

Form **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.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection**A For the 2021 calendar year, or tax year beginning** , **and ending****B Check if applicable:**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**The Family Pantry of Cape Cod Corp**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

133 Queen Anne Road

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Harwich MA 02645**D Employer identification number****22-3079904****E Telephone number****508-432-6519****G Gross receipts \$ 5,358,468****F Name and address of principal officer:****Matthew Kelley****72 Main Street****West Harwich MA 02671****H(a) Is this a group return for subordinates?** ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **www.thefamilypantry.com****H(c) Group exemption number** ◆**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ◆**L Year of formation:** **1990****M State of legal domicile:** **MA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: See Schedule O							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3	15				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15				
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14				
6	Total number of volunteers (estimate if necessary)	6	650				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0				
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	5,195,046	4,505,009				
9	Program service revenue (Part VIII, line 2g)	231,971	482,069				
10	Investment income (Part VII, column (A), lines 3, 4, and 7d)	26,577	19,034				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,363	253,933				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,621,957	5,260,045				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
14	Benefits paid to or for members (Part IX, column (A), line 4)		0				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	471,675	446,378				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,164	5,200				
b	Total fundraising expenses (Part IX, column (D), line 25) ◆	57,779					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,820,610	2,692,986				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,294,449	3,144,564				
19	Revenue less expenses. Subtract line 18 from line 12	2,327,508	2,115,481				
		Beginning of Current Year	End of Year				
20	Total assets (Part X, line 16)	6,046,329	8,217,901				
21	Total liabilities (Part X, line 26)	40,887	38,251				
22	Net assets or fund balances. Subtract line 21 from line 20	6,005,442	8,179,650				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date			
	John DiVito					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Joseph F. McGee, CPA		Joseph F. McGee, CPA	05/25/22		P01584870
Firm's name		Firm's EIN		Phone no.		
" Sanders, Walsh & Eaton, CPAs, LLC		84-1894608		508-428-0790		
Firm's address		Firm's EIN				
" PO Box F						
" Osterville, MA 02655						

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,946,072** including grants of \$) (Revenue \$ **482,069**)

The Family Pantry provided food for 1,900,000 meals to 3,357 families. The families represent 8,788 people including 2,636 children. It served over 150 families on its busiest days and saved approx \$2,200,000 in labor costs through the work of its 650 dedicated volunteers.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,946,072**

Form 990 (2021) **The Family Pantry of Cape Cod Corp 22-3079904****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	X	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 4	Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization receive any funds, directly or indirectly, on a personal benefit contract?	7f	X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year	1a	15	Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

7 List the states with which a copy of this Form 990 is required to be filed	MA
8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
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.	
0 State the name, address, and telephone number of the person who possesses the organization's books and records	
Christine Menard	133 Queen Anne Road
Harwich	MA 02645
	508-432-6519

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Matthew Kelley	2.00									
President	0.00	X		X				0	0	0
(2) John DiVito	2.00									
Treasurer	0.00	X		X				0	0	0
(3) Toni London	2.00									
Vice President	0.00	X		X				0	0	0
(4) Melissa Masi	2.00									
Secretary	0.00	X		X				0	0	0
(5) Caesar Alcantara	1.00									
Director	0.00	X						0	0	0
(6) Craig Morong	1.00									
Director	0.00	X						0	0	0
(7) Nancy Poor	1.00									
Director	0.00	X						0	0	0
(8) Richard Roy	1.00									
Director	0.00	X						0	0	0
(9) Patricia Nadie	1.00									
Director	0.00	X						0	0	0
(10) Mary Kate Gallagher	1.00									
Director	0.00	X						0	0	0
(11) Matt Pitta	1.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Connor Francis	1.00									
Director	0.00	X						0	0	0
(13) Justin Tavano	1.00									
Director	0.00	X						0	0	0
(14) Kathy McNamara	1.00									
Director	0.00	X						0	0	0
(15) Larry Lyford	1.00									
Director	0.00	X						0	0	0
(16) Christine Menard	40.00									
Executive Director	0.00	X		X				108,149	0	11,244
1b Subtotal								108,149		11,244
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,149		11,244

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Form 990 (2021) **The Family Pantry of Cape Cod Corp 22-3079904****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)				
	1f	All other contributions, gifts, grants, and similar amounts not included above	4,505,009			
	1g	Noncash contributions included in lines 1a-1f	\$ 2,122,809			
	h	Total. Add lines 1a-1f	4,505,009			
	Program Service Revenue	2a Trift Shop sales		Business Code 453310	482,069	482,069
b						
c						
d						
e						
f		All other program service revenue		482,069		
g		Total. Add lines 2a-2f		482,069		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,566		14,566
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	6b	Less: rental expenses				
	6c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7b	Less: cost or other basis and sales exps.				
	7c	Gain or (loss)				
	d	Net gain or (loss)		4,468	4,468	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	8b	Less: direct expenses				
	c	Net income or (loss) from fundraising events		252,120		
	9a	Gross income from gaming activities. See Part IV, line 19				
9b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
10b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Other income	Business Code	1,813	1,813	
	b					
	c					
	d	All other revenue		1,813		
	e	Total. Add lines 11a-11d		1,813		
12	Total revenue. See instructions		5,260,045	488,350	0	14,566

Form 990 (2021)

Form 990 (2021) **The Family Pantry of Cape Cod Corp 22-3079904**Page **10****Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,453	270,639	91,498	26,316
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,059	17,063	5,240	1,756
10 Payroll taxes	33,866	23,595	7,977	2,294
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,051		10,051	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,200			
f Investment management fees				5,200
g Other. (If the 11g amount exceeds 10% of line 25, column (A) amount, list the 11g expenses on Schedule O.)	1,033		1,033	
12 Advertising and promotion	6,121	2,755		
13 Office expenses	45,393	19,839	6,707	3,366
14 Information technology				18,847
15 Royalties				
16 Occupancy	35,815	33,576	2,239	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,996	88,121	5,875	
23 Insurance	28,226	24,526	3,700	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food costs	2,288,232	2,288,232		
b Repairs & maintenance	90,883	85,203	5,680	
c Donations	29,726	29,726		
d Credit card fees	21,133	21,133		
e All other expenses	42,377	41,664	713	
25 Total functional expenses. Add lines 1 through 24e	3,144,564	2,946,072	140,713	57,779
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) **The Family Pantry of Cape Cod Corp 22-3079904****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

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

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,260,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,144,564
3	Revenue less expenses. Subtract line 2 from line 1	3	2,115,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,005,442
5	Net unrealized gains (losses) on investments	5	58,727
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,179,650

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

The Family Pantry of Cape Cod Corp

Employer identification number

22-3079904**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,372,308
Section B. Total Support						17,390,102

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,798	6,916	25,005	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.)						
11 Total support. Add lines 7 through 10						18,836,634
12 Gross receipts from related activities, etc. (see instructions)						2,935,285
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					12	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	92.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.64 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		X
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 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 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

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 A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b 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.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a 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.		
b 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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 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 organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section 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** ☐ The 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.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.

a 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 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

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

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2021

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable 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			
i	Carryover from 2016 not applied (see instructions)			
j	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.			
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 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**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

Name of the organization

Employer identification number

The Family Pantry of Cape Cod Corp**22-3079904**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

The Family Pantry of Cape Cod Corp

Employer identification number
22-3079904

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Greater Boston Food Bank 70 S. Bay Ave Boston MA 02118	\$ 1,749,041	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

22-3079904

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Inspection

The Family Pantry of Cape Cod Corp
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.
Employer identification number **22-3079904**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ◆ \$

b Assets included in Form 990, Part X ◆ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		387,201		387,201
b Buildings		1,733,114	716,009	1,017,105
c Leasehold improvements		372,460	303,309	69,151
d Equipment		28,881	21,879	7,002
e Other				1,480,459

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

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,321,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	58,727
b	Donated services and use of facilities	2b	2,525
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	61,252
3	Subtract line 2e from line 1	3	5,260,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,260,045

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

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

1	Total expenses and losses per audited financial statements	1	3,147,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,525
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,525
3	Subtract line 2e from line 1	3	3,144,564
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,144,564

Part XIII Supplemental Information.

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

Page 5

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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 8a.

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Employer identification number

22-3079904**The Family Pantry of Cape Cod Corp****Part I 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.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**b** ☐ Internet and email solicitations**c** ☐ Phone solicitations**d** ☐ In-person solicitations**e** ☐ Solicitation of non-government grants**f** ☐ Solicitation of government grants**g** ☐ Special fundraising events**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? ☐ Yes ☐ No**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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.

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

DAA

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Summer Gala (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	262,220			262,220
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	262,220			262,220
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,100			10,100
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,100
	11 Net income summary. Subtract line 10 from line 3, column (d)				252,120

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<div><div>Yes</div><div>No</div></div> %	<div><div>Yes</div><div>No</div></div> %	<div><div>Yes</div><div>No</div></div> %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ♦

Address ♦

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ♦ \$ and the 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
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

The Family Pantry of Cape Cod Corp

Employer identification number

22-3079904

Part I

Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ◆ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ◆ \$ _____

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						◆ \$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 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) Sharing of org. revenues?	
				Yes	No
(1) Rick Roy Construction	Director of FPC	35,856	Construction service		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V - Additional Information

Rick Roy Constructio is owned by a current Board member of the Family
Pantry of Cape Cod.

Schedule L (Form 990) 2021

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

OMB No. 1545-0074

2021**Open To Public
Inspection****The Family Pantry of Cape Cod Corp**

Employer identification number

22-3079904**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional Interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	2,105,219	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ♦ ()	X	1	17,590	FMV
26 Other ♦ ()				
27 Other ♦ ()				
28 Other ♦ ()				

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

29

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?

Yes No

b If "Yes," describe the arrangement in Part II.

30a X

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

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

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

Schedule M - Supplemental Information

The Organization receives substantial food donations from individuals and various organizations. It also receives clothing, furniture and other household items from the general public for its thrift shop operations.

**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

2021

Open to Public
Inspection

The Family Pantry of Cape Cod Corp

Employer identification number
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."

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

22-3079904

The Family Pantry of Cape Cod Corp

Form 990, Part VI, Line 15b - Compensation Process for Officers

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 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents and financial statements available to the public upon request. Governing documents are also available on the Massachusetts Secretary of State website.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)
◆ Attach to your tax return.

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

OMB No. 1545-0172
2021
Attachment
Sequence No. **179**

The Family Pantry of Cape Cod Corp Identifying number
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.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	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.
Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	93,995

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

Section A	
17	MACRS deductions for assets placed in service in tax years beginning before 2021
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System						
20a Class life						
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

1	Listed property. Enter amount from line 28	21	
2	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	93,995
3	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

22-3079904

Federal Asset Report

Form 990, Page 1

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	Fork Lift	6/01/93	1,331			1,331	3 HY S/L	1,331	0
			1,331			1,331		1,331	0
Other Depreciation:									
3	Computers	6/01/93	2,240			2,240	5 MO S/L	2,240	0
4	Office Equipment	6/01/94	3,000			3,000	5 MO S/L	3,000	0
5	Office Equipment	6/01/95	995			995	5 MO S/L	995	0
7	Office Equipment	1/01/97	762			762	3 MO S/L	762	0
8	Machinery	1/01/97	1,169			1,169	3 MO S/L	1,169	0
10	Buildings	7/15/98	475,039			475,039	30 MO S/L	360,238	15,834
11	Land	7/15/98	50,000			50,000	0 -- Land	0	0
13	Floor cleaner	9/03/02	1,084			1,084	3 MO S/L	1,084	0
14	Tech Plus monitor	3/12/02	250			250	3 MO S/L	250	0
15	Building improvements	1/31/02	4,932			4,932	30 MO S/L	3,110	164
16	Building improvements	2/28/02	188			188	30 MO S/L	118	6
17	Building improvements	3/31/02	1,000			1,000	30 MO S/L	625	33
19	Fork lift	2/15/03	9,995			9,995	5 MO S/L	9,995	0
20	Dell computer	4/28/03	1,720			1,720	3 MO S/L	1,720	0
21	Fire alarm	9/18/03	1,192			1,192	7 MO S/L	1,192	0
22	Building permit	9/25/03	1,250			1,250	30 MO S/L	719	41
23	Garage doors	9/30/03	451			451	10 MO S/L	451	0
24	Garage doors	8/19/03	1,300			1,300	10 MO S/L	1,300	0
25	Construction	10/28/03	40,000			40,000	30 MO S/L	22,889	1,333
26	Blacktop	11/21/03	695			695	10 MO S/L	695	0
27	Construction	12/03/03	17,500			17,500	30 MO S/L	9,965	584
28	Plumbing	12/12/03	3,000			3,000	30 MO S/L	1,708	100
29	Black top	12/18/03	2,000			2,000	10 MO S/L	2,000	0
30	Construction	12/22/03	4,770			4,770	30 MO S/L	2,703	159
31	Construction	12/23/03	15,500			15,500	30 MO S/L	8,783	517
32	Construction	12/23/03	2,500			2,500	30 MO S/L	1,417	83
33	Electrical	12/12/03	3,000			3,000	30 MO S/L	1,708	100
34	Tables	7/23/03	945			945	7 MO S/L	945	0
35	Shelving	3/26/04	550			550	5 MO S/L	550	0
36	Monitor/ printer, etc	3/23/04	462			462	3 MO S/L	462	0
37	Construction costs	1/10/04	2,500			2,500	30 MO S/L	1,417	83
38	Construction costs-Grinnell	1/20/04	1,988			1,988	30 MO S/L	1,121	66
39	Foster bldg	2/03/04	2,400			2,400	30 MO S/L	1,353	80
40	Lohr construction	2/11/04	7,142			7,142	30 MO S/L	4,027	238
41	L. Kahlbach-const costs	2/14/04	3,000			3,000	30 MO S/L	1,692	100
42	Garage doors	2/23/04	1,450			1,450	10 MO S/L	1,450	0
44	Lohr construction	3/29/04	2,625			2,625	30 MO S/L	1,466	87
45	Electrical work	4/06/04	6,420			6,420	30 MO S/L	3,585	214
46	Misc construction	4/30/04	257			257	30 MO S/L	143	9
47	Software-track inventory	8/28/04	2,000			2,000	3 MO S/L	2,000	0
48	Shingles	8/04/04	1,480			1,480	20 MO S/L	1,215	74
49	Copier	9/11/04	1,290			1,290	5 MO S/L	1,290	0
50	Misc construction cost	12/31/04	674			674	30 MO S/L	360	22
51	Mid Cape Center	5/05/04	348			348	30 MO S/L	193	12
52	Bldg supplies	5/10/04	88			88	30 MO S/L	49	3
53	Bldg supplies	6/15/04	3			3	30 MO S/L	2	0
55	Equipment	3/01/05	4,335			4,335	5 MO S/L	4,335	0
56	Equipment	3/26/05	1,119			1,119	5 MO S/L	1,119	0
57	Equipment	7/01/05	3,228			3,228	5 MO S/L	3,228	0
58	Equipment	7/06/05	2,072			2,072	5 MO S/L	2,072	0
59	Building improvements	5/10/05	6,000			6,000	30 MO S/L	3,133	200
60	Equipment	12/31/05	984			984	5 MO S/L	984	0
61	Building Improvement	8/20/06	2,349			2,349	30 MO S/L	1,122	79
62	Equipment	6/29/06	1,662			1,662	5 MO S/L	1,662	0
63	Equipment	6/27/07	5,477			5,477	5 MO S/L	5,477	0
64	Office Copier	5/31/08	1,985			1,985	5 MO S/L	1,985	0
65	Air Conditioning System	7/01/08	33,888			33,888	30 MO S/L	14,120	1,130
66	Fire Sprinklers	3/03/09	3,500			3,500	30 MO S/L	1,381	116
67	Lighting	6/10/09	1,661			1,661	30 MO S/L	641	56
68	Conference Tables & Chairs	4/01/09	2,600			2,600	7 MO S/L	2,600	0
69	Computer	5/12/10	498			498	5 MO S/L	498	0
70	Air Conditioning System	12/08/11	15,726			15,726	30 MO S/L	4,761	525
71	Parking Lot	11/27/11	19,800			19,800	15 MO S/L	11,990	1,320

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
72	Garden Fencing	6/26/11	16,837				16,837	15 MO S/L	10,664	1,122
73	Well	5/26/11	3,000				3,000	15 MO S/L	1,917	200
74	Garden Signs	6/15/11	1,600				1,600	7 MO S/L	1,600	0
75	Aborvitae	3/31/11	2,676				2,676	15 MO S/L	1,739	179
76	Tomato Stakes	5/02/11	3,397				3,397	7 MO S/L	3,397	0
77	Irrigation System	6/27/11	8,425				8,425	15 MO S/L	5,336	562
78	Land Improvements	5/17/11	16,832				16,832	15 MO S/L	10,754	1,122
79	Parking Lot Expansion	5/17/11	33,475				33,475	15 MO S/L	21,387	2,232
80	Block Wall	5/17/11	9,000				9,000	15 MO S/L	5,750	600
81	Dry Wells	5/27/11	5,000				5,000	15 MO S/L	3,194	334
82	Garden Shed	5/27/11	2,704				2,704	10 MO S/L	2,591	113
83	Bird Houses	5/27/11	2,100				2,100	7 MO S/L	2,100	0
84	Industrial Floor Cleaner	12/10/12	5,849				5,849	7 MO S/L	5,849	0
85	Building Redesign	8/01/12	292,118				292,118	30 MO S/L	81,955	9,738
86	Walk in Cooler	12/28/12	11,162				11,162	7 MO S/L	11,162	0
87	2013 Chevy Express Truck	2/22/13	36,095				36,095	5 MO S/L	36,095	0
88	Online Database	6/24/13	12,000				12,000	5 MO S/L	12,000	0
89	Land-265 Route 28	11/14/14	203,956				203,956	0 -- Land	0	0
90	Building-265 Route 28	11/14/14	226,875				226,875	30 MO S/L	46,635	7,563
91	Generator	8/07/14	27,018				27,018	30 MO S/L	5,779	900
92	Pallet Racks	7/10/14	3,300				3,300	7 MO S/L	3,064	236
93	Awning	8/07/14	2,900				2,900	30 MO S/L	620	97
95	2nd Glance Improvements	11/15/15	312,288				312,288	30 MO S/L	53,783	10,410
96	NEC SL1100 Telephone System	3/19/15	4,990				4,990	7 MO S/L	4,099	713
97	Savin MP 4054SP Copier	6/01/15	6,180				6,180	7 MO S/L	4,929	883
98	Migali C-72M Glaas Door Freezer	12/02/15	7,523				7,523	7 MO S/L	5,463	1,074
99	POS System & Printer	11/01/15	1,037				1,037	5 MO S/L	1,037	0
100	Floor Scrubber	11/01/15	1,004				1,004	7 MO S/L	741	144
101	2010 Truck	7/07/16	28,369				28,369	5 MO S/L	25,532	2,837
102	Office Mgr Desk	12/03/16	1,914				1,914	7 MO S/L	1,117	273
103	Flooring	3/17/16	11,422				11,422	30 MO S/L	1,808	381
104	Window Grills	7/21/16	1,751				1,751	30 MO S/L	258	58
105	Exhaust Fan & Steamers	1/29/16	2,318				2,318	7 MO S/L	1,628	332
106	Fly Catching Machines	6/21/16	415				415	7 MO S/L	267	59
107	Handjack	6/29/16	457				457	7 MO S/L	294	65
108	Dell Outlet Latitude 3550	4/19/16	560				560	5 MO S/L	523	37
109	Signage	12/09/16	3,111				3,111	7 MO S/L	1,815	444
110	Bella Totes	10/06/16	2,430				2,430	7 MO S/L	1,475	347
111	Two Dell Outlet Latitude 3570	8/11/16	933				933	5 MO S/L	824	109
112	Stand Alone Cooler	5/15/16	4,300				4,300	7 MO S/L	2,867	614
113	Fixtures 2nd Glance	2/15/16	2,000				2,000	7 MO S/L	1,405	285
114	Dell Latitude E450/5450 Laptop	1/18/17	901				901	5 MO S/L	705	181
115	Front Door	2/24/17	2,790				2,790	30 MO S/L	357	93
116	Display Cabinet Conference Room	2/27/17	1,221				1,221	7 MO S/L	669	174
117	NEC SL1100 Telephone System	3/20/17	2,335				2,335	7 MO S/L	1,251	333
118	Dell Outlet Latitude 3570	4/17/17	663				663	5 MO S/L	486	133
119	Anti-Fatigue Mats	7/04/17	1,840				1,840	7 MO S/L	920	263
120	Commercial Garage Door	8/15/17	3,700				3,700	30 MO S/L	421	124
121	Heil 5 Ton Outdoor Condensing Unit	10/03/17	3,900				3,900	30 MO S/L	423	130
122	Hussman Produce Case	10/04/17	18,750				18,750	7 MO S/L	8,706	2,678
123	Rund 10 Gallon Water Heater	10/21/17	870				870	30 MO S/L	92	29
124	Freezer Merchandiser 3 Door	10/31/17	7,586				7,586	7 MO S/L	3,432	1,083
125	Stainless Steel Table	10/31/17	900				900	7 MO S/L	407	129
126	Stainless Steel Work Table	12/21/17	447				447	7 MO S/L	192	63
127	Building Redesign	6/09/17	14,217				14,217	30 MO S/L	1,698	474
128	Parking Lot Addition - 7 Spaces	10/19/17	3,200				3,200	15 MO S/L	676	213
129	Building Impr-2nd Glance	10/01/18	2,081				2,081	30 MO S/L	156	69
130	Building Improvements	12/25/18	29,713				29,713	30 MO S/L	1,981	990
131	Shopping Carts	6/04/18	1,915				1,915	7 MO S/L	707	273
132	Panic Buttons	10/08/18	4,615				4,615	7 MO S/L	1,483	660
133	American Floor Mats	9/04/18	1,588				1,588	7 MO S/L	529	227
134	Walk In Cooler	11/01/18	12,825				12,825	7 MO S/L	3,970	1,832
135	Phillips HeartStart Onsite & Cabinet	3/06/19	1,085				1,085	7 MO S/L	284	155
136	Conference Room Chairs (16)	8/04/19	2,802				2,802	7 MO S/L	567	400
137	Freezer Merchandiser, 3 Section	5/08/19	8,487				8,487	7 MO S/L	2,021	1,212
138	Generator Sub Panel Feed & Aerial Lift	9/23/19	5,841				5,841	30 MO S/L	243	195
139	2nd Chance Donation Center	10/15/20	64,305				64,305	30 MO S/L	536	2,143
140	2016 Isuzu Truck	8/07/20	40,475				40,475	5 MO S/L	3,373	8,095
141	Office & Boutique Flooring	12/09/20	10,251				10,251	30 MO S/L	28	342
142	Warehouse Lighting	10/23/20	2,150				2,150	30 MO S/L	12	72
143	Undercover Tent	3/19/20	3,530				3,530	7 MO S/L	378	505

22-3079904

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
144	Air Purifiers	12/04/20	1,428			1,428	7 MO S/L	17	204
145	Equipment for Donation Center	10/01/20	12,177			12,177	7 MO S/L	435	1,739
146	Paving of parking lot	12/10/21	15,000			15,000	15 MO S/L	0	83
147	2021 Pantry Renovation	9/14/21	46,440			46,440	30 MO S/L	0	516
148	Roof repairs	12/03/21	4,670			4,670	0 -- Memo	0	0
149	Wire Shelving	2/04/21	1,036			1,036	7 MO S/L	0	136
150	Stainless Tables	8/16/21	1,284			1,284	7 MO S/L	0	61
151	Office Partitions	6/04/21	1,497			1,497	7 MO S/L	0	125
152	Plastic storage totes	9/04/21	7,372			7,372	7 MO S/L	0	351
153	Repair Fencing	11/04/21	7,080			7,080	15 MO S/L	0	79
154	2019 Izuzu NNR	12/16/21	60,000			60,000	5 MO S/L	0	0
Total Other Depreciation			<u>2,520,326</u>			<u>2,520,326</u>		<u>945,872</u>	<u>93,995</u>
Total ACRS and Other Depreciation			<u>2,520,326</u>			<u>2,520,326</u>		<u>945,872</u>	<u>93,995</u>
Grand Totals			2,521,657			2,521,657		947,203	93,995
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,521,657</u>			<u>2,521,657</u>		<u>947,203</u>	<u>93,995</u>

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

MA Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
76	Tomato Stakes	5/02/11	3,397	3,397	3,397	0	0	0
77	Irrigation System	6/27/11	8,425	8,425	5,336	562	562	0
78	Land Improvements	5/17/11	16,832	16,832	10,754	1,122	1,122	0
79	Parking Lot Expansion	5/17/11	33,475	33,475	21,387	2,232	2,232	0
80	Block Wall	5/17/11	9,000	9,000	5,750	600	600	0
81	Dry Wells	5/27/11	5,000	5,000	3,194	334	334	0
82	Garden Shed	5/27/11	2,704	2,704	2,591	113	113	0
83	Bird Houses	5/27/11	2,100	2,100	2,100	0	0	0
84	Industrial Floor Cleaner	12/10/12	5,849	5,849	5,849	0	0	0
85	Building Redesign	8/01/12	292,118	292,118	81,955	9,738	9,738	0
86	Walk in Cooler	12/28/12	11,162	11,162	11,162	0	0	0
87	2013 Chevy Express Truck	2/22/13	36,095	36,095	36,095	0	0	0
88	Online Database	6/24/13	12,000	12,000	12,000	0	0	0
89	Land-265 Route 28	11/14/14	203,956	203,956	0	0	0	0
90	Building-265 Route 28	11/14/14	226,875	226,875	46,635	7,563	7,563	0
91	Generator	8/07/14	27,018	27,018	5,779	900	900	0
92	Pallet Racks	7/10/14	3,300	3,300	3,064	236	236	0
93	Awning	8/07/14	2,900	2,900	620	97	97	0
95	2nd Glance Improvements	11/15/15	312,288	312,288	53,783	10,410	10,410	0
96	NEC SL1100 Telephone System	3/19/15	4,990	4,990	4,099	713	713	0
97	Savin MP 4054SP Copier	6/01/15	6,180	6,180	4,929	883	883	0
98	Migali C-72M Glaas Door Freezer	12/02/15	7,523	7,523	5,463	1,074	1,074	0
99	POS System & Printer	11/01/15	1,037	1,037	1,037	0	0	0
100	Floor Scrubber	11/01/15	1,004	1,004	741	144	144	0
101	2010 Truck	7/07/16	28,369	28,369	25,532	2,837	2,837	0
102	Office Mgr Desk	12/03/16	1,914	1,914	1,117	273	273	0
103	Flooring	3/17/16	11,422	11,422	1,808	381	381	0
104	Window Grills	7/21/16	1,751	1,751	258	58	58	0
105	Exhaust Fan & Steamers	1/29/16	2,318	2,318	1,628	332	332	0
106	Fly Catching Machines	6/21/16	415	415	267	59	59	0
107	Handjack	6/29/16	457	457	294	65	65	0
108	Dell Outlet Latitude 3550	4/19/16	560	560	523	37	37	0
109	Signage	12/09/16	3,111	3,111	1,815	444	444	0
110	Bella Totes	10/06/16	2,430	2,430	1,475	347	347	0
111	Two Dell Outlet Latitude 3570	8/11/16	933	933	824	109	109	0
112	Stand Alone Cooler	5/15/16	4,300	4,300	2,867	614	614	0
113	Fixtures 2nd Glance	2/15/16	2,000	2,000	1,405	285	285	0
114	Dell Latitude E450/5450 Laptop	1/18/17	901	901	705	181	181	0
115	Front Door	2/24/17	2,790	2,790	357	93	93	0
116	Display Cabinet Conference Room	2/27/17	1,221	1,221	669	174	174	0
117	NEC SL1100 Telephone System	3/20/17	2,335	2,335	1,251	333	333	0
118	Dell Outlet Latitude 3570	4/17/17	663	663	486	133	133	0
119	Anti-Fatigue Mats	7/04/17	1,840	1,840	920	263	263	0
120	Commercial Garage Door	8/15/17	3,700	3,700	421	124	124	0
121	Heil 5 Ton Outdoor Condensing Unit	10/03/17	3,900	3,900	423	130	130	0
122	Hussman Produce Case	10/04/17	18,750	18,750	8,706	2,678	2,678	0
123	Ruud 10 Gallon Water Heater	10/21/17	870	870	92	29	29	0
124	Freezer Merchandiser 3 Door	10/31/17	7,586	7,586	3,432	1,083	1,083	0
125	Stainless Steel Table	10/31/17	900	900	407	129	129	0
126	Stainless Steel Work Table	12/21/17	447	447	192	63	63	0
127	Building Redesign	6/09/17	14,217	14,217	1,698	474	474	0
128	Parking Lot Addition - 7 Spaces	10/19/17	3,200	3,200	676	213	213	0
129	Building Impr-2nd Glance	10/01/18	2,081	2,081	156	69	69	0
130	Building Improvements	12/25/18	29,713	29,713	1,981	990	990	0
131	Shopping Carts	6/04/18	1,915	1,915	707	273	273	0
132	Panic Buttons	10/08/18	4,615	4,615	1,483	660	660	0
133	American Floor Mats	9/04/18	1,588	1,588	529	227	227	0
134	Walk In Cooler	11/01/18	12,825	12,825	3,970	1,832	1,832	0
135	Phillips HeartStart Onsite & Cabinet	3/06/19	1,085	1,085	284	155	155	0
136	Conference Room Chairs (16)	8/04/19	2,802	2,802	567	400	400	0
137	Freezer Merchandiser, 3 Section	5/08/19	8,487	8,487	2,021	1,212	1,212	0
138	Generator Sub Panel Feed & Aerial Lift	9/23/19	5,841	5,841	243	195	195	0
139	2nd Chance Donation Center	10/15/20	64,305	64,305	536	2,143	2,143	0
140	2016 Isuzu Truck	8/07/20	40,475	40,475	3,373	8,095	8,095	0
141	Office & Boutique Flooring	12/09/20	10,251	10,251	28	342	342	0
142	Warehouse Lighting	10/23/20	2,150	2,150	12	72	72	0
143	Undercover Tent	3/19/20	3,530	3,530	378	505	505	0
144	Air Purifiers	12/04/20	1,428	1,428	17	204	204	0
145	Equipment for Donation Center	10/01/20	12,177	12,177	435	1,739	1,739	0
146	Paving of parking lot	12/10/21	15,000	15,000	0	83	83	0
147	2021 Pantry Renovation	9/14/21	46,440	46,440	0	516	516	0

MA Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
148	Roof repairs	12/03/21	4,670	4,670	0	0	0	0
149	Wire Shelving	2/04/21	1,036	1,036	0	136	136	0
150	Stainless Tables	8/16/21	1,284	1,284	0	61	61	0
151	Office Partitions	6/04/21	1,497	1,497	0	125	125	0
152	Plastic storage totes	9/04/21	7,372	7,372	0	351	351	0
153	Repair Fencing	11/04/21	7,080	7,080	0	79	79	0
154	2019 Izuzu NNR	12/16/21	60,000	60,000	0	0	0	0
Total Other Depreciation			<u>1,987,121</u>	<u>1,987,121</u>	<u>577,468</u>	<u>78,161</u>	<u>93,995</u>	<u>15,834</u>
Total ACRS and Other Depreciation			<u>1,987,121</u>	<u>1,987,121</u>	<u>577,468</u>	<u>78,161</u>	<u>93,995</u>	<u>15,834</u>
Grand Totals			1,987,121	1,987,121	577,468	78,161	93,995	15,834
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,987,121</u>	<u>1,987,121</u>	<u>577,468</u>	<u>78,161</u>	<u>93,995</u>	<u>15,834</u>

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Depreciation Adjustment Report

All Business Activities

AMT
**Adjustments/
Preferences**

Description

Tax

AMT

There are no assets that meet the criteria of this report

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	Computers	6/01/93	2,240	0	0
4	Office Equipment	6/01/94	3,000	0	0
5	Office Equipment	6/01/95	995	0	0
7	Office Equipment	1/01/97	762	0	0
8	Machinery	1/01/97	1,169	0	0
10	Buildings	7/15/98	475,039	15,835	0
11	Land	7/15/98	50,000	0	0
13	Floor cleaner	9/03/02	1,084	0	0
14	Tech Plus monitor	3/12/02	250	0	0
15	Building improvements	1/31/02	4,932	164	0
16	Building improvements	2/28/02	188	7	0
17	Building improvements	3/31/02	1,000	34	0
19	Fork lift	2/15/03	9,995	0	0
20	Dell computer	4/28/03	1,720	0	0
21	Fire alarm	9/18/03	1,192	0	0
22	Building permit	9/25/03	1,250	42	0
23	Garage doors	9/30/03	451	0	0
24	Garage doors	8/19/03	1,300	0	0
25	Construction	10/28/03	40,000	1,333	0
26	Blacktop	11/21/03	695	0	0
27	Construction	12/03/03	17,500	583	0
28	Plumbing	12/12/03	3,000	100	0
29	Black top	12/18/03	2,000	0	0
30	Construction	12/22/03	4,770	159	0
31	Construction	12/23/03	15,500	517	0
32	Construction	12/23/03	2,500	83	0
33	Electrical	12/12/03	3,000	100	0
34	Tables	7/23/03	945	0	0
35	Shelving	3/26/04	550	0	0
36	Monitor/ printer, etc	3/23/04	462	0	0
37	Construction costs	1/10/04	2,500	83	0
38	Construction costs-Grinnell	1/20/04	1,988	67	0
39	Foster bldg	2/03/04	2,400	80	0
40	Lohr construction	2/11/04	7,142	238	0
41	L. Kahlbach-const costs	2/14/04	3,000	100	0
42	Garage doors	2/23/04	1,450	0	0
44	Lohr construction	3/29/04	2,625	88	0
45	Electrical work	4/06/04	6,420	214	0
46	Misc construction	4/30/04	257	8	0
47	Software-track inventory	8/28/04	2,000	0	0
48	Shingles	8/04/04	1,480	74	0
49	Copier	9/11/04	1,290	0	0
50	Misc construction cost	12/31/04	674	23	0
51	Mid Cape Center	5/05/04	348	12	0
52	Bldg supplies	5/10/04	88	3	0
53	Bldg supplies	6/15/04	3	0	0
55	Equipment	3/01/05	4,335	0	0
56	Equipment	3/26/05	1,119	0	0
57	Equipment	7/01/05	3,228	0	0
58	Equipment	7/06/05	2,072	0	0
59	Building improvements	5/10/05	6,000	200	0
60	Equipment	12/31/05	984	0	0
61	Building Improvement	8/20/06	2,349	78	0
62	Equipment	6/29/06	1,662	0	0
63	Equipment	6/27/07	5,477	0	0
64	Office Copier	5/31/08	1,985	0	0
65	Air Conditioning System	7/01/08	33,888	1,129	0
66	Fire Sprinklers	3/03/09	3,500	117	0
67	Lighting	6/10/09	1,661	55	0
68	Conference Tables & Chairs	4/01/09	2,600	0	0

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

Asset	Description	Date In Service	Cost	Tax	AMT
141	Office & Boutique Flooring	12/09/20	10,251	342	0
142	Warehouse Lighting	10/23/20	2,150	71	0
143	Undercover Tent	3/19/20	3,530	504	0
144	Air Purifiers	12/04/20	1,428	204	0
145	Equipment for Donation Center	10/01/20	12,177	1,740	0
146	Paving of parking lot	12/10/21	15,000	1,000	0
147	2021 Pantry Renovation	9/14/21	46,440	1,548	0
148	Roof repairs	12/03/21	4,670	0	0
149	Wire Shelving	2/04/21	1,036	148	0
150	Stainless Tables	8/16/21	1,284	184	0
151	Office Partitions	6/04/21	1,497	214	0
152	Plastic storage totes	9/04/21	7,372	1,053	0
153	Repair Fencing	11/04/21	7,080	472	0
154	2019 Izuzu NNR	12/16/21	60,000	12,000	0
Total Other Depreciation			2,520,326	104,520	0
Total ACRS and Other Depreciation			2,520,326	104,520	0
Grand Totals			2,521,657	104,520	0

Asset	Description	Date In Service	Cost	MA
Prior MACRS:				
1	Fork Lift	6/01/93	0	0
			0	0
Other Depreciation:				
3	Computers	6/01/93	0	0
4	Office Equipment	6/01/94	0	0
5	Office Equipment	6/01/95	0	0
7	Office Equipment	1/01/97	0	0
8	Machinery	1/01/97	0	0
10	Buildings	7/15/98	0	0
11	Land	7/15/98	0	0
13	Floor cleaner	9/03/02	1,084	0
14	Tech Plus monitor	3/12/02	250	0
15	Building improvements	1/31/02	4,932	164
16	Building improvements	2/28/02	188	7
17	Building improvements	3/31/02	1,000	34
19	Fork lift	2/15/03	9,995	0
20	Dell computer	4/28/03	1,720	0
21	Fire alarm	9/18/03	1,192	0
22	Building permit	9/25/03	1,250	42
23	Garage doors	9/30/03	451	0
24	Garage doors	8/19/03	1,300	0
25	Construction	10/28/03	40,000	1,333
26	Blacktop	11/21/03	695	0
27	Construction	12/03/03	17,500	583
28	Plumbing	12/12/03	3,000	100
29	Black top	12/18/03	2,000	0
30	Construction	12/22/03	4,770	159
31	Construction	12/23/03	15,500	517
32	Construction	12/23/03	2,500	83
33	Construction	12/12/03	3,000	100
33	Electrical	7/23/03	945	0
34	Tables	3/26/04	550	0
35	Shelving	3/23/04	462	0
36	Monitor/ printer, etc	1/10/04	2,500	83
37	Construction costs	1/20/04	1,988	67
38	Construction costs-Grinnell	2/03/04	2,400	80
39	Foster bldg	2/11/04	7,142	238
40	Lohr construction	2/14/04	3,000	100
41	L. Kahlbach-const costs	2/23/04	1,450	0
42	Garage doors	3/29/04	2,625	88
44	Lohr construction	4/06/04	6,420	214
45	Electrical work	4/30/04	257	8
46	Misc construction	8/28/04	2,000	0
47	Software-track inventory	8/04/04	1,480	74
48	Shingles	9/11/04	1,290	0
49	Copier	12/31/04	674	23
50	Misc construction cost	5/05/04	348	12
51	Mid Cape Center	5/10/04	88	3
52	Bldg supplies	6/15/04	3	0
53	Bldg supplies	3/01/05	4,335	0
55	Equipment	3/26/05	1,119	0
56	Equipment	7/01/05	3,228	0
57	Equipment	7/06/05	2,072	0
58	Equipment	5/10/05	6,000	200
59	Building improvements	12/31/05	984	0
60	Equipment	8/20/06	2,349	78
61	Building Improvement	6/29/06	1,662	0
62	Equipment	6/27/07	5,477	0
63	Equipment	5/31/08	1,985	0
64	Office Copier	7/01/08	33,888	1,129
65	Air Conditioning System	3/03/09	3,500	117
66	Fire Sprinklers	6/10/09	1,661	55
67	Lighting	4/01/09	2,600	0
68	Conference Tables & Chairs			

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MA</u>
141	Office & Boutique Flooring	12/09/20	10,251	342
142	Warehouse Lighting	10/23/20	2,150	71
143	Undercover Tent	3/19/20	3,530	504
144	Air Purifiers	12/04/20	1,428	204
145	Equipment for Donation Center	10/01/20	12,177	1,740
146	Paving of parking lot	12/10/21	15,000	1,000
147	2021 Pantry Renovation	9/14/21	46,440	1,548
148	Roof repairs	12/03/21	4,670	0
149	Wire Shelving	2/04/21	1,036	148
150	Stainless Tables	8/16/21	1,284	184
151	Office Partitions	6/04/21	1,497	214
152	Plastic storage totes	9/04/21	7,372	1,053
153	Repair Fencing	11/04/21	7,080	472
154	2019 Izuzu NNR	12/16/21	60,000	12,000
Total Other Depreciation			<u>1,987,121</u>	<u>88,685</u>
Total ACRS and Other Depreciation			<u>1,987,121</u>	<u>88,685</u>
Grand Totals			<u>1,987,121</u>	<u>88,685</u>

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1. 5,117,146	4,505,009	-612,137
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 77,900		-77,900
	4. Program service revenue	4. 231,971	482,069	250,098
	5. Investment income	5. 24,939	14,566	-10,373
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 1,638	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	12. 5,621,957	5,260,045	-361,912
Expenses	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	16. 471,675	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. 2,683,966	2,552,091	-131,875
	22. Total expenses. Add lines 13 through 21	22. 3,294,449	3,144,564	-149,885
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 2,327,508	2,115,481	-212,027
Other Information	24. Total exempt revenue	24. 5,621,957	5,260,045	-361,912
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 259,212	502,916	243,704
	27. Total assets	27. 6,046,329	8,217,901	2,171,572
	28. Total liabilities	28. 40,887	38,251	-2,636
	29. Retained earnings	29. 6,005,442	8,179,650	2,174,208
	30. Number of voting members of governing body	30. 16	15	
	31. Number of independent voting members of governing body	31. 16	15	
	32. Number of employees	32. 12	14	
	33. Number of volunteers	33. 650	650	

Form 990		Tax Return History				2021
Name		The Family Pantry of Cape Cod Corp				Employer Identification Number 22-3079904
		2017	2018	2019	2020	2021
						2022
Contributions, gifts, grants		2,785,282	2,718,781	3,520,735	5,195,046	4,505,009
Membership dues						
Program service revenue				2,433	231,971	482,069
Capital gain or loss					1,638	4,468
Investment income			6,916	23,403	24,939	14,566
Fundraising revenue (income/loss)		141,399	197,807	134,801	167,699	252,120
Gaming revenue (income/loss)						
Other revenue		311,654	366,899	441,544	664	1,813
Total revenue		3,241,133	3,290,403	4,122,916	5,621,957	5,260,045
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		314,509	329,308	365,958	471,675	446,378
Professional fees		11,784	16,311	14,820	12,176	16,284
Occupancy costs		29,667	37,524	35,383	38,752	35,815
Depreciation and depletion		86,214	83,059	84,687	87,880	93,996
Other expenses		2,159,515	2,446,955	2,993,199	2,683,966	2,552,091
Total expenses		2,601,689	2,913,157	3,494,047	3,294,449	3,144,564
Excess or (Deficit)		639,444	377,246	628,869	2,327,508	2,115,481
Total exempt revenue		3,241,133	3,290,403	4,122,916	5,621,957	5,260,045
Total unrelated revenue						
Total excludable revenue		314,452	373,815	467,380	259,212	502,916
Total Assets		2,788,328	3,032,865	3,670,911	6,046,329	8,217,901
Total Liabilities		165,964	38,509	32,848	40,887	38,251
Net Fund Balances		2,622,364	2,994,356	3,638,063	6,005,442	8,179,650

FPC1 The Family Pantry of Cape Cod Corp
22-3079904
FYE: 12/31/2021

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Federal Statements

Taxable Interest on Investments

Description

	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 6,039		14			
Total	\$ 6,039					

Taxable Dividends from Securities

Description

	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend						
Inv Fee	\$ 20,830		14			
	-12,303		14			
Total	\$ 8,527					

Federal Statements

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
403B Fees	\$ 1,033	\$	\$ 1,033	\$
Total	\$ 1,033	\$ 0	\$ 1,033	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Volunteer expense	\$ 17,189	\$ 17,189		
Transportation	13,757	13,757		
Garden expenses	6,907	6,907	713	
Other general expenses	3,404	2,691		
Contract Labor	1,120	1,120		
Total	\$ 42,377	\$ 41,664	\$ 713	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Government grants	
Cash donations	\$ 1,555,285
Food donations	2,105,219
Other Inkind donations	17,590
Bottle redemptions	
Non-governmental grants	826,915
Total	<u>\$ 4,505,009</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Anlares Enterprises	\$ 5,000	\$
Vela Foundation	10,000	
Cashman Equipment Corp	5,000	
Helfrich Brothers Boiler Works	5,000	
Barnstable County Mutual Insurance	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	
Jay Cashman, Inc.	5,000	
Syniti	5,000	
Daniel Family Charitable Foundation	5,000	
Cape Air	5,000	
Campbell Soup Co.	12,480	
Tower Family Fund	10,000	
Morris and Rita Kesselman Found.	5,000	
Donaghue Barrel & Singal	5,000	
Eastern Bank Charitable Found.	5,000	
Langan & Dempsey	48,000	
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
Total	\$ 2,179,731	\$ 1,372,308

Schedule A, Part II, Line 8(e)

Description	Amount
Dividend	\$ 6,039
Inv Fee	20,830
Total	-12,303
	<u>\$ 14,566</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Trift Shop sales	\$ 482,069
Other income	1,813
Summer Gala	262,220
Total	<u>\$ 746,102</u>

Federal Statements**Summer Gala****Other Direct Fundraising or Gaming Expenses**

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

Form M-990T Return Summary

For calendar year 2021, or taxable period beginning

, and ending

22-3079904**The Family Pantry of Cape Cod Corp****Income**

Federal unrelated business income

Deductions / adjustments

Income subject to apportionment

Income apportionment percentage

1.000000

Apportioned income

Income not subject to apportionment

Certified Massachusetts solar or wind power deduction

Loss carryover deduction

Taxable income**Tax Computation**

Excise tax before credits

Total credits

Voluntary contribution - endangered wildlife

Total excise tax**Payments / Refundable Credits / Penalties**

Payments / refundable credits

M-2220 penalty

Late filing interest

Failure to file penalty

Failure to pay penalty

Total payments / penalties**Overpayment credited to next year's estimated tax****Refund****Tax due****Next Year's Estimates**

1st quarter

2nd quarter

3rd quarter

4th quarter

Total**Miscellaneous Information**

Amended return

Return / extended due date **03/15/22****Form PC / Short Form PC - Annual Report**Filing fee **500**

Amended return

Return / extended due date **08/15/22**

The Commonwealth of Massachusetts

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

Filing Fee: \$15.00
M.G.L. Ch.180
Corporation
Annual Report

ANNUAL REPORT

IDENTIFICATION

NO. 22-3079904

Filing for November 1, 2022

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: The Family Pantry of Cape Cod Corp

2. ADDRESS: 133 Queen Anne Road
(number) (street)
Harwich MA 02645
(city or town) (state) (zip)

3. DATE OF THE LAST ANNUAL MEETING:

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	See Attached List		
Treasurer:			
Clerk: (or Secretary)			
Directors: (or Officers having the powers of Directors)			

I, the undersigned _____ being the _____ of the
above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates
shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____
day of _____, _____.

Signature: _____ Title: _____
Contact Person: _____ Contact Person Telephone #: _____

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC

Report for the Fiscal Period: 01/01/2021 to 12/31/2021

AG Account #: 027825 Federal ID #: 22-3079904

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in charitable work in Massachusetts? 10/15/1990

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application OR date of determination letter: 10/15/1990

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

Check all items attached (if applicable)

- ☒ Filing Fee or Printout of Electronic Payment Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial Statements/Review
- ☐ Amended Articles/By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

Organization Data

Name: The Family Pantry of Cape Cod Corp

Mailing Address: 133 Queen Anne Road

City: Harwich State: MA Zip: 02645

Phone Number: 508-432-6519 Fax Number: 508-432-7083

Email: cmenard@thefamilypantry.com Website: www.thefamilypantry.com

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>1</u>	Organization Purpose Code 1	<u>45</u>
Type of Organization (Table 2)	<u>11</u>	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

The Family Pantry of Cape Cod Corp 22-3079904

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.

1. On what date was the organization created? 10/15/1990

2. Where was the organization created? Massachusetts

3. What is the form of organization? (check one)

Corporation <input checked="checked" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	4,505,009
B.	Gross support and revenue	5,255,577
C.	Program services and similar amounts paid out	2,946,072
D.	Fundraising expenses	57,779
E.	Management and general expenses	140,713
F.	Payments to affiliates	
G.	Total expenses	3,144,564
H.	Net assets or fund balances at the end of the year	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 Executive Officer	40.00	108,149	11,244	
2.	Jim Obera Warehouse Supervisor	40.00	66,950	11,244	
3.	Pat Brophy Program Manager	40.00	61,013		
4.	Jennifer Vaughn Thrift Shop Manager	30.00	44,400		
5.	Lori Dayton 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). ☐ Yes ☒ No

The Family Pantry of Cape Cod Corp 22-3079904

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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
1.	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 02630	800-240-0555
TD Bank	536 Main Street Harwich Port MA 02646	500-432-1100

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: Christine Menard

Street Address: 133 Queen Anne Road

City: Harwich State: MA Zip Code: 02645

Phone Number: 508-432-6519

The Family Pantry of Cape Cod Corp 22-3079904

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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? ☒ Yes ☐ No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
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.]	<input type="checkbox"/>

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**

18. 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 ☒ No
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.

The Family Pantry of Cape Cod Corp 22-3079904

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20. 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?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ 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 ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

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

If yes, please attach an explanation.

☐ Yes ☒ No

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.

(a) 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 ☒ No

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

☐ Yes ☒ No

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.

The Family Pantry of Cape Cod Corp 22-3079904

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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, waiver 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:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, CPAs, LLC

Address PO Box F
Osterville, MA 02655

City _____ State _____ Zip Code _____

Phone Number 508-428-0790

The Family Pantry of Cape Cod Corp 22-3079904

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input checked="" type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: Rosemarie 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

1022

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:

Name and Title: John DiVito Treasurer
Address 133 Queen Anne Road
City Harwich State MA Zip Code 02645

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

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

Name and Title: John DiVito Treasurer
Address 133 Queen Anne Road
City Harwich State MA Zip Code 02645

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

The Family Pantry of Cape Cod Corp 22-3079904

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input checked="" type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: Rosemarie 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

1022

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:

Name and Title: John DiVito Treasurer

Address 133 Queen Anne Road

City Harwich State MA Zip Code 02645

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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

Name and Title: John DiVito Treasurer

Address 133 Queen Anne Road

City Harwich State MA Zip Code 02645

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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

Massachusetts Statements

5/25/2022 3:08 PM

**Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal
Salaried Executives**

Name	Title	Address	City	State	Zip Code
Matthew Kelley	President	72 Main Street	West Harwich	MA	02671
John DiVito	Treasurer	25 Chimpunk Lane	Plymouth	MA	02360
Toni London	Vice Preside	1022 Orleans Road	Harwich	MA	02645
Melissa Masi	Secretary	3 Rowland Drive	North Chatham	MA	02650
Caesar Alcantara	Director	627 Maian Street	S. Dennis	MA	02660
Craig Morong	Director	270 Stage Island	Chatham	MA	02633
Nancy Poor	Director	98 Gorham Road	Harwich Port	MA	02646
Richard Roy	Director	123 Queen Anne Road	Harwich	MA	02645
Patricia Nadie	Director	39 Captain Bount Road	South Yarmouth	MA	02664
Mary Kate Gallagher	Director	42 Ridgewood Dr.	Yarmouth Port	MA	02675
Matt Pitta	Director	17 Gilbert Lane	Harwich Port	MA	02645
Connor Francis	Director	8 Morgan Circle	Harwich	MA	02645
Justin Tavano	Director	133 Queen Anne Rd	Harwich	MA	02645
Kathy McNamara	Director	96 Uncle Barneys Rd	W. Dennis	MA	02670
Larry Lyford	Director	237 N. Main St.	S. Yarmouth	MA	02664
Christine Menard	Executive Di	133 Queen Anne Road	Harwich	MA	02645

Statement 2 - Form PC, Page 4, Line 18 - Individuals Authorized to Sign Checks or Responsible for Funds

Name	Title	Address	City	State	Zip
Christine Menard	Executive Officer	133 Queen Anne Road	Harwich	MA	02645
John Divito	Treasurer	133 Queen Anne Road	Harwich	MA	02645

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

Question 24G:

Name and Address: Richard Roy, BOD member, 123A Queen Anne Rd., Harwich, MA 02645

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

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

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

C Name of organization
The Family Pantry of Cape Cod Corp

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
133 Queen Anne Road

City or town, state or province, country, and ZIP or foreign postal code
Harwich MA 02645

D Employer identification number
22-3079904

E Telephone number
508-432-6519

F Name and address of principal officer:
Matthew Kelley
72 Main Street
West Harwich MA 02671

G Gross receipts \$ **5,358,468**

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **www.thefamilypantry.com**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1990** **M** State of legal domicile: **MA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **15**

4 Number of independent voting members of the governing body (Part VI, line 1b) **15**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **14**

6 Total number of volunteers (estimate if necessary) **650**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,195,046	4,505,009
9 Program service revenue (Part VIII, line 2g)	231,971	482,069
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,577	19,034
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,363	253,933
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,621,957	5,260,045
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	471,675	446,378
16a Professional fundraising fees (Part IX, column (A), line 11e)	2,164	5,200
b Total fundraising expenses (Part IX, column (D), line 25) 57,779		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,820,610	2,692,986
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,294,449	3,144,564
19 Revenue less expenses. Subtract line 18 from line 12	2,327,508	2,115,481
20 Total assets (Part X, line 16)	6,046,329	8,217,901
21 Total liabilities (Part X, line 26)	40,887	38,251
22 Net assets or fund balances. Subtract line 21 from line 20	6,005,442	8,179,650

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
John DiVito
Type or print name and title
Treasurer

Date

Paid Preparer Use Only

Print/Type preparer's name
Joseph F. McGee, CPA

Preparer's signature
Joseph F. McGee, CPA

Date
05/25/22

Check ☐ If self-employed ☐ PTIN
P01584870

Firm's name
Sanders, Walsh & Eaton, CPAs, LLC

Firm's EIN
84-1894608

Firm's address
PO Box F
Osterville, MA 02655

Phone no.
508-428-0790

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

See Schedule O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,946,072** including grants of \$) (Revenue \$ **482,069**)
The Family Pantry provided food for 1,900,000 meals to 3,357 families. The families represent 8,788 people including 2,636 children. It served over 150 families on its busiest days and saved approx \$2,200,000 in labor costs through the work of its 650 dedicated volunteers.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,946,072**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	14
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did 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 8899 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	X
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? If "Yes," complete Form 6069.		17	

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

Section A. Governing Body and Management

	1a	15	1b	15	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.					9	X

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

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

Section C. Disclosure

17 List 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 ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Christine Menard 133 Queen Anne Road MA 02645 508-432-6519 Harwich**

Form 990 (2021) **The Family Pantry of Cape Cod Corp 22-3079904** Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Matthew Kelley										
President	2.00 0.00	X		X				0	0	0
(2) John DiVito										
Treasurer	2.00 0.00	X		X				0	0	0
(3) Toni London										
Vice President	2.00 0.00	X		X				0	0	0
(4) Melissa Masi										
Secretary	2.00 0.00	X		X				0	0	0
(5) Caesar Alcantara										
Director	1.00 0.00	X						0	0	0
(6) Craig Morong										
Director	1.00 0.00	X						0	0	0
(7) Nancy Poor										
Director	1.00 0.00	X						0	0	0
(8) Richard Roy										
Director	1.00 0.00	X						0	0	0
(9) Patricia Nadie										
Director	1.00 0.00	X						0	0	0
(10) Mary Kate Gallagher										
Director	1.00 0.00	X						0	0	0
(11) Matt Pitta										
Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Connor Francis	1.00									
Director	0.00	X						0	0	0
(13) Justin Tavano	1.00									
Director	0.00	X						0	0	0
(14) Kathy McNamara	1.00									
Director	0.00	X						0	0	0
(15) Larry Lyford	1.00									
Director	0.00	X						0	0	0
(16) Christine Menard	40.00									
Executive Director	0.00	X		X				108,149	0	11,244
1b Subtotal								108,149		11,244
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,149		11,244

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,505,009			
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,122,809			
	h Total. Add lines 1a-1f		4,505,009			
Program Service Revenue	2a Trift Shop sales	Business Code 453310	482,069	482,069		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		482,069			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,566			14,566
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	92,791			
	b Less: cost or other basis and sales exps.		88,323			
	c Gain or (loss)		4,468			
	d Net gain or (loss)		4,468	4,468		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	262,220			
	b Less: direct expenses	8b	10,100			
	c Net income or (loss) from fundraising events		252,120			
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Other income	Business Code	1,813	1,813		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,813			
12 Total revenue. See instructions			5,260,045	488,350	0	14,566

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,453	270,639	91,498	26,316
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,059	17,063	5,240	1,756
9 Other employee benefits	33,866	23,595	7,977	2,294
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	10,051		10,051	
c Accounting				
d Lobbying	5,200			5,200
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,033		1,033	
12 Advertising and promotion	6,121	2,755		3,366
13 Office expenses	45,393	19,839	6,707	18,847
14 Information technology				
15 Royalties				
16 Occupancy	35,815	33,576	2,239	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	93,996	88,121	5,875	
22 Depreciation, depletion, and amortization	28,226	24,526	3,700	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,288,232	2,288,232		
a Food costs	90,883	85,203	5,680	
b Repairs & maintenance	29,726	29,726		
c Donations	21,133	21,133		
d Credit card fees	42,377	41,664	713	
e All other expenses	3,144,564	2,946,072	140,713	57,779
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,260,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,144,564
3	Revenue less expenses. Subtract line 2 from line 1	3	2,115,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,005,442
5	Net unrealized gains (losses) on investments	5	58,727
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,179,650

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

The Family Pantry of Cape Cod Corp

Employer identification number

22-3079904

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

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

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

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

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,372,308
6 Public support. Subtract line 5 from line 4						17,390,102

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,785,282	2,718,781	3,558,292	5,195,046	4,505,009	18,762,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,798	6,916	25,005	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.)						
11 Total support. Add lines 7 through 10					12	18,836,634
12 Gross receipts from related activities, etc. (see instructions)						2,935,285
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	92.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.64 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 8						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—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 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a 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.
- b 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Yes	No
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2		

Section C. Type II Supporting Organizations

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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		Yes	No
		1		

Section D. All Type III Supporting Organizations

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable 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		
i	Carryover from 2016 not applied (see instructions)		
j	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.		
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 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

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

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 Inspection

Name of the organization The Family Pantry of Cape Cod Corp	Employer identification number 22-3079904
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	◆ \$
b Assets included in Form 990, Part X	◆ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		387,201		387,201
b Buildings		1,733,114	716,009	1,017,105
c Leasehold improvements				
d Equipment		372,460	303,309	69,151
e Other		28,881	21,879	7,002
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,480,459

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(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 reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,321,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	58,727
b	Donated services and use of facilities	2b	2,525
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	61,252
3	Subtract line 2e from line 1	3	5,260,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,260,045

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

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

1	Total expenses and losses per audited financial statements	1	3,147,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,525
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,525
3	Subtract line 2e from line 1	3	3,144,564
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,144,564

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2021

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

The Family Pantry of Cape Cod Corp

Employer identification number

22-3079904**Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
 b ☐ Internet and email solicitations
 c ☐ Phone solicitations
 d ☐ In-person solicitations
 e ☐ Solicitation of non-government grants
 f ☐ Solicitation of government grants
 g ☐ Special fundraising events

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? ☐ Yes ☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Summer Gala (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	262,220			262,220
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	262,220			262,220
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,100			10,100
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,100
	11 Net income summary. Subtract line 10 from line 3, column (d)				252,120

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ♦

Address ♦

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ♦ \$ and the 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
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

22-3079904

The Family Pantry of Cape Cod Corp

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958				
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization				

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 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) Sharing of org. revenues?	
				Yes	No
(1) Rick Roy Construction	Director of FPC	35,856	Construction service		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V - Additional Information

Rick Roy Constructio is owned by a current Board member of the Family
Pantry of Cape Cod.

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

OMB No. 1545-0074

2021

Open To Public
Inspection

The Family Pantry of Cape Cod Corp

Employer identification number
22-3079904

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	2,105,219	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ♦()	X	1	17,590	FMV
26	Other ♦()				
27	Other ♦()				
28	Other ♦()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	Yes	No
b	If "Yes," describe the arrangement in Part II.			X
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M - Supplemental Information

The Organization receives substantial food donations from individuals and various organizations. It also receives clothing, furniture and other household items from the general public for its thrift shop operations.

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

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 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."

Name of the organization	Employer identification number
The Family Pantry of Cape Cod Corp	22-3079904

Form 990, Part VI, Line 15b - Compensation Process for Officers

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 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents and financial statements available to the public upon request. Governing documents are also available on the Massachusetts Secretary of State website.

