EXTENDED TO NOVEMBER 15, 2023 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change THE FOOD DRIVE INC. **-***1692 Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 617-501-7134 25 SARGENT STRET 554,055. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MELROSE, MA 02176 H(a) Is this a group return Applica-tion pending Yes X No F Name and address of principal officer: for subordinates? __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.THEFOODDRIVE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2020 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE CORPORATION WAS ORGANIZED Activities & Governance MELROSE, MASSACHUSETTS TO PROMOTE FOOD ACCESS, FOOD JUSTICE, AND 2 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 503,258. 450,405. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 42,549. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 450,405 545,807 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 57,050. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 64,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 383,335. 412,780. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 476,780. 440,385. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,020. 69,027. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 79,047 10,020. Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 10,020. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CHARLES A. RHUDA III P00133647 Paid self-employed NOVOGRADAC & COMPANY LLP Firm's EIN **-**8253 Firm's name Preparer Firm's address 211 CONGRESS STREET, SUITE 710 Use Only Phone no. 617 - 330 - 1920BOSTON, MA 02110 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	m 990 (2022) THE FOOD DRIVE INC. **-***16	92	Page 2
Pa	art 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:		
	THE CORPORATION WAS ORGANIZED IN MELROSE, MASSACHUSETTS TO PROMOT	Έ	
	FOOD ACCESS, FOOD JUSTICE, AND CLIMATE ACTION. WE PARTNER WITH		
	COMMERCIAL AND COMMUNITY SOURCES TO RESCUE WHOLESOME FOOD THAT WO	ULD	
	OTHERWISE GO TO WASTE AND DELIVER IT DIRECTLY TO LOCAL PANTRIES,		
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	X 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	X 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 expension	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	ises, an	b
	revenue, if any, for each program service reported.		
4a)55 .)
	THROUGH OUR PRIMARY ACTIVITY OF FOOD RESCUE, THE FOOD DRIVE RECOV		
	FOOD THAT WOULD HAVE BEEN WASTED AT COMMERCIAL SOURCES AND DELIVE		<u>T</u>
	AT NO COST TO PANTRIES, LOW-INCOME HOUSING, AND OTHER RECIPIENTS		
	LITERALLY DRIVING FOOD FROM THE POINT OF POTENTIAL WASTE TO THE P		<u>'</u>
	OF NEED. IN ADDITION TO OUR OWN CITY OF MELROSE, WE SERVE EVERETT		
	LYNN, MALDEN, MEDFORD, READING, REVERE, SAUGUS, STONEHAM, WAKEFIE		
	AND WOBURN. OUR FOCUS IS PROVIDING THE FRESH, NUTRITIOUS FOOD THA		
	VITAL FOR GOOD HEALTH AND CAN BE PROHIBITIVELY EXPENSIVE AND IN S	HORT	<u> </u>
	SUPPLY AT FOOD PANTRIES.		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 476,780.		

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	4		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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4.5		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
) 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on Fart ix, column (A), line 1: If "Yes," complete Schedule I, Parts I and II	41		_ 41

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

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
04		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	150		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	255	Щ_
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022) THE FOOD DRIVE INC.

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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).	_		37
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	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
لہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α
d		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	,			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	1		
с 14а	Did the appropriation provides any company for independent or an incompany that the same of	14a		Х
	15 Th C 11 Th C 11 Th C 1 Th C 11 Th C	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	175		
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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 Yes No 5 **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. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA 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. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JANA GIMENEZ - 617-501-7134 SARGENT STREET, MELROSE, 02176

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

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

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

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

hours per week (list any hours for related organizations below line) (1) JANA GIMENEZ EXECUTIVE DIRECTOR (2) TONY GIMENEZ PROGRAM DIRECTOR (3) ELIZABETH BIANCO BOARD PRESIDENT (1) List any hours for related organizations below line) (2) TONY GIMENEZ PROGRAM DIRECTOR (3) ELIZABETH BIANCO BOARD PRESIDENT (4) List any hours for related organization (list any hours for related organization from the organization (W-2/1099-MISC/ 1099-NEC) (2) TONY GIMENEZ PROGRAM DIRECTOR (3) ELIZABETH BIANCO BOARD PRESIDENT (4) Compensation from the organizations (W-2/1099-MISC/ 1099-NEC) (4) Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (5) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (6) A Compensation from the organization and related organizations (8) A Compensation from the organization and related organizations (8) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (8) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (9) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (9) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (1) ANA GIMENEZ A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) (1) ANA GIMENEZ A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) A Compensation from the organization (W-2/1099-NISC/ 1099-NEC) A Compensation from the organization (W-2/1099-NISC/ 1099-NISC/ 1099-NIS	(A)	(B)			((Doc	C)			(D)	(E)	(F)
Week (list any hours for related organizations below line)	Name and title			not c	heck	more	than o			Reportable	
Clist any hours for related organizations below line Dept.		· · · · · · · · · · · · · · · · · · ·									
(1) JANA GIMENEZ			tor								
(1) JANA GIMENEZ			direc.				- - - -				
(1) JANA GIMENEZ		related	tee oi	ustee			ensat			1099-NEC)	organization
(1) JANA GIMENEZ		1 -	altrus	nal tr		loyee	comp		1099-NEC)		l
(1) JANA GIMENEZ			udividu	nstitutio	fficer	ey emp	lighest mploye	ormer			organizations
C2 TONY GIMENEZ 20.00	(1) JANA GIMENEZ		_	=		×	1 0				
RECORD R	EXECUTIVE DIRECTOR		Х		Х				46,000.	0.	0.
1.00	(2) TONY GIMENEZ	20.00									
DOARD PRESIDENT X X X 0. 0. 0. 0. 0. 0. 0.	PROGRAM DIRECTOR		Х		Х				18,000.	0.	0.
(4) BETH BLATCHFORD 1.00 TREASURER X X 0. 0. 0. (5) JILL TULLY 1.00 0. 0. 0. 0. CLERK X X 0. 0. 0. (6) ROBIN PEEVEY 1.00 X 0. 0. 0. AT LARGE X 0. 0. 0. 0. (7) ED BUTTS 1.00 0. 0. 0. 0.	(3) ELIZABETH BIANCO	1.00									
X X 0. 0. 0. 0.	BOARD PRESIDENT		Х		Х				0.	0.	0.
S JILL TULLY	(4) BETH BLATCHFORD	1.00									
CLERK X X X 0. 0. 0. (6) ROBIN PEEVEY 1.00 0.			Х		X				0.	0.	0.
(6) ROBIN PEEVEY AT LARGE X 0. 0. 0. 0.		1.00	4								
AT LARGE X 0. 0. 0. (7) ED BUTTS 1.00		1 22	X		X				0.	0.	0.
(7) ED BUTTS 1.00		1.00	١							•	
		1 00	X						0.	0.	0.
AT LARGE X 0. 0. 0.		1.00	.,								
	AT LARGE		X						0.	0.	0.
			1								
			-								
			_								
			\vdash								

	1 990 (2022) THE FOOD									**_*	**1	692	Pa	age 8
Pai	T VII Section A. Officers, Directors, Trus		loye	ees,			ghes	t C		,				
	(A) Name and title	(B) Average hours per week	box, offic	not c unle	Pos heck i ss per	more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relate anization	e ion ed
16	Subtotal								64,000.		0.			0.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0. 64,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;		Yes	0 N o
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch ı	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ensa	tion fro	om	
	(A) Name and business			NI					(B) Description of s		С	(Compe	C) nsatio	n
2	Total number of independent contractors (in	•	ot lin	nited	d to	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation)					Form	990 (2022)

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ij gi					25,000.				
ns, Sirr			Government grants (contributions		23,000.				
utic		T	All other contributions, gifts, grants, a		478,258.				
ĕ			similar amounts not included above		385,900.				
ont		-	Noncash contributions included in lines 1a-1f	`		E02 2E0			
O g		n	Total. Add lines 1a-1f		B	503,258.			
					Business Code				
<u>ic</u> e		а							
erv		b							
n S		С							
ran 3ev		d							
Program Service Revenue		е							
Ē			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividence)	dends, intere	st, and				
			other similar amounts)						
	4		Income from investment of tax-ex-						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i)	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Je v			Net gain or (loss)						
er			Gross income from fundraising events	I					
g	·	_	including \$	· I					
			contributions reported on line 1c).						
			Part IV, line 18	I	50,797.				
		h	Less: direct expenses						
			Net income or (loss) from fundrais			42,549.			42,549.
			Gross income from gaming activit	-		12,5131			12/0131
	9	u	Part IV, line 19	I					
		h	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less retu						
	10	а							
		L	and allowances	I					
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of	inventory	Business Code				
S		_			Dusilless Code				
eo Te	11								
Miscellaneous Revenue									
Se.		С							
Ξ			All other revenue						
			Total. Add lines 11a-11d				^	^	40 540
	12		Total revenue. See instructions			545,807.	0.	0.	42,549.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 64,000. 64,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 1,616. 1,616. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 201. 201. column (A), amount, list line 11g expenses on Sch O.) 4,107. 4,107. Advertising and promotion 12 2,442. 2,442. Office expenses 13 588. 588. Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,146. 1,146. 23 Other expenses. Itemize expenses not covered 24 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.) 385,900. 385,900. IN-KIND FOOD RESCUE 5,995. FOOD PURCHASE 5,995. 4,056. 4,056. UTILITIES 2,658. 2,658. TRANSPORTATION 4,071. 4.071. All other expenses 476,780. 476,780. 0 0. Total functional expenses. Add lines 1 through 24e 25 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

21131113 311653 FUM002

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,020.	1	79,047.
	2	Savings and temporary cash investments		•	2	,
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	' '			
		controlled entity or family member of any of thes	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	· · · · · ·		6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		10,020.	16	79,047.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abi		controlled entity or family member of any of thes	e persons		22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page	yables 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		0.	26	0.
(0		Organizations that follow FASB ASC 958, che	ck here			
Š		and complete lines 27, 28, 32, and 33.				
alan	27				27	
Ä	28	Net assets with donor restrictions			28	
Ĕ		Organizations that do not follow FASB ASC 9	58, check here X			
F		and complete lines 29 through 33.		^		
ţ	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq		10.020	30	70.047
χ¥	31	Retained earnings, endowment, accumulated inc		10,020. 10,020.	31	79,047. 79,047.
ž	32	Total net assets or fund balances		10,020.	32	79,047.
	33	Total liabilities and net assets/fund balances		10,040.	33	13,041.

Pa	rt XI Reconciliation of Net Assets				J		
	Check if Schedule O contains a response or note to any line in this Part XI						
	Oncok ii Ouricadic O contains a response of note to any line in this rate Xi						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54!	5.8	07.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			80.		
3	Revenue less expenses. Subtract line 2 from line 1	3			27.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7							
8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	79	9,0	47.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Total

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE FOOD DRIVE INC.

Employer identification number

-*1692 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if yo	ou checked the box on line 5, 7, or 8 of	Part I or if the organizat	ion failed to qualify und	der Part III. If the organization
fails to qualify unde	er the tests listed below, please comple	te Part III.)		

Sed	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	Г					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	rganization		Ш
b	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instructions	·
						Schedule A	(Form 990) 2022

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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")			25,614.	450,405.	554,055.	1030074.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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			25,614.	450,405.	554,055.	1030074.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1030074.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			25,614.	450,405.	554,055.	1030074.
10 <i>a</i>	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			25,614.	450,405.	554,055.	1030074.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	column (f))		15	<u>100.00 %</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	.00 %
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation If the organization	n did not chock a	hay an lina 14 10	or 10h chock th	ic hay and can incl	ructions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9с		
10a		
401		
10b		

232024 12-09-22

Par	Supporting Organizations (continued)	_	
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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?		
	A family member of a person described on line 11a above?		_
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
01	detail in Part VI.		
Seci	ion B. Type I Supporting Organizations	1	Τ
		Yes	No
	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. Did the organization operate for the benefit of any supported organization other than the supported.		
	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		
Sect	supervised, or controlled the supporting organization. 2 ion C. Type II Supporting Organizations		
	, , , , , , , , , , , , , , , , , , , ,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		110
	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).		
Sect	ion D. All Type III Supporting Organizations		
		Yes	No
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?		_
	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).		
	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		
Sect	supported organizations played in this regard. 3 ion E. Type III Functionally Integrated Supporting Organizations		1
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	nns)	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	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,

Sche	dule A (Form 990) 2022 THE FOOD DRIVE INC.		;	**-***1692 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
<u> </u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

Schedule A (Form 990) 2022

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

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

r	THE FOOD DRIVE INC.	**-***1692		
Organization type (chec	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)($\textbf{3}$) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.		
General Rule				
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib			
Special Rules				
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	6b, and that received from any one		
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.				
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becausable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc., use it received <i>nonexclusively</i>		
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 iling requirements of Schedule B (Form 990).			

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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-*1692

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EVERETT CITIZENS FOUNDATION 484 BROADWAY EVERETT, MA 02149	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MELROSE COOP BANK FOUNDATION PO BOX 761145 MELROSE, MA 02176	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SANTANDER 492 MAIN STREET MELROSE, MA 02176	\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

THE FOOD DRIVE INC.

-*1692

(b) Description of noncash property given	(c) FMV (or estimate)	(d)
	(See instructions.)	Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.)

Page 4

Name of organization **Employer identification number** **-***1692 THE FOOD DRIVE INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT 1

DURING 2022 THE FOOD DRIVE EXCEEDED THE \$500,000 THRESHHOLD FOR REQUIRING AN AUDIT FOR MASSACHUSETTS PURPOSES. TIME WAS NEEDED TO FIND AN INDEPENDANT PUBLIC ACCOUNTANT TO PERFORM THIS AUDIT SINCE THE PRIOR TAX PREPARER WAS NOT LICENSED TO PERFORM FINANCIAL STATEMENT AUDITS. IN THE TRANSITION TO THE NEW AUDIT AND TAX PROVIDER THERE WAS A MISCOMMUNICATION BETWEEN THE PRIOR TAX PREPARER AND THE NEW AUDIT AND TAX FIRM THAT RESULTED IN A MISSED EXTENSION. WE ARE A NEW SMALL NON-PROFIT WHO VERY MUCH WISHES, AND INTENDS TO BE IN COMPLIANCE WITH ALL OF OUR COMPLIANCE REQUIREMENTS AND ASK FOR ANY PENALTIES BE ABATED FOR THE REASONABLE CAUSE STATED ABOVE. IT IS OUR INTENTION WITH OUR NEW FIRM TO BE COMPLIANT AND TIMELY WITH ALL OF OUR FILINGS IN THE FUTURE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	THE FOOD DRIV	VE INC	•			*	*-***1	692	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	n		(d) d of determin ontribution a	_	s
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		385,90	0. IN-	-KIND	FOOD R	ESC	UE
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by		• • • • •		-	, that it			
	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard cont	ributions	?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell nonc	ash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is	checked,				
	describe in Part II.								

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FOOD DRIVE INC.

Employer identification number **-**1692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CLIMATE ACTION. WE PARTNER WITH COMMERCIAL AND COMMUNITY SOURCES TO
RESCUE WHOLESOME FOOD THAT WOULD OTHERWISE GO TO WASTE AND DELIVER IT
DIRECTLY TO LOCAL PANTRIES, PROGRAMS, AND PEOPLE WITHIN AN APPROXIMATE
TEN-MILE RADIUS. A SIGNIFICANT PORTION OF OUR RESCUED FOOD IS FRESH
PRODUCE, HELPING TO BRIDGE THE SHORTAGE OF HEALTHY FOOD AVAILABLE TO
PEOPLE IN POVERTY
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS, AND PEOPLE WITHIN AN APPROXIMATE TEN-MILE RADIUS. A
SIGNIFICANT PORTION OF OUR RESCUED FOOD IS FRESH PRODUCE, HELPING TO
BRIDGE THE SHORTAGE OF HEALTHY FOOD AVAILABLE TO PEOPLE IN POVERTY
FORM 990, PART VI, SECTION A, LINE 2:
THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR ARE HUSBAND & WIFE
FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS ARE PRIVIDED A COPY OF THE 990 PRIOR TO FILING FOR REVIEW
AND APPROVAL
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IN ADDITION, FORM 990 IS
AVAILABLE VIA THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

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

Schedule O (Form 990) 2022

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION **ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108**

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

Form PC

				Check all items atta	ached
Report for the Fiscal Period: $01/01/22$ to $12/31$	L/22			(if applicable)	
AG Account #: Federal ID #	: <u>**-**</u>	*1692	_	Filing Fee or P Electronic Pay Confirmation	rintout of ment
Electronic Payment Confirmation #:				X Copy of IRS R	eturn
Attach printout of electro	onic paymer	t confirmation.		X Audited Finance	cial
				Statements/Re	
Electronic Payment Date:				Amended Artic	cles/
When did the organization first engage in				X Schedule A-1	
charitable work in Massachusetts? 11/24/2020				X Schedule A-2	
				Schedule RO	
Has the organization applied for or been granted				Schedule VCC)
IRS tax exempt status?		X Yes	No	Probate Accou	ınt
If yes, date of application OR date of determination letter:		11/24/2	1020		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organizati tax deductible as charitable contributions?	on	X Yes [No		
Organization Data					
Name: THE FOOD DRIVE INC.					
Name. THE FOOD DRIVE INC.					
Mailing Address: 25 SARGENT STRET					
				00456	
City: MELROSE	S	tate: MA	ZIP: <u></u>	02176	
Phone Number: 617-501-7134		Fax Number:			
Email: FOODDRIVEMELROSE@GMAIL.COM		Website: WWW • T	HEFOODDRIVE.	ORG	
In the table below, please enter the appropriate codes from the	correspond	ng tables found in the	e instructions.		
Enter up to 2 codes from Table 3 for your organization's main po	-				
Ottorio	T O de	1	Ontonio		0 - 1 -
Category	Code		Category		Code
County (Table 1)	9	Organization Purpo	se Code 1		47
Type of Organization (Table 2)	11	Organization Purpor	se Code 2		
Please check box if final return prior to dissolution:					
		ſ		mant Dancher	
Form PC Rev. 01/2023	Page	1 of 15	Office Use Only: Pay	ment Received	

Yes

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? $\frac{11/24/202}{2}$

2. Where was the organization created? MELROSE , MA	
---	--

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

	Corporation	X	Testamentary Trust	
	Unincorporated Association		Inter Vivos Trust	
	Other (please describe):			
4.	Was your organization related to any other organization(s) during the	ne report	ing year (see definition "Related Organization")? If yes, please	

5. Enter your summary of financial data:

complete the Schedule RO on pages 13 and 14.

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	503,258.
В.	Gross support and revenue	545,807.
C.	Program services and similar amounts paid out	476,780.
D.	Fundraising expenses	0.
E.	Management and general expenses	0.
F.	Payments to affiliates	0.
G.	Total expenses	476,780.
Н.	Net assets or fund balances at the end of the year	79,047.

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
	JANA GIMENEZ				
1.	EXECUTIVE DIRECTOR	40.00	46,000.	0.	0.
	TONY GIMENEZ				
2.	PROGRAM DIRECTOR	20.00	18,000.	0.	0.
3.					
4.					
5.					

7.	Was any compensation provided to any of the individuals listed in question 6 above not quantified in your response to 6?	If ye	s, please p	<u>orovi</u> c	de
	explanation (attach separate sheet)		Yes	X	No

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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
	NONE		
٦.	NONE		
2.			
3.			
4.			
5.			

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

	Bank		Addre	ess	Phone			
SANTANI	DER	492 MAIN 02176	STREET,	MELROSE,	MA	781-665-4856		
10. What is	the organization's accounting method?	Cash	X Accrual					
		Other (specify):					
11. If organ	nization's mailing address is a P.O. Box, lis	t the organizatio	on's full street add	dress:				
Addres	s:							
City:				State: _	2	ZIP Code:		
12. Contac	t Person Name:							
Street A	Address:							
City:				State: _		ZIP Code:		
Phone	Number:							

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13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	X Yes	☐ No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.	X Yes	☐ No
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box below to identify which exemption applies to your organization.		
	a religious organization		
	an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from	m	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unp	aid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)		
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates	3.	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried e	xecutives	
	of organization. STATEMENT 1		
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual	ividual(s)	

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

If yes 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.

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Yes X No

STATEMENT 2

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT 1
NAME AND ADDRESS	5			T	ITLE	
JANA GIMENEZ 25 SARGENT STRET MELROSE, MA 021				EX	XECUTIVE DIREC	TOR
TONY GIMENEZ 25 SARGENT STRET MELROSE, MA 021				PI	ROGRAM DIRECTO	PR
ELIZABETH BIANCO 25 SARGENT STRET MELROSE, MA 021	1			В	DARD PRESIDENT	1
BETH BLATCHFORD 25 SARGENT STRET MELROSE, MA 021				TI	REASURER	
JILL TULLY 25 SARGENT STRET MELROSE, MA 021				CI	LERK	
ROBIN PEEVEY 25 SARGENT STRET MELROSE, MA 021				ΑŢ	Γ LARGE	
ED BUTTS 25 SARGENT STRET MELROSE, MA 021				A.	Γ LARGE	

FORM PC	PAGE 4, LINE 18	STATEMENT 2
NAME AND ADDRESS	AREA OF RESPONSIBILE	ГТY
JANA GIMENEZ 25 SARGENT STREET MELROSE, MA 02176	RESPONSIBLE FOR CUST	ODY OF FUNDS
JANA GIMENEZ 25 SARGENT STREET MELROSE, MA 02176	RESPONSIBLE FOR DIST	RIBUTION OF FUNDS
JANA GIMENEZ 25 SARGENT STREET MELROSE, MA 02176	RESPONSIBLE FOR FUNI	DRAISING
JANA GIMENEZ 25 SARGENT STREET MELROSE, MA 02176	CUSTODY OF FINANCIAL	L RECORDS
JANA GIMENEZ 25 SARGENT STREET MELROSE, MA 02176	AUTHORIZED TO SIGN O	CHECKS
BETH BLATCHFORD 37 WHITMAN AVENUE MELROSE, MA 02176	RESPONSIBLE FOR CUST	CODY OF FUNDS
BETH BLATCHFORD 37 WHITMAN AVENUE MELROSE, MA 02176	RESPONSIBLE FOR DIST	TRIBUTION OF FUNDS
BETH BLATCHFORD 37 WHITMAN AVENUE MELROSE, MA 02176	CUSTODY OF FINANCIAL	L RECORDS
BETH BLATCHFORD 37 WHITMAN AVENUE MELROSE, MA 02176	AUTHORIZED TO SIGN O	CHECKS

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relaties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(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	X No
	(b)	Do you have such an agreement with any individual described in Related Party definition, sections (a) or (b)?	Yes	X No
	-	u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, state ount of any payments made or value transferred, and describing the terms of each agreement.	ing the	

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, 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.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		
	related party?	Yes	X No
_		l	.
В.	Has your organization leased assets to or leased assets from a related party?	Yes Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
<u> </u>	That your organization book industrial to a foliated party.		
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
			37
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
	or other value in return?	res	A NO
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		
	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		X No
	more than 10% of the outstanding shares?	Yes Yes	A No
L.	Is any property of the organization held in the name of or commingled with the property of any other person		
L.	or organization?	Yes	X No
	ga	, , , , ,	
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?	Yes	X No

Signature Required			
port, including all attach	ments, is true and		
	Date:		
State <u>MA</u>	ZIP Code 02110		
	port, including all attach		

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

List any names which will be used by the organization in copage 1.	onnection with the soli	citation of funds, other th	an the official name which app	ears on
Types of solicitation activities in which you expect to engage	ge (check all that apply	y):		
Mass Mailing	X	Via the Internet		X
Door-to-door		Raffle, beano, bingo or	gaming event	
Entertainment event	X	Sale of goods other tha		
Telemarketing without sale of goods or ads		Individual Mailings		X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
Identify the method or methods you expect to use for the full Professional solicitor*	undraising (check all t	that apply): Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*				
* Provide applicable names and addresses:				
Professional Solicitor Name:				
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:				
Address				
City	;	State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

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

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

JANA GIMENEZ Name and Title: EXECUTIVE DIRECTOR Address 25 SARGENT STREET ______ State MA _____ ZIP Code 02176 City MELROSE Name and Title: City _____ State ____ ZIP Code ____ City _____ State ____ ZIP Code _____ Identify the individuals who will have final responsibility for the charity's distribution of contributions: JANA GIMENEZ Name and Title: EXECUTIVE DIRECTOR Address 25 SARGENT STREET ______ State <u>MA</u> _____ ZIP Code 02176 City MELROSE Name and Title: City _____ State ____ ZIP Code ____ City _____ State ____ ZIP Code ____

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 copage 1.	onnection with the soli	citation of funds, other tha	an the official name which appe	ears on
Types of solicitation activities in which you expect to engage	ge (check all that apply	y):		
Mass Mailing	X	Via the Internet		
Door-to-door		Raffle, beano, bingo or g	gaming event	
Entertainment event	X	Sale of goods other than		
Telemarketing without sale of goods or ads		Individual Mailings		X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
Identify the method or methods you expect to use for the for	undraising (check all t	T		TT.
Professional solicitor*		Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*		J		
* Provide applicable names and addresses:				
Professional Solicitor Name:				
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:				
Address				
City		State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

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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: TANA GIMENET.

Name and Title: EXECUTIVE DIREC	CTOR	
Address 25 SARGENT STREET		
City MELROSE	State MA	ZIP Code 02176
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
JANA GIMENEZ Name and Title: EXECUTIVE DIREC	ility for the charity's distribution of contributions:	
Address 25 SARGENT STREET		
City MELROSE	State MA	ZIP Code 02176
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	Stata	ZID Codo

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: JANA GIMENEZ	
Title: EXECUTIVE DIRECTOR	
Signature:	Date:
Printed Name: BETH BLATCHFORD	
Title: TREASURER	

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Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director)

and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source. Title: Name: Salary and Other Income: Benefits Plan: Other Compensation Income Source: Title: Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Title: Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Title: Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Tit<u>le:</u> Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation 3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to X No

Form PC - Schedule RO

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Yes

foundations excluded pursuant to instructions?