· ·						
17	Mandatory distributions:								
	Is the organization required	t under state law to make	charitable distrib	utions from the	gaming procee	ds to	_		
_	retain the state gaming lice						[Yes N	ŧο
h	Enter the amount of distrib	utions required under stat	e law to be distrib	outed to other	exempt organiza	tions or			
	spent in the organization's				, -				
Ps	art IV Supplementa	I Information, Prov	ide the explan	ations requi	red by Part I.	line 2b, columns (iii)	and (v);	and	
	Part III, lines See instruction	9, 9b, 10b, 15b, 15c	, 16, and 17b,	as applicab	le. Also provi	de any additional info	mation.		

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SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

Open To Public Inspection

		The	Family	Pantry	of	Cape	Cod	•
ino or bic	oldarimento))							

Employer Identification number

	The Family Pantry o						22-	30799	04				
Part I	Excess Benefit Transaction	1S (section 501	(c)(3), section	501	(c)(4)), and section 5	01(c)(29) organiza	tions o	only).		*****		
	Complete if the organization answer		rm 990, Part IV enship between disc				m 990-EZ, Part V,	line 4	0b.		Т		
1	(a) Name of disqualified person	(b) Melaac	organization		a pen	son and	(c) Description of t	ransactlo	ırı		(d) Yes	Correc	ted? No
(1)											105		NU
(2)												\dashv	
(3)											\Box		
(4)										1			**********
(5)													
(6)	1.												
2 Enter t	he amount of tax incurred by the organi section 4958	zation manage	rs or disqualifie	d pe	rson	s during the yea	ır	.	2				
3 Enter t	he amount of tax, if any, on line 2, abov	e, reimbursed i	by the organiza	tion	••••		*******************	• •	, }				
	•	,					*****************	. • •					
Part II	Loans to and/or From Interes	ested Perso	ns.				***************************************						
	Complete if the organization answere	ed "Yes" on For	m 990-EZ, Par	ŧν,	line	38a or Form 99), Part IV, line 26;	or if t	he				
	organization reported an amount on	Form 990, Part	X, line 5, 6, or	22.									
	(a) Name of interested person	(b) Relationship with organization			Loan r from	(e) Original principal amount	(f) Balance due	(g) In	default	(h) A	oproved perd or		Viitlen ment?
				the	og.?	, ,			,		nitee?	4	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
					┢			+-	├	<u> </u>	 		-
(2)													
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(8)				_	<u> </u>								
(9)				<u> </u>				 			ļ		
10)													
otal								 	L		-		
Part III	Grants or Assistance Benef	itina Intere	sted Persor	1S.		······ • •				L			
	Complete if the organization answers				27.								
	(a) Name of Interested person	(b) Relations	ship between interes	sted	(c) A	mount of assistance	(d) Type of assistance		(e)	Purpose	of assi	istance	
		person a	nd the organization						.,				
<u>(1)</u>													
(2)			4										
(3)													
(4) (5)								+					
(6)								+					
(7)								+					
(8)									··········				
(9)								_					
(0)													
AT Danonia	de Dadication Aut Madian Al- I-4												_

Part IV Business Transactions Involvi Complete if the organization answered "	ing Interested Persons. Yes" on Form 990. Part IV. line 28	la, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Strote
Rick Roy Construction	Director of FPC	35,856	Construction service	_
				-
				-
				-
Part V Supplemental Information.				
Provide additional information for respor	nses to questions on Schedule L	(see instructions).		
Pantry of Cape Cod.				
	······································			

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0074

2021

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ◆ Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Employer Identification number

The Family Pantry of Cape Cod Corp 22-3079904 Part I Types of Property (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part Viil, line 1o Art — Works of art Art — Historical treasures Art — Fractional Interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock ... 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate --- Residential 15 Real estate -- Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory X 2,105,219 FMV 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 17,590 FMV X Other ◆(_____) 25 26 Other ◆(_____) 27 Other **(**_____) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? X 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) 2021 The Family Pantry of Cape Cod Corp

	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.
Schedu	ule M - Supplemental Information
The O	rganization receives substantial food donations from individuals and
variou	s organizations. It also receives clothing, furniture and other
househ	hold items from the general public for its thrift shop operations.
· · · · · · · · · · · · · · · · · · ·	
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22-3079904

Page 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or Form 990-EZ.

♦ Go to www.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection
Employer Identification number

The Family Pantry of Cape Cod Corp	22-3079904		
Form 990 - Organization's Mission			
The Family Pantry's mission is to provide food and clothing to those in need without regard to age, race, color, national origin, religion, residence, sex, sexual orientation, marital status, handicap, veteran, or any other status.			
		Form 990, Part I, Line 6	
		The Family Pantry volunteers assist in a variety of capacities including	
food distribution, clothing distribution, warehouse management, thrift shop			
operations, garden operations, food stamps & fuel assistance applications,			
and office duties. The use of volunteers significantly reduces the			
organization's payroll and operational expenses.			
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990		
Form 990 is reviewed by the board of directors at a reg	ularly scheduled		
board meeting.			
Form 990, Part VI, Line 12c - Enforcement of Conflicts	Policy		
Conflicts of interest are reviewed and enforced by the	Board of Directors.		
Form 990, Part VI, Line 15a - Compensation Process for	Top Official		
The Board of Directors has an annual review process for	each employee		
comparing actual results to identified goals. Compensati	·····		
made based on an annual performance review and compensation is benchmarked			
using "Valuing our Non Profit Workforce."			
- ((*******)(〒(****)/**(****)**)(長・***()**()**()**()**()**()**()**()**()**	• • • • • • • • • • • • • • • • • • • •		

