

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: FOODLINK, INC. D Employer identification number: 22-2428304 E Telephone number: (585) 328-3380 G Gross receipts \$: 63,461,016. H(a) Is this a group return for subordinates? Yes No X No H(b) Are all subordinates included? Yes No H(c) Group exemption number: I Tax-exempt status: X 501(c)(3) J Website: WWW.FOODLINKNY.ORG K Form of organization: X Corporation L Year of formation: 1982 M State of legal domicile: NY

Part I Summary Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

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 Block Form with fields for Sign Here (Signature of officer: JULIA TEDESCO, PRESIDENT AND CEO), Preparer (Print/Type preparer's name: NANCY J. SNYDER, Preparer's signature: NANCY J. SNYDER, Date: 01/15/25, PTIN: P01340545), and Preparer Use Only (Firm's name: BONADIO & CO., LLP, Firm's EIN: 16-1131146, Firm's address: 171 SULLY'S TRAIL, PITTSFORD, NY 14534, Phone no.: (585) 381-1000).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO LEVERAGE THE POWER OF FOOD TO END HUNGER AND BUILD HEALTHIER COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 50,028,236. including grants of \$ 5,859,340.) (Revenue \$ 8,391,397.) FOOD BANK PROGRAMS DEDICATED TO MINIMIZING FOOD WASTE BY PROVIDING FOOD, SKILLS & RESOURCES TO EMERGENCY FOOD PROVIDERS AND OTHER CHARITABLE ORGANIZATIONS. THE NUMBER OF MEALS SERVED WAS 21,238,246 . THE AVERAGE POUNDS PER MEAL WAS 1.2 POUNDS.

4b (Code:) (Expenses \$ 6,757,619. including grants of \$ 615,849.) (Revenue \$ 3,880,391.) CHILD NUTRITION PROGRAMS PROVIDE NUTRITIOUS MEALS TO SCHOOL-AGE CHILDREN. THE NUMBER OF LUNCHESES PRODUCED WAS 972,450, THE NUMBER OF BREAKFASTS PRODUCED WAS 479,603 AND THE NUMBER OF SNACKS PRODUCED WAS 594,156.

4c (Code:) (Expenses \$ 2,622,061. including grants of \$) (Revenue \$ 364,566.) COMMUNITY HEALTH PROGRAMS INCREASE ACCESS TO HEALTHY, AFFORDABLE FOODS IN UNDERSERVED NEIGHBORHOODS, WHILE ALSO PROVIDING NUTRITION AND CULINARY EDUCATION TO THE COMMUNITY. IN FISCAL YEAR 2024 FOODLINK REACHED 4,414 PEOPLE THROUGH COOKING DEMOS, WORKSHOPS, AND CLASSES, PRODUCED 3,735 POUNDS OF PRODUCE AT OUR LEXINGTON AVENUE COMMUNITY FARM, AND PERFORMED 29,309 TRANSACTIONS FROM OUR CURBSIDE MARKET.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,965,072. including grants of \$) (Revenue \$ 41,246.)

4e Total program service expenses 61,372,988.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various IRS requirements and their status.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form with questions 2a through 17 and Yes/No columns. Includes fields for employee count (176) and various tax compliance questions.

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

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

X

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHARI LAMPFRON - (585) 328-3380
2011 MT. READ BLVD., ROCHESTER, NY 14615

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA TEDESCO PRESIDENT AND CHIEF EXECUT	35.00 5.00			X			217,939.	0.	47,510.	
(2) TERRA KELLER COO & CFO	35.00 5.00			X			175,361.	0.	44,552.	
(3) JAMIE WARREN CHIEF PEOPLE AND CULTURE OFFICER	35.00 5.00				X		139,764.	0.	26,227.	
(4) MITCHELL GRUBER CHIEF PROGRAMS OFFICER	35.00 5.00				X		145,216.	0.	9,999.	
(5) ARARON BERTRAM DIRECTOR	1.00	X					0.	0.	0.	
(6) BOBBY COLON DIRECTOR	1.00	X					0.	0.	0.	
(7) BONNIE DEVINNEY SECRETARY	1.00	X	X				0.	0.	0.	
(8) CAREY COREA DIRECTOR	1.00	X					0.	0.	0.	
(9) KIMBERLY BRAITHWAITE DIRECTOR	1.00	X					0.	0.	0.	
(10) LISA BOBO VICE-CHAIR	1.00	X	X				0.	0.	0.	
(11) LOREN FLAUM DIRECTOR	1.00	X					0.	0.	0.	
(12) LUIS BURGOS DIRECTOR	1.00	X					0.	0.	0.	
(13) MATTHEW SQUIRES DIRECTOR	1.00	X					0.	0.	0.	
(14) MEGHAN DIPASQUALE DIRECTOR	1.00	X					0.	0.	0.	
(15) MOLLY CUMMINGS DIRECTOR	1.00	X					0.	0.	0.	
(16) ORLANDO ORTIZ DIRECTOR	1.00	X					0.	0.	0.	
(17) PATRICK BOURCY ASSISTANT SECRETARY	1.00	X	X				0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(19) RONALD LITTLE TREASURER	1.00	X		X				0.	0.	0.
(20) THOMAS KANE CHAIR	1.00	X		X				0.	0.	0.
(21) TONYA DICKERSON DIRECTOR	1.00	X						0.	0.	0.
(22) COURTNEY COTRUPE DIRECTOR	1.00	X						0.	0.	0.
(23) GARTH HANKINSON DIRECTOR	1.00	X						0.	0.	0.
(24) CHRISTIAN WALKER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								678,280.	0.	128,288.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								678,280.	0.	128,288.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPU-MAIL, LLC, 3235 GRAND ISLAND BLVD, GRAND ISLAND, NY 14072	MAILING SERVICES	175,396.
WYE, LLC UNIT 23, PO BOX 4800, PORTLAND, OR 97208	SOFTWARE PROVIDER	144,370.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	279,302.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	10,814,415.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	38,266,694.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 32,601,151.				
	h	Total. Add lines 1a-1f		49,360,411.			
	Program Service Revenue	2 a	SHARED MAINTENANCE	900099	5,777,656.	5,777,656.	
		2 b	KITCHEN MEALS REVENUE	900099	3,880,391.	3,880,391.	
2 c		WHOLESALE FOOD DISTRIBUTION	424000	2,613,741.	2,613,741.		
2 d							
2 e							
2 f		All other program service revenue					
g		Total. Add lines 2a-2f		12,271,788.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,794.		71,794.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	58,251.			
			(ii) Personal				
			6a	58,251.			
	6 b	Less: rental expenses	0.				
	6 c	Rental income or (loss)	58,251.				
	d	Net rental income or (loss)		58,251.		58,251.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	79,166.			
			7a				
	7 b	Less: cost or other basis and sales expenses	66,702.				
	7 c	Gain or (loss)	12,464.				
	d	Net gain or (loss)		12,464.		12,464.	
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	1,213,794.				
		8 b	264,197.				
		8a	1,213,794.				
8 b	Less: direct expenses	264,197.					
c	Net income or (loss) from fundraising events		949,597.		949,597.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9 b					
		9a					
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10 b					
		10a					
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	900099	364,566.	364,566.		
	11 b	FEES FOR SERVICE	900099	41,246.	41,246.		
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		405,812.			
12	Total revenue. See instructions		63,130,117.	12677600.	0.	1092106.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,475,189.	6,475,189.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	491,944.	306,544.	126,156.	59,244.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,331,155.	5,299,358.	521,210.	510,587.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	264,639.	215,452.	27,971.	21,216.
9 Other employee benefits	1,361,974.	1,043,664.	235,575.	82,735.
10 Payroll taxes	402,984.	349,681.	30,185.	23,118.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,966.		7,966.	
c Accounting	46,000.	39,739.	2,720.	3,541.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	811,639.	378,714.	272,302.	160,623.
12 Advertising and promotion	117,241.	49,443.	3,333.	64,465.
13 Office expenses	1,046,860.	849,758.	20,704.	176,398.
14 Information technology	500,514.	317,674.	112,534.	70,306.
15 Royalties				
16 Occupancy	1,254,368.	1,131,405.	63,626.	59,337.
17 Travel	82,320.	58,237.	13,735.	10,348.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	23,601.	23,032.	569.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,273,807.	1,080,148.	183,827.	9,832.
23 Insurance	47,492.	40,740.	4,791.	1,961.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD	32,601,151.	32,601,151.		
b FOOD PURCHASES	10,291,195.	10,291,195.		
c TRANSPORTATION AND DIST	745,930.	745,221.	709.	
d OTHER	49,029.	44,068.	1,104.	3,857.
e All other expenses	38,224.	32,575.	4,837.	812.
25 Total functional expenses. Add lines 1 through 24e	64,265,222.	61,372,988.	1,633,854.	1,258,380.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,283,608.	1	1,114,889.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,205,076.	3	3,109,349.
	4	Accounts receivable, net	241,506.	4	208,300.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	434,365.	8	417,825.
	9	Prepaid expenses and deferred charges	109,926.	9	27,196.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,626,636.		
	b	Less: accumulated depreciation	10b 6,636,366.	6,021,466.	10c 5,990,270.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	529,978.	15	848,421.
16	Total assets. Add lines 1 through 15 (must equal line 33)	12,825,925.	16	11,716,250.	
Liabilities	17	Accounts payable and accrued expenses	1,333,497.	17	1,099,051.
	18	Grants payable		18	
	19	Deferred revenue	33,512.	19	124,425.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	570,398.	25	739,361.
	26	Total liabilities. Add lines 17 through 25	1,937,407.	26	1,962,837.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	9,920,320.	27	8,939,954.
	28	Net assets with donor restrictions	968,198.	28	813,459.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	10,888,518.	32	9,753,413.
33	Total liabilities and net assets/fund balances	12,825,925.	33	11,716,250.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,130,117.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,265,222.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,135,105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,888,518.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,753,413.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: **FOODLINK, INC.**
Employer identification number: **22-2428304**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40807610.	50688022.	50624279.	48962888.	50574205.	241657004
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	40807610.	50688022.	50624279.	48962888.	50574205.	241657004
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)						37094233.
6 Public support. Subtract line 5 from line 4.						204562771

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	40807610.	50688022.	50624279.	48962888.	50574205.	241657004
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,165.	2,697.	2,798.	27,808.	71,794.	106,262.
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.)	64,719.	985,890.	244,314.	271,540.	364,566.	1931029.
11 Total support. Add lines 7 through 10						243694295
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	83.94	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.25	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

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

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a The organization satisfied the Activities Test. Complete line 2 below.
b The organization is the parent of each of its supported organizations. Complete line 3 below.
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
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?
3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part V

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

Multiple horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2023

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
WEGMANS FOOD MARKETS	41,968,119.	37,094,233.
Total Excess Contributions to Schedule A, Part II, Line 5		37,094,233.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement and charitable purposes.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,389,051.	3,413,283.	4,975,768.
d Equipment		2,346,714.	1,895,726.	450,988.
e Other		1,890,871.	1,327,357.	563,514.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,990,270.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) FINANCE LEASE RIGHT-OF-USE ASSETS	708,344.
(2) DUE FROM FOODLINK FOUNDATION, INC.	140,077.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	848,421.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE OBLIGATIONS	739,361.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	739,361.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	57,609,256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	264,197.	
e	Add lines 2a through 2d		2e	264,197.
3	Subtract line 2e from line 1		3	57,345,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,785,058.	
c	Add lines 4a and 4b		4c	5,785,058.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	63,130,117.

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

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

1	Total expenses and losses per audited financial statements		1	58,756,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	264,197.	
e	Add lines 2a through 2d		2e	264,197.
3	Subtract line 2e from line 1		3	58,492,628.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,772,594.	
c	Add lines 4a and 4b		4c	5,772,594.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	64,265,222.

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 264,197.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OPERATIONAL SUPPORT 5,772,594.

GAIN ON DISPOSAL 12,464.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 5,785,058.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 264,197.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OPERATIONAL SUPPORT 5,772,594.

SCHEDULE G (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CHECK OUT HUNGER	FESTIVAL OF FOOD	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	757,824.	143,811.	312,159.	1,213,794.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	757,824.	143,811.	312,159.	1,213,794.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		200.	6,200.	6,400.
	7	Food and beverages		719.	37,475.	38,194.
	8	Entertainment		1,200.	2,324.	3,524.
	9	Other direct expenses	28,340.	114,068.	73,671.	216,079.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				264,197.
11	Net income summary. Subtract line 10 from line 3, column (d)				949,597.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FOODLINK, INC.

Employer identification number
22-2428304

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BARAKAH MUSLIM CHARITY 584 JEFFERSON AVE ROCHESTER, NY 14611	46-4478039		0.	22,050. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
A MEAL & MORE, INC. 25 BROADWAY ROCHESTER, NY 14604	16-1251773		0.	7,041. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
NEWARK FREE LUNCH PROGRAM 301 EAST MILLER STREET NEWARK, NY 14513	16-6177310		0.	40,551. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GENEVA FOOD PANTRY 58 AVENUE D GENEVA, NY 14456	22-2224711		0.	21,928. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CARE-A-VAN MINISTRIES FREE COMMUNITY COOKOUT - 319 WEST MAIN STREET - BATAVIA, NY 14020	20-0405936		0.	12,635. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GENEVA COMMUNITY LUNCH PROGRAM 340 MAIN STREET GENEVA, NY 14456	14-2005241		0.	15,783. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY HOUSE 1111 JOSEPH AVE ROCHESTER, NY 14621	11-7323003		0.	11,710. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
HOUSE OF GRACE 1101 NORTON STREET ROCHESTER, NY 14621	16-1555151		0.	51,801. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GENESEE PARK BOULEVARD FOOD PANTRY 391 GENESEE PARK BLVD. ROCHESTER, NY 14619	15-0613154		0.	53,736. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
IRONDEQUOIT COMMUNITY CUPBOARD 4275 CULVER RD ROCHESTER, NY 14622	56-2367283		0.	22,090. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
EAST ROCHESTER COMMUNITY RESOURCE CENTER, INC. - 120 W. COMMERCIAL ST - EAST ROCHESTER, NY 14445	16-6009652		0.	11,757. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
SOUTHWEST ECUMENICAL MINISTRIES 350 CHILLI AVENUE ROCHESTER, NY 14611	22-2366674		0.	26,192. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GLEANERS COMMUNITY KITCHEN 183 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-6030793		0.	11,275. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GCSF FOOD PANTRY 130 ISLAND COTTAGE RD ROCHESTER, NY 14612	81-4418072		0.	30,323. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LIFE CENTER FOOD PANTRY - THE FATHER'S HOUSE - 28 LAWN ST - ROCHESTER, NY 14607	22-2329937		0.	16,701. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE CHURCH OF NAZARENE 2924 S. UNION ST. ROCHESTER, NY 14624	22-2514295		0.	14,089. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CHARLES SETTLEMENT HOUSE 445 JAY STREET ROCHESTER, NY 14611	16-0869128		0.	14,884. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
STRAIGHT FROM THE HEART 292 HUDSON AVENUE ROCHESTER, NY 14605	16-1204308		0.	21,847. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
SENECA COUNTY HOUSE OF CONCERN 35 STATE STREET SENECA FALLS, NY 13148	16-1182281		0.	56,911. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
THE BLESSING ROOM PANTRY P.O. BOX 556 BLOOMFIELD, NY 14469	16-1488086		0.	55,834. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
FIRST HISPANIC SEVENTH DAY ADVENTIST CHURCH FP - 47 OAKMAN ST - ROCHESTER, NY 14605	13-1865286		0.	51,131. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
BROCKPORT ECUMENICAL FOOD SHELF 14 STATE STREET BROCKPORT, NY 14420	16-1409523		0.	25,140. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
SENT BY RAVENS FOOD PANTRY, INC. PO BOX 299 LIVONIA, NY 14487	46-1733791		0.	35,608. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
PEARCE MEMORIAL FOOD CUPBOARD 4322 BUFFALO ROAD NORTH CHILI, NY 14514	16-0910173		0.	41,491. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PLACE 145 PARSELLS AVENUE ROCHESTER, NY 14609	16-1602979		0.	15,067. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
INTERLAKEN CHURCH CUPBOARD PO BOX 335 INTERLAKEN, NY 14847	23-7374670		0.	17,167. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GLORY HOUSE INTERNATIONAL FOOD PANTRY - 111 N. CHESTNUT STREET - ROCHESTER, NY 14607	81-5047980		0.	30,008. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
HILTON PARMA EMERGENCY FOOD SHELF BOX 127 HILTON, NY 14468	16-1390290		0.	23,009. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CAYUGA/SENECA CAP 23 CENTER STREET WATERLOO, NY 13165	16-0907880		0.	23,026. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
FRIENDSHIP HOUSE- MIDDLESEX 5614 WILLIAMS STREET MIDDLESEX, NY 14507	16-0969700		0.	36,013. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
VOA 175 WARD STREET ROCHESTER, NY 14605	13-1692595		0.	11,643. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
PITTSFORD FOOD CUPBOARD 1 GROVE STREET SUITE 103A PITTSFORD, NY 14534	16-1558331		0.	63,572. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LOOP INDUSTRIES 597 EAST AVENUE ROCHESTER, NY 14607	15-0796383		0.	55,374. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754058		0.	25,031. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CANANDAIGUA CHURCHES IN ACTION 5188 BRISTOL RD CANANDAIGUA, NY 14434	26-1736701		0.	24,927. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GENESEO GROVELAND EMERGENCY FP JOSEPH'S PLACE FOOD PANTRY GENESEO, NY 14454	51-0888257		0.	16,195. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
ZION HILL MISSIONARY BAPTIST 250 BRANSON AVE ROCHESTER, NY 14611	16-1537893		0.	34,307. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
WILLOW DOMESTIC VIOLENCE CENTER PO BOX 39601 ROCHESTER, NY 14604	16-1099257		0.	15,747. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER FAMILY MISSION 388 TREMONT STREET ROCHESTER, NY 14608	16-0796383		0.	62,433. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
SISTER MARY REGIS FOOD CUPBOARD 316 BAY STREET (PANTRY) ROCHESTER, NY 14605	27-4897670		0.	27,835. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
NAPLES OPEN CUPBOARD 15 COHOCTON ST NAPLES, NY 14512	15-0574851		0.	37,926. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LIFE SOLUTIONS OF HAMLIN PO BOX 160 HALMIN, NY 14464	30-0168511		0.	41,614. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part I Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREW'S EMERGENCY FOOD CUPBOARD - 890 PORTLAND AVENUE - ROCHESTER, NY 14621	16-0755704		0.	50,133. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
ST. MARK'S & ST. JOHN'S EPISCOPAL CHURCH - 1245 CULVER RD - ROCHESTER, NY 14609	31-1629166		0.	18,299. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 14606	16-1257507		0.	52,750. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
DANSVILLE FOOD PANTRY - FOURSQUARE CHURCH - 49 WEST AVE - DANSVILLE, NY 14437	95-1684062		0.	32,377. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
DIMITRI HOUSE 102 NORTH UNION STREET ROCHESTER, NY 14607	16-1587868		0.	22,624. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
BRIGHTON FOOD CUPBOARD 220 IDLEWOOD ROAD ROOM 120 ROCHESTER, NY 14618	16-0743059		0.	79,813. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
THE COMMUNITY FOOD CUPBOARD 11 NESTER ST. ROCHESTER, NY 14621	16-1324346		0.	43,983. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
THIRD PRESBYTERIAN 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201		0.	68,081. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
NORTH GREECE ROAD CHURCH OF CHRIST 1039 NORTH GREECE ROAD ROCHESTER, NY 14626	20-0020049		0.	115,935. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)		(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		PENFIELD ECUMENICAL FOOD SHELF 1618 JACKSON RD PENFIELD, NY 14526	16-1539528		0.	79,137. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		MISSION SHARE OUTREACH CENTER 10 CEDARFIELD COMMONS ROCHESTER, NY 14612	27-0886197		0.	48,336. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		CARING HEARTS FOOD PANTRY 12 HIBBARD AVE CLIFTON SPRINGS, NY 14432	84-2660107		0.	32,303. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		SALVATION ARMY 70 LIBERTY POLE WAY ROCHESTER, NY 14604	16-1488306		0.	239,059. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		GORHAM FOOD PANTRY 4744 SOUTH ST GORHAM, NY 14561	86-1454345		0.	35,809. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		OPEN DOOR MISSION 156 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14608	16-6050714		0.	30,697. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		CENTER FOR HOPE FOOD PANTRY 1301 VINTAGE LANE ROCHESTER, NY 14626	43-0658188		0.	108,383. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		VETERANS OUTREACH CENTER, INC. 459 SOUTH AVE ROCHESTER, NY 14620	16-1137371		0.	26,952. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
		SALEM NUTRITION CENTER 60 BITTNER STREET ROCHESTER, NY 14604	13-1957221		0.	13,969. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCORD CORPORATION- BELMONT FOOD PANTRY - 84 SCHUYLER STREET - BELMONT, NY 14813	22-2218884		0.	53,681. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF LOVE FAITH CENTER 700 EXCHANGE STREET ROCHESTER, NY 14608	16-1387376		0.	30,083. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY RURAL MINISTRY PO BOX 73 WILLIAMSON, NY 14589	16-0927057		0.	54,220. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY ACTION PROGRAM 7190 RIDGE ROAD SODUS, NY 14551	16-6069004		0.	92,206. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
VICTOR- FARMINGTON FOOD CUPBOARD 1246 COMMERCIAL DR FARMINGTON, NY 14425	46-5574119		0.	111,594. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CITY CHURCH, INC 210 E. MAIN STREET BATAVIA, NY 14020	26-3576400		0.	79,169. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
WELLSPRING FOOD DISTRIBUTION 7 PEARL STREET CLIFTON SPRINGS, NY 14432	15-1586553		0.	228,131. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CHILI PRESBYTERIAN FOOD CUPBOARD 3600 CHILI AVE ROCHESTER, NY 14624	23-6393377		0.	34,708. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
HELPFUL HEARTS COMMUNITY CLOSET 15 SPENCER ST LYONS, NY 14489	82-3292459		0.	105,910. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN ORLEANS COMMUNITY 75 PUBLIC SQUARE HOLLEY, NY 14470	16-0915481		0.	158,517. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GRECE ECUMENICAL FOOD SHELF 500 MAIDEN LANE ROCHESTER, NY 14616	22-2503892		0.	71,445. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
TRILLIUM HEALTH DAILY BREAD FOOD PROGRAM - 259 MONROE AVE - ROCHESTER, NY 14607	16-1356734		0.	123,998. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
FOODLINK FOUNDATION INC 2011 MT READ BLVD ROCHESTER, NY 14615	16-1558258		0.	120,500. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
MEDINA EMERGENCY FOOD PANTRY 1355 WEST AVENUE MEDIN, NY 14103	36-2167730		0.	5,068. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LEROY PANTRY AND HELP FUND 48 MAIN STREET LEROY, NY 14482	16-1389156		0.	5,195. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
ALFRED UNIVERSITY FOOD PANTRY 1 SAXON DRIVE ALRED, NY 14802	16-0743900		0.	5,514. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
BLESSSED SACRAMENT 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496		0.	6,158. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
WYOMING COUNTY COMMUNITY ACTION 6470 STATE ROUTE 20A SUITE 1 PERRY, NY 14530	16-1488538		0.	6,212. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMOND AREA FOOD PANTRY 11 MAIN STREET ALMOND, NY 14804	16-0796342		0.	6,241. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CAROLYN'S CUPBOARD AT ABUNDANT GRACE CHURCH - 4292 LAKE AVE - ROCHESTER, NY 14612	95-6002493		0.	6,243. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
TYRE FOOD PANTRY 645 STATE RTE 414 WATERLOO, NY 13165	13-6104026		0.	6,702. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
TRUE NORTH ROCHESTER PREPARATORY CHARTER SCHOOL - 1020 MAPLE ST - ROCHESTER, NY 14611	20-5060104		0.	7,589. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
HOPE PLACE 1099 JAY STREET BUILDING J ROCHESTER, NY 14611	16-0743164		0.	7,660. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LIMA FOOD PANTRY 7304 E MAIN STREET LIMA, NY 14485	16-0755638		0.	7,867. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
PATHSTONE ALBION 140 N MAIN STREET ALBION, NY 14411	16-0984913		0.	8,173. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LYDIAS KITCHEN 306 E. MAIN STREET BATAVIA, NY 14020	45-4788397		0.	8,176. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CENTRAL CHURCH OF CHRIST SOUP KITCHEN - 101 S. PLYMOUTH AVE - ROCHESTER, NY 14608	16-1140530		0.	8,486. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION AGAPE FRIENDSHIP CHURCH 77 W MAIN ST FRIENDSHIP, NY 14739	74-8106975		0.	8,515. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
ATTICA EMERGENCY FOOD PANTRY 72 EAST AVENUE ATTICA, NY 14011	26-1101064		0.	9,082. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
LEROY ROTARY COMMUNITY KITCHEN 44 LAKE ST LEROY, NY 14482	82-3532698		0.	9,236. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC FAMILY SERVICES 79 N CLINTON AVE ROCHESTER, NY 14604	16-0743945		0.	9,295. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
GROW FAMILY RESTORATION PROJECT 360 WELLINGTON AVE ROCHESTER, NY 14619	16-1486503		0.	9,935. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CLIFTON SPRINGS UNITED 1 E MAIN ST CLIFTON SPRINGS, NY 14432	31-1813333		0.	10,245. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
THE REDEEMED CHRISTIAN CHURCH OF GOD - 1 FAVOR ST - ROCHESTER, NY 14608	46-1233877		0.	10,807. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
THE HOPE SHOP 906 N GOODMAN ST ROCHESTER, NY 14609	68-0634922		0.	11,182. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
COMMUNITY FOOD PANTRY HONEOYE 8842 MAIN ST HONEOYE, NY 14471	87-4540341		0.	11,266. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAVILLION COMMUNITY FOOD PANTRY 6548 ANTHONY DR VICTOR, NY 14564	16-1134277		0.	11,425. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
YMCA WOMEN'S RESIDENCE 175 N CLINTON AVE ROCHESTER, NY 14604	16-0743248		0.	12,638. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
DAILY BREAD FOOD PANTRY 422 SOUTH CLINTON AVE ROCHESTER, NY 14620	36-4619749		0.	12,819. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
WEBSTER HOPE INC. 1450 RIDGE RD WEBSTER, NY 14580	16-0755765		0.	13,203. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
PALMYRA MACEDON FOOD PANTRY 120 EAST MAIN STREET PALMYRA, NY 14522	22-2695983		0.	13,275. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
GENESEO PARISH OUTREACH CENTER 4520 GENESEE ST. GENESEO, NY 14454	14-1916822		0.	13,563. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
LYNDON PRESBYTERIAN CHURCH 107 N MAIN ST LYNDONVILLE, NY 14098	22-2487130		0.	13,718. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
ST THEODORE'S SOCIAL MINISTRIES FOOD CUPBOARD - 168 SPENCERPORT RD - ROCHESTER, NY 14606	16-0755882		0.	14,103. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
CALVARY CUPBOARD MEDINA 11031 MAPLE RIDGE RD MEDINA, NY 14103	44-0577787		0.	14,409. FMV			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AVON INTERFAITH COUNCIL INC 130 GENESEE ST AVON, NY 14414	16-1155268		0.	15,111. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
UNIVERSITY OF ROCHESTER FOOD PANTRY - 500 JOSEPH C WILSON BLVD - ROCHESTER, NY 14627	16-0743209		0.	15,330. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
DUNDEE FOOD PANTRY 20 SENeca ST DUNDEE, NY 14837	16-1533418		0.	15,817. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
NEWARK FOOD CLOSET 30 EAST MILLER STREET NEWARK, NY 14513	84-5053296		0.	17,767. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MUSTARD SEED FOOD PANTRY 408 LAKESHORE DR. CANADAIGUA, NY 14416	16-0116276		0.	19,146. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
NEW LIGHT FOC UNITED METHODIST CHURCH FOOD PANTRY - 2009 DEWEY AVE - ROCHESTER, NY 14615	41-2170449		0.	19,856. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MT OLIVET BAPTIST CHURCH FP 141 ADAMS ST ROCHESTER, NY 14608	16-0968494		0.	19,940. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
CENTER YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 14620	16-0992259		0.	20,080. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MCC DWIGHT DOWNTOWN CAMPUS 321 STATE ST ROCHESTER, NY 14608			0.	21,128. FMV			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADEN STREET SETTLEMENT EMERGENCY 152 BADEN STREET ROCHESTER, NY 14605	16-0743914		0.	23,586. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
LODI FOOD & ALL 422 SOUTH CLINTON AVE ROCHESTER, NY 14620	55-0810542		0.	24,337. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
AGAPE HAVEN ABUNDANCE FOOD PANTRY 289 DRIVING PARK AVE ROCHESTER, NY 14613	84-2039250		0.	24,854. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
THE VINEYARD FARM 126 SANDER ST ROCHESTER, NY 14605	81-5353565		0.	25,022. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
NORTHSIDE CHURCH OF CHRIST MEAL PROGRAM - 634 HUDSON AVE - ROCHESTER, NY 14621	22-2481221		0.	25,361. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MESSIAH LUTHERAN CHOICE FOOD PANTRY - 4301 MT READ BLVD - ROCHESTER, NY 14616	16-1164594		0.	27,045. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
THE WORD OF THE CROSS 76 N UNION ST ROCHESTER, NY 14607	16-1572384		0.	27,488. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
WARRIOR HOUSE OF WNY, INC. 33 S MAIN ST OAKFIELD, NY 14125	81-0696390		0.	27,783. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MACEDON FOOD PANTRY 49-64 W MAIN ST MACEDON, NY 14502	27-4033780		0.	30,100. FMV			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GENEVA 1 GOODMAN ST GENEVA, NY 14456	16-1481026		0.	36,345. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
VENTURE COMPASSIONATE MINISTRIES 4045 EAST HENRIETTA ROAD HENRIETTA, NY 14467	83-3740993		0.	36,714. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MASTER'S TABERNACLE CHURCH FOOD PANTRY - 29 N CHURCH ST - CANASERAGA, NY 14822	16-1400638		0.	37,299. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
JOINT HEIRS COMMUNITY OUTREACH 220 AVE D ROCHESTER, NY 14621	26-4446028		0.	37,761. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
NUNDA FOOD PANTRY 30 EAST STREET NUNDA, NY 14517	16-1137457		0.	41,494. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER DEAF KITCHEN, INC. 1545 ST. PAUL STREET ROCHESTER, NY 14621	88-2137838		0.	54,578. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
PRO ACTION OF STEUBEN AND YATES, INC. - 117 E STEUBEN ST #11 - BATH, NY 14810	16-6007366		0.	67,738. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
NYS COMMUNITY ARCH 600 SOUTH WILBUR AVENUE SYRACUSE, NY 13205	88-1121225		0.	82,678. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
ST. PETER'S SOUP KITCHEN/PANTRY 681 BROWN ST ROCHESTER, NY 14611	20-3278460		0.	92,661. FMV			FOOD GRANTS, OPERATIONAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER HOPE NORTH CLINTON FOOD PANTRY - 915 N CLINTON AVE - ROCHESTER, NY 14621	87-4639055		0.	113,611. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
THE PEOPLE'S PANTRY 555 AVE D ROCHESTER, NY 14621	87-1019661		0.	117,407. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
WESLEY CHAPEL UNITED METHODIST CHURCH - 3010 HAZEL ST. - PINE BLUFF, NC 28373	36-2167731		0.	138,367. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
PRESBYTERIAN CHURCH USA 375 VAN HOUTEN S PATERSON, NY 07501	23-6393377		0.	180,109. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CATHOLIC CONFERENCE 3211 4TH ST NE, WASHINGTON, DC 20017	53-0196617		0.	199,038. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
BEYOND THE SANCTUARY 549 CLARISSA ST ROCHESTER, NY 14608	83-4557198		0.	311,028. FMV			FOOD GRANTS, OPERATIONAL SUPPORT
MT MORRIS FOOD PANTRY 102 MAIN ST. MT MORRIS, NY 14510	16-0743944		0.	12,557. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
SUMMER FOOD SERVICE PROGRAM (SFSP) PASS THROUGH FUNDING			0.	249,245. FVM			FOOD GRANTS, OPERATIONAL SUPPORT
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PASS THROUGH FUNDING			0.	366,604. FVM			FOOD GRANTS, OPERATIONAL SUPPORT

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
ALL GRANT RECIPIENTS ARE MONITORED BY ANNUAL SITE VISITS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA TEDESCO PRESIDENT AND CHIEF EXECUT	(i) 217,939. (ii) 0. (iii)	0. 0. 0.	0. 0. 0.	15,095. 0. 12,137.	32,415. 0. 32,415.	265,449. 0. 219,913.	0. 0. 0.
(2) TERRA KELLER COO & CFO	(i) 175,361. (ii) 0. (iii)	0. 0. 0.	0. 0. 0.	8,250. 0. 9,999.	17,977. 0. 0.	165,991. 0. 155,215.	0. 0. 0.
(3) JAMIE WARREN CHIEF PEOPLE AND CULTURE OFFICER	(i) 139,764. (ii) 0. (iii)	0. 0. 0.	0. 0. 0.				
(4) MITCHELL GRUBER CHIEF PROGRAMS OFFICER	(i) 145,216. (ii) 0. (iii)	0. 0. 0.	0. 0. 0.				
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part II Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	11605668	22,863,166.	\$1.97/LB SET RATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>USDA FOOD INVEN</u>)	X	5,596,543	9,737,985.	\$1.74/LB SET RATE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

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

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

31		X
----	--	---

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

32a		X
-----	--	---

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE DATA IN PART 1, COLUMN B IS THE NUMBER OF POUNDS OF FOOD DONATIONS RECEIVED

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

FORM 990, PART VI, SECTION B, LINE 11B:

**MANAGEMENT REVIEWED THE FORM 990 IN DETAIL AND PROVIDED A COPY TO THE
FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENT PRIOR TO PROVIDING TO THE
FULL BOARD AND PRIOR TO FILING.**

FORM 990, PART VI, SECTION B, LINE 12C:

**THE ORGANIZATION REQUIRES THE MEMBERS OF THE BOARD AND KEY MEMBERS OF
MANAGEMENT TO COMPLETE A CONFLICT OF INTEREST FORM YEARLY AND THE
ORGANIZATION COLLECTS THESE FORMS AND KEEPS THEM.**

FORM 990, PART VI, SECTION B, LINE 15A:

**THE CHAIR OF THE BOARD AND BOARD MEMBERS FROM THE COMPENSATION COMMITTEE
REVIEW, COMPARE, AND DETERMINE THE COMPENSATION FOR THE PRESIDENT & CEO.**

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE BY REQUEST.

PART XII, LINE 2C

**THERE WERE NO CHANGES TO THE ORGANIZATION'S OVERSIGHT PROCESS DURING
THE CURRENT YEAR.**

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

FOODLINK, INC.

Employer identification number
22-2428304

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOODLINK FOUNDATION, INC. - 16-1558258 2011 MT. READ BLVD. ROCHESTER, NY 14615	FUNDRAISING	NEW YORK	501C(3)	LINE 7	FOODLINK, INC.		<input checked="" type="checkbox"/>

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)
 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)
 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)
 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses
 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
					1a	1b
(1)	FOODLINK FOUNDATION, INC.	P	256,982.FMV			X
(2)	FOODLINK FOUNDATION, INC.	Q	57,767.CASH			X
(3)						
(4)						
(5)						
(6)						

Part VI Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.