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GOVERNMENT COPY

PUBLIC DISCLOSURE COPY

Filing Instructions

Prepared for:	Prepared by:
Foodlink, Inc. 2011 Mt. Read Blvd. Rochester, NY 14615	Bonadio & Co., LLP 171 Sully's Trail Pittsford, NY 14534

2025 EXTENSION OF TIME TO FILE FORM 990

Electronic Filing:

The extension for Form 990 has qualified for electronic filing. Form 8868 extends the due date of the organization's Form 990 return until May 17, 2027. The extension has been transmitted electronically to the IRS and no further action is required.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 03-15-01

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning JUL 1, 2025 **and ending** JUN 30, 2026

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

C Name of organization
FOODLINK, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2011 MT. READ BLVD. Room/suite

City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14615

D Employer identification number 22-2428304

E Telephone number (585)328-3380

G Gross receipts $ 79,846,569.

F Name and address of principal officer: JULIA TEDESCO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.FOODLINKNY.ORG

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

L Year of formation: 1982 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	189
6	Total number of volunteers (estimate if necessary)	6	820
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	56,119,650.	53,124,591.
9	Program service revenue (Part VIII, line 2g)	14,725,738.	24,517,557.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,278.	18,287.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,392,920.	1,861,039.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,318,586.	79,521,474.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,873,493.	7,744,970.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,311,593.	10,987,256.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,525,791.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,369,830.	55,973,593.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,554,916.	74,705,819.
19	Revenue less expenses. Subtract line 18 from line 12	4,763,670.	4,815,655.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,873,825.	26,358,443.
21	Total liabilities (Part X, line 26)	11,044,685.	11,556,813.
22	Net assets or fund balances. Subtract line 21 from line 20	13,829,140.	14,801,630.

Part II Signature Block

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

Sign Here

Signature of officer Date

JULIA TEDESCO, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JEFFREY PAILLE	JEFFREY PAILLE	11/12/26	☐	P01378272

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 $ 49,654,718. including grants of $ 5,937,290.) (Revenue $ 18,573,347.)
FOOD BANK:
AS THE REGIONAL FEEDING AMERICA FOOD BANK, FOODLINK PARTNERS WITH HUNDREDS OF ORGANIZATIONS TO CONVENE THE EMERGENCY FOOD SYSTEM ACROSS A TEN-COUNTY SERVICE AREA, INCLUDING ALLEGANY, GENESEE, LIVINGSTON, MONROE, ONTARIO, ORLEANS, SENECA, WAYNE, WYOMING, AND YATES COUNTY. THE FOOD BANK COLLECTS, STORES, AND DISTRIBUTES MILLIONS OF POUNDS OF PURCHASED AND DONATED FOOD TO ITS 350+ MEMBER AGENCIES, INCLUDING FOOD PANTRIES, SCHOOLS, SHELTERS, AND MORE. IN ADDITION TO SUPPORTING BRICK-AND-MORTAR SITES, FOODLINK UTILIZES POP-UP PANTRIES TO DELIVER EMERGENCY FOOD TO INDIVIDUALS IN RURAL AND UNDERSERVED AREAS. DUE TO TRANSPORTATION BARRIERS, LIMITED SOCIAL SERVICES, AND ECONOMIC CHALLENGES, THESE COMMUNITIES FACE HEIGHTENED FOOD INSECURITY. THE

4b (Code:) (Expenses $ 8,991,753. including grants of $ 583.) (Revenue $ 6,226,024.)
FOODLINK COMMUNITY KITCHEN:
THE FOODLINK COMMUNITY KITCHEN PRODUCES NEARLY 11,000 HEALTHY SNACKS AND SCRATCH-MADE MEALS PER DAY DURING THE SCHOOL YEAR AND NEARLY 200,000 MEALS DURING THE SUMMER MONTHS AS THE LEAD PROVIDER OF SUMMER MEALS. FOODLINK CURRENTLY SERVES OVER 113 MEAL SITES, INCLUDING SCHOOLS, AFTER SCHOOL PROGRAMS, CHILDCARE CENTERS, SENIOR CENTERS/SITES, AND SUMMER PROGRAMS, PROVIDING NUTRITIOUS MEALS TO THOUSANDS OF CHILDREN AND SENIORS IN MONROE AND ONTARIO COUNTIES. THE MEALS PRODUCED ARE SCRATCH-MADE, NUTRITIOUS MEALS THAT GO WELL BEYOND THE FEDERAL NUTRITION GUIDELINES AND RAISE THE BAR ON THE QUALITY OF INSTITUTIONAL MEAL SERVICE. IN FY26, FOODLINK PRODUCED OVER 2 MILLION MEALS AND SNACKS.

4c (Code:) (Expenses $ 3,663,554. including grants of $ 71,882.) (Revenue $ 595,681.)
COMMUNITY HEALTH PROGRAMS:
FOODLINK'S COMMUNITY HEALTH PROGRAMS SUPPORT FOOD ACCESS AND EDUCATION THROUGH A VARIETY OF PROGRAMS. THE CURBSIDE MARKET PROGRAM BRINGS FRESH, AFFORDABLE FOOD TO LOW-INCOME NEIGHBORHOODS ACROSS ROCHESTER THROUGH MOBILE MARKETS THAT MAKE WEEKLY STOPS AT AFFORDABLE HOUSING SITES, SENIOR CENTERS, HEALTH CLINICS, AND COMMUNITY CENTERS. THIS PROGRAM PROMOTES FOOD ACCESS BY SERVING AREAS THAT LACK TRADITIONAL GROCERY STORES AND BY ACCEPTING BENEFITS SUCH AS SNAP, WIC, DOUBLE UP FOOD BUCKS, AND MORE. THE FOODLINK COMMUNITY FARM IS THE LARGEST URBAN FARM IN ROCHESTER AT 2.3 ACRES AND CONSISTS OF COMMUNITY GARDEN PLOTS THAT SERVE OVER 100 LOCAL FAMILIES, A COMMERCIAL GROWING OPERATION, AN EDIBLE EDUCATION CENTER FOR SCHOOL AND COMMUNITY PROGRAMMING, A

4d Other program services (Describe on Schedule O.)
(Expenses $ 8,721,582. including grants of $ 1,735,215.) (Revenue $)

4e Total program service expenses 71,031,607.

SEE SCHEDULE O FOR CONTINUATION(S)

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-TE**

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning JUL 1, 2025, and ending JUN 30, 20 26

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Department of the Treasury
Internal Revenue Service

Name of filer

FOODLINK, INC.

EIN or SSN

22-2428304

Name and title of officer or person subject to tax JULIA TEDESCO
PRESIDENT AND CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	79,521,474.
2a	**Form 990-EZ** check here		**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BONADIO & CO., LLP to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 16628614534

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature JEFFREY PAILLE Date 11/12/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FOODLINK, INC.

Taxpayer identification number (TIN)
22-2428304

Number, street, and room or suite no. If a P.O. box, see instructions.
2011 MT. READ BLVD.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
ROCHESTER, NY 14615

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ALLYSON SCOTT
2011 MT. READ BLVD. - ROCHESTER, NY 14615
Telephone No. (585) 328-3380 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 27, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning JUL 1, 20 25, and ending JUN 30, 20 26

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	46		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning JUL 1, 2025 **and ending** JUN 30, 2026

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

C Name of organization
FOODLINK, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2011 MT. READ BLVD. Room/suite

City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14615

F Name and address of principal officer: JULIA TEDESCO
SAME AS C ABOVE

D Employer identification number 22-2428304

E Telephone number (585)328-3380

G Gross receipts $ 79,846,569.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.FOODLINKNY.ORG

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

L Year of formation: 1982 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	189
6	Total number of volunteers (estimate if necessary)	6	820
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	56,119,650.	53,124,591.
9	Program service revenue (Part VIII, line 2g)	14,725,738.	24,517,557.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,278.	18,287.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,392,920.	1,861,039.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,318,586.	79,521,474.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,873,493.	7,744,970.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,311,593.	10,987,256.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,525,791.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,369,830.	55,973,593.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,554,916.	74,705,819.
19	Revenue less expenses. Subtract line 18 from line 12	4,763,670.	4,815,655.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,873,825.	26,358,443.
21	Total liabilities (Part X, line 26)	11,044,685.	11,556,813.
22	Net assets or fund balances. Subtract line 21 from line 20	13,829,140.	14,801,630.

Part II Signature Block

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

Sign Here

Signature of officer Date

JULIA TEDESCO, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JEFFREY PAILLE	JEFFREY PAILLE	11/12/26	☐	P01378272

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 $ 49,654,718. including grants of $ 5,937,290.) (Revenue $ 18,573,347.)
FOOD BANK:
AS THE REGIONAL FEEDING AMERICA FOOD BANK, FOODLINK PARTNERS WITH HUNDREDS OF ORGANIZATIONS TO CONVENE THE EMERGENCY FOOD SYSTEM ACROSS A TEN-COUNTY SERVICE AREA, INCLUDING ALLEGANY, GENESEE, LIVINGSTON, MONROE, ONTARIO, ORLEANS, SENECA, WAYNE, WYOMING, AND YATES COUNTY. THE FOOD BANK COLLECTS, STORES, AND DISTRIBUTES MILLIONS OF POUNDS OF PURCHASED AND DONATED FOOD TO ITS 350+ MEMBER AGENCIES, INCLUDING FOOD PANTRIES, SCHOOLS, SHELTERS, AND MORE. IN ADDITION TO SUPPORTING BRICK-AND-MORTAR SITES, FOODLINK UTILIZES POP-UP PANTRIES TO DELIVER EMERGENCY FOOD TO INDIVIDUALS IN RURAL AND UNDERSERVED AREAS. DUE TO TRANSPORTATION BARRIERS, LIMITED SOCIAL SERVICES, AND ECONOMIC CHALLENGES, THESE COMMUNITIES FACE HEIGHTENED FOOD INSECURITY. THE

4b (Code:) (Expenses $ 8,991,753. including grants of $ 583.) (Revenue $ 6,226,024.)
FOODLINK COMMUNITY KITCHEN:
THE FOODLINK COMMUNITY KITCHEN PRODUCES NEARLY 11,000 HEALTHY SNACKS AND SCRATCH-MADE MEALS PER DAY DURING THE SCHOOL YEAR AND NEARLY 200,000 MEALS DURING THE SUMMER MONTHS AS THE LEAD PROVIDER OF SUMMER MEALS. FOODLINK CURRENTLY SERVES OVER 113 MEAL SITES, INCLUDING SCHOOLS, AFTER SCHOOL PROGRAMS, CHILDCARE CENTERS, SENIOR CENTERS/SITES, AND SUMMER PROGRAMS, PROVIDING NUTRITIOUS MEALS TO THOUSANDS OF CHILDREN AND SENIORS IN MONROE AND ONTARIO COUNTIES. THE MEALS PRODUCED ARE SCRATCH-MADE, NUTRITIOUS MEALS THAT GO WELL BEYOND THE FEDERAL NUTRITION GUIDELINES AND RAISE THE BAR ON THE QUALITY OF INSTITUTIONAL MEAL SERVICE. IN FY26, FOODLINK PRODUCED OVER 2 MILLION MEALS AND SNACKS.

4c (Code:) (Expenses $ 3,663,554. including grants of $ 71,882.) (Revenue $ 595,681.)
COMMUNITY HEALTH PROGRAMS:
FOODLINK'S COMMUNITY HEALTH PROGRAMS SUPPORT FOOD ACCESS AND EDUCATION THROUGH A VARIETY OF PROGRAMS. THE CURBSIDE MARKET PROGRAM BRINGS FRESH, AFFORDABLE FOOD TO LOW-INCOME NEIGHBORHOODS ACROSS ROCHESTER THROUGH MOBILE MARKETS THAT MAKE WEEKLY STOPS AT AFFORDABLE HOUSING SITES, SENIOR CENTERS, HEALTH CLINICS, AND COMMUNITY CENTERS. THIS PROGRAM PROMOTES FOOD ACCESS BY SERVING AREAS THAT LACK TRADITIONAL GROCERY STORES AND BY ACCEPTING BENEFITS SUCH AS SNAP, WIC, DOUBLE UP FOOD BUCKS, AND MORE. THE FOODLINK COMMUNITY FARM IS THE LARGEST URBAN FARM IN ROCHESTER AT 2.3 ACRES AND CONSISTS OF COMMUNITY GARDEN PLOTS THAT SERVE OVER 100 LOCAL FAMILIES, A COMMERCIAL GROWING OPERATION, AN EDIBLE EDUCATION CENTER FOR SCHOOL AND COMMUNITY PROGRAMMING, A

4d Other program services (Describe on Schedule O.)
(Expenses $ 8,721,582. including grants of $ 1,735,215.) (Revenue $)

4e Total program service expenses 71,031,607.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

ALLYSON SCOTT - (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	33.00									
PRESIDENT AND CHIEF EXECUTIVE OFFICE	7.00			X				227,322.	0.	73,812.
(2) TERRA KELLER	36.00									
CHIEF OPERATING AND FINANCE OFFICER	4.00			X				187,033.	0.	69,286.
(3) MITCHELL GRUBER	40.00									
CHIEF IMPACT OFFICER						X		158,543.	0.	31,628.
(4) TASHANDA THOMAS	40.00									
CHIEF PEOPLE AND CULTURE OFFICER						X		144,601.	0.	38,742.
(5) ELIZABETH HERSHEL	40.00									
CHIEF DEVELOPMENT OFFICER						X		123,902.	0.	37,515.
(6) JES SCANNELL	40.00									
VP OF CAREER EMPOWERMENT INITIATIVES						X		109,405.	0.	37,406.
(7) CARL SIMON	40.00									
VP OF INFRASTRUCTURE & SUSTAINABILIT						X		104,084.	0.	37,703.
(8) TONYA DICKERSON	1.00									
DIRECTOR		X						0.	0.	0.
(9) ROBERT WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(10) NORMAN JONES	1.00									
DIRECTOR		X						0.	0.	0.
(11) EDITH WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(12) GARTH HANKINSON	1.00									
DIRECTOR		X						0.	0.	0.
(13) KRISTIAN WALKER	1.00									
DIRECTOR		X						0.	0.	0.
(14) COURTNEY COTRUPE	1.00									
DIRECTOR		X						0.	0.	0.
(15) MOLLY CUMMINGS	1.00									
DIRECTOR		X						0.	0.	0.
(16) NADA DEBBAGHI	1.00									
TREASURER		X		X				0.	0.	0.
(17) ORLANDO ORTIZ	1.00									
VICE CHAIR		X		X				0.	0.	0.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	46		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BOBBY COLON DIRECTOR	1.00	X						0.	0.	0.
(19) SARAH DEPETERS DIRECTOR	1.00	X						0.	0.	0.
(20) MEGHAN DIPASQUALE SECRETARY	1.00	X		X				0.	0.	0.
(21) NICHOLE MALEC-HUSS DIRECTOR	1.00	X						0.	0.	0.
(22) LUIS BURGOS DIRECTOR	1.00	X						0.	0.	0.
(23) BONNIE DEVINNEY CHAIR	1.00	X		X				0.	0.	0.
(24) SAMANTHA NICKERSON DIRECTOR	1.00	X						0.	0.	0.
(25) KIMBERLY BRAITHWAITE DIRECTOR	1.00	X						0.	0.	0.
(26) MEGHAN SCHUBMEHL DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,054,890.	0.	326,092.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,054,890.	0.	326,092.

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 5

		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) CAREY COREA	1.00									
DIRECTOR		X						0.	0.	0.
(28) AARON BERTRAM	1.00									
DIRECTOR		X						0.	0.	0.

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

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2011 MT. READ BLVD., ROCHESTER, NY 14615

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 863,864.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 250,000.				
	e Government grants (contributions)	1e 6,010,934.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 45,999,793.				
	g Noncash contributions included in lines 1a-1f	1g $ 33,132,779.				
	h **Total.** Add lines 1a-1f		53,124,591.			
Program Service Revenue		Business Code				
	2a WHOLESALE FOOD DISTRIBUTION	424000	16,844,664.	16844664.		
	b KITCHEN MEALS REVENUE	900099	6,226,024.	6,226,024.		
	c SHARED MAINTENANCE	900099	1,446,869.	1,446,869.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		24,517,557.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,287.			18,287.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	4,405.				
	b Less: rental expenses 6b	0.				
	c Rental income or (loss) 6c	4,405.				
	d Net rental income or (loss)		4,405.			4,405.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a 1,304,234.				
	b Less: direct expenses	8b 325,095.				
	c Net income or (loss) from fundraising events		979,139.			979,139.
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a FEES FOR SERVICE	900099	595,681.	595,681.		
	b OTHER	900099	281,814.	281,814.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		877,495.			
	12 **Total revenue.** See instructions		79,521,474.	25395052.	0.	1001831.

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	33.00									
PRESIDENT AND CHIEF EXECUTIVE OFFICE	7.00			X				227,322.	0.	73,812.
(2) TERRA KELLER	36.00									
CHIEF OPERATING AND FINANCE OFFICER	4.00			X				187,033.	0.	69,286.
(3) MITCHELL GRUBER	40.00									
CHIEF IMPACT OFFICER						X		158,543.	0.	31,628.
(4) TASHANDA THOMAS	40.00									
CHIEF PEOPLE AND CULTURE OFFICER						X		144,601.	0.	38,742.
(5) ELIZABETH HERSHEL	40.00									
CHIEF DEVELOPMENT OFFICER						X		123,902.	0.	37,515.
(6) JES SCANNELL	40.00									
VP OF CAREER EMPOWERMENT INITIATIVES						X		109,405.	0.	37,406.
(7) CARL SIMON	40.00									
VP OF INFRASTRUCTURE & SUSTAINABILIT						X		104,084.	0.	37,703.
(8) TONYA DICKERSON	1.00									
DIRECTOR		X						0.	0.	0.
(9) ROBERT WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(10) NORMAN JONES	1.00									
DIRECTOR		X						0.	0.	0.
(11) EDITH WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(12) GARTH HANKINSON	1.00									
DIRECTOR		X						0.	0.	0.
(13) KRISTIAN WALKER	1.00									
DIRECTOR		X						0.	0.	0.
(14) COURTNEY COTRUPE	1.00									
DIRECTOR		X						0.	0.	0.
(15) MOLLY CUMMINGS	1.00									
DIRECTOR		X						0.	0.	0.
(16) NADA DEBBAGHI	1.00									
TREASURER		X		X				0.	0.	0.
(17) ORLANDO ORTIZ	1.00									
VICE CHAIR		X		X				0.	0.	0.

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	7,744,970.	7,744,970.		
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	626,608.	370,487.	183,498.	72,623.
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	7,650,440.	6,176,135.	793,695.	680,610.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,012.	282,812.	35,242.	31,958.
9 Other employee benefits	1,805,283.	1,365,243.	300,740.	139,300.
10 Payroll taxes	554,913.	448,861.	57,268.	48,784.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,409.	9,169.	24,240.	
c Accounting	44,091.	39,918.	2,254.	1,919.
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.)	548,993.	465,412.	83,581.	
12 Advertising and promotion	96,864.	28,579.	1,759.	66,526.
13 Office expenses	285,834.	79,318.	25,662.	180,854.
14 Information technology	642,878.	383,329.	94,041.	165,508.
15 Royalties				
16 Occupancy	1,669,687.	1,449,187.	141,657.	78,843.
17 Travel	75,815.	54,427.	9,489.	11,899.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	69,706.	41,482.	3,947.	24,277.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,926,075.	1,729,699.	186,527.	9,849.
23 Insurance	27,383.	17,109.	9,053.	1,221.
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 OTHER THAN	32,585,694.	32,585,694.		
b FOOD PURCHASES	15,487,424.	15,487,424.		
c TRANSPORTATION AND DIST	801,660.	799,678.	1,982.	
d SUPPLIES	625,245.	620,038.	5,207.	
e All other expenses	1,052,835.	852,636.	188,579.	11,620.
25 **Total functional expenses.** Add lines 1 through 24e	74,705,819.	71,031,607.	2,148,421.	1,525,791.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BOBBY COLON DIRECTOR	1.00	X						0.	0.	0.
(19) SARAH DEPETERS DIRECTOR	1.00	X						0.	0.	0.
(20) MEGHAN DIPASQUALE SECRETARY	1.00	X		X				0.	0.	0.
(21) NICHOLE MALEC-HUSS DIRECTOR	1.00	X						0.	0.	0.
(22) LUIS BURGOS DIRECTOR	1.00	X						0.	0.	0.
(23) BONNIE DEVINNEY CHAIR	1.00	X		X				0.	0.	0.
(24) SAMANTHA NICKERSON DIRECTOR	1.00	X						0.	0.	0.
(25) KIMBERLY BRAITHWAITE DIRECTOR	1.00	X						0.	0.	0.
(26) MEGHAN SCHUBMEHL DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,054,890.	0.	326,092.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,054,890.	0.	326,092.

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 5

		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) CAREY COREA	1.00									
DIRECTOR		X						0.	0.	0.
(28) AARON BERTRAM	1.00									
DIRECTOR		X						0.	0.	0.

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	1,259,992.	1	433,829.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	7,135,962.	3	6,601,611.
	4	Accounts receivable, net	790,049.	4	1,092,120.
	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	624,410.	8	599,265.
	9	Prepaid expenses and deferred charges	163,917.	9	181,548.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 25,641,448.			
	b	Less: accumulated depreciation — 10b: 9,141,163.	14,204,159.	10c	16,500,285.
	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	695,336.	15	949,785.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	24,873,825.	16	26,358,443.
Liabilities	17	Accounts payable and accrued expenses	3,765,411.	17	3,578,154.
	18	Grants payable		18	
	19	Deferred revenue	298,288.	19	315,362.
	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	6,240,000.	23	6,240,000.
	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	740,986.	25	1,423,297.
	26	**Total liabilities.** Add lines 17 through 25	11,044,685.	26	11,556,813.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	9,528,256.	27	10,881,168.
	28	Net assets with donor restrictions	4,300,884.	28	3,920,462.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	13,829,140.	32	14,801,630.
	33	Total liabilities and net assets/fund balances	24,873,825.	33	26,358,443.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	863,864.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	250,000.				
	e Government grants (contributions)	1e	6,010,934.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,999,793.				
	g Noncash contributions included in lines 1a-1f	1g	$ 33,132,779.				
	h **Total.** Add lines 1a-1f			53,124,591.			
Program Service Revenue		Business Code					
	2a WHOLESALE FOOD DISTRIBUTION	424000		16,844,664.	16844664.		
	b KITCHEN MEALS REVENUE	900099		6,226,024.	6,226,024.		
	c SHARED MAINTENANCE	900099		1,446,869.	1,446,869.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			24,517,557.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,287.			18,287.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	4,405.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	4,405.					
	d Net rental income or (loss)			4,405.			4,405.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	1,304,234.				
	b Less: direct expenses	8b	325,095.				
	c Net income or (loss) from fundraising events			979,139.			979,139.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a FEES FOR SERVICE	900099		595,681.	595,681.		
	b OTHER	900099		281,814.	281,814.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			877,495.			
	12 **Total revenue.** See instructions			79,521,474.	25395052.	0.	1001831.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,521,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,705,819.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,815,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,829,140.
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	-3,843,165.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,801,630.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ 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?	2c	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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	7,744,970.	7,744,970.		
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	626,608.	370,487.	183,498.	72,623.
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	7,650,440.	6,176,135.	793,695.	680,610.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,012.	282,812.	35,242.	31,958.
9 Other employee benefits	1,805,283.	1,365,243.	300,740.	139,300.
10 Payroll taxes	554,913.	448,861.	57,268.	48,784.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,409.	9,169.	24,240.	
c Accounting	44,091.	39,918.	2,254.	1,919.
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.)	548,993.	465,412.	83,581.	
12 Advertising and promotion	96,864.	28,579.	1,759.	66,526.
13 Office expenses	285,834.	79,318.	25,662.	180,854.
14 Information technology	642,878.	383,329.	94,041.	165,508.
15 Royalties				
16 Occupancy	1,669,687.	1,449,187.	141,657.	78,843.
17 Travel	75,815.	54,427.	9,489.	11,899.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	69,706.	41,482.	3,947.	24,277.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,926,075.	1,729,699.	186,527.	9,849.
23 Insurance	27,383.	17,109.	9,053.	1,221.
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 OTHER THAN	32,585,694.	32,585,694.		
b FOOD PURCHASES	15,487,424.	15,487,424.		
c TRANSPORTATION AND DIST	801,660.	799,678.	1,982.	
d SUPPLIES	625,245.	620,038.	5,207.	
e All other expenses	1,052,835.	852,636.	188,579.	11,620.
25 **Total functional expenses.** Add lines 1 through 24e	74,705,819.	71,031,607.	2,148,421.	1,525,791.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

2025

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
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	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
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)						36350414.
6 **Public support.** Subtract line 5 from line 4.						223055199

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,798.	27,808.	71,794.	33,575.	18,287.	154,262.
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.)	244,314.	271,540.	364,566.	2344941.	881,900.	4107261.
11 **Total support.** Add lines 7 through 10						263667136

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	84.60 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	82.92 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** 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 ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** 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 ☐

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 ☐

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	1,259,992.	1	433,829.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	7,135,962.	3	6,601,611.
	4	Accounts receivable, net	790,049.	4	1,092,120.
	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	624,410.	8	599,265.
	9	Prepaid expenses and deferred charges	163,917.	9	181,548.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 25,641,448.			
	b	Less: accumulated depreciation — 10b: 9,141,163.	14,204,159.	10c	16,500,285.
	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	695,336.	15	949,785.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	24,873,825.	16	26,358,443.
Liabilities	17	Accounts payable and accrued expenses	3,765,411.	17	3,578,154.
	18	Grants payable		18	
	19	Deferred revenue	298,288.	19	315,362.
	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	6,240,000.	23	6,240,000.
	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	740,986.	25	1,423,297.
	26	**Total liabilities.** Add lines 17 through 25	11,044,685.	26	11,556,813.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	9,528,256.	27	10,881,168.
	28	Net assets with donor restrictions	4,300,884.	28	3,920,462.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	13,829,140.	32	14,801,630.
	33	Total liabilities and net assets/fund balances	24,873,825.	33	26,358,443.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,521,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,705,819.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,815,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,829,140.
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	-3,843,165.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,801,630.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ 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?	2c	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 ☐

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

2025

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
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	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
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)						36350414.
6 **Public support.** Subtract line 5 from line 4.						223055199

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	50624279.	48962888.	50574205.	56119650.	53124591.	259405613
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,798.	27,808.	71,794.	33,575.	18,287.	154,262.
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.)	244,314.	271,540.	364,566.	2344941.	881,900.	4107261.
11 **Total support.** Add lines 7 through 10						263667136

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	84.60 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	82.92 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** 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 ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** 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 ☐

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 ☐

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
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.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ 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 supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
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.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ 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 supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Name of organization: FOODLINK, INC.

Employer identification number: 22-2428304

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 7,949,254.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 1,683,093.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 1,252,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Name of organization: FOODLINK, INC.

Employer identification number: 22-2428304

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD AND OTHER PERISHABLE AND NON-PERISHABLE ITEMS	$ 6,717,412.	
2	DONATED FOOD	$ 1,683,093.	
		$	
		$	
		$	
		$	

Name of organization

FOODLINK, INC.

Employer identification number

22-2428304

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization: FOODLINK, INC.

Employer identification number: 22-2428304

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 7,949,254.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 1,683,093.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 1,252,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

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.

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

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

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

Part II Conservation Easements.

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,750.		30,750.
b Buildings				
c Leasehold improvements		18,488,759.	5,141,219.	13,347,540.
d Equipment		4,528,517.	2,324,189.	2,204,328.
e Other		2,593,422.	1,675,755.	917,667.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				16,500,285.

Name of organization: FOODLINK, INC.

Employer identification number: 22-2428304

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD AND OTHER PERISHABLE AND NON-PERISHABLE ITEMS	$ 6,717,412.	
2	DONATED FOOD	$ 1,683,093.	
		$	
		$	
		$	
		$	

Name of organization

FOODLINK, INC.

Employer identification number

22-2428304

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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	740,297.
(3) LINE OF CREDIT	683,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,423,297.

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	72,648,684.
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	325,095.		
e	Add lines 2a through 2d			2e	325,095.
3	Subtract line 2e from line 1			3	72,323,589.
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	7,197,885.		
c	Add lines 4a and 4b			4c	7,197,885.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	79,521,474.

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	69,798,714.
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	2,290,780.		
e	Add lines 2a through 2d			2e	2,290,780.
3	Subtract line 2e from line 1			3	67,507,934.
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	7,197,885.		
c	Add lines 4a and 4b			4c	7,197,885.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	74,705,819.

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 325,095.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED
OTHER DISCOUNTS 7,197,885.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 325,095.
CONTRIBUTION TO LBC 1,965,685.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,290,780.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED
OTHER DISCOUNTS 7,197,885.

PART XI LINE 4B AND PART XII LINE 4B
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED OTHER DISCOUNTS -
FOODLINK OFFERS SOME ORGANIZATIONS TO WHICH FOOD IS DISTRIBUTED AND OTHER
SERVICES ARE PROVIDED DISCOUNTS WHICH REPRESENT GRANTS FOR THE PURPOSES OF
FORM 990 REPORTING BUT NOT FOR REPORTING UNDER GENERALLY ACCEPTED
ACCOUNTING PRINCIPLES IN FOODLINK'S AUDITED FINANCIAL STATEMENTS. THESE
AMOUNTS ARE "GROSSED UP" IN THE FORM 990 AND SHOWN ABOVE AS "ADJUSTMENT
FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED OTHER DISCOUNTS."

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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.

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

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

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

Part II Conservation Easements.

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

Part XIII Supplemental Information *(continued)*

532055 04-01-25

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		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,750.		30,750.
b Buildings				
c Leasehold improvements		18,488,759.	5,141,219.	13,347,540.
d Equipment		4,528,517.	2,324,189.	2,204,328.
e Other		2,593,422.	1,675,755.	917,667.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				16,500,285.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment 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.

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

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	740,297.
(3) LINE OF CREDIT	683,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,423,297.

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	72,648,684.
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	325,095.		
e	Add lines 2a through 2d			2e	325,095.
3	Subtract line 2e from line 1			3	72,323,589.
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	7,197,885.		
c	Add lines 4a and 4b			4c	7,197,885.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	79,521,474.

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	69,798,714.
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	2,290,780.		
e	Add lines 2a through 2d			2e	2,290,780.
3	Subtract line 2e from line 1			3	67,507,934.
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	7,197,885.		
c	Add lines 4a and 4b			4c	7,197,885.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	74,705,819.

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 325,095.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED
OTHER DISCOUNTS 7,197,885.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 325,095.
CONTRIBUTION TO LBC 1,965,685.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,290,780.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED
OTHER DISCOUNTS 7,197,885.

PART XI LINE 4B AND PART XII LINE 4B
ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED OTHER DISCOUNTS - FOODLINK OFFERS SOME ORGANIZATIONS TO WHICH FOOD IS DISTRIBUTED AND OTHER SERVICES ARE PROVIDED DISCOUNTS WHICH REPRESENT GRANTS FOR THE PURPOSES OF FORM 990 REPORTING BUT NOT FOR REPORTING UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN FOODLINK'S AUDITED FINANCIAL STATEMENTS. THESE AMOUNTS ARE "GROSSED UP" IN THE FORM 990 AND SHOWN ABOVE AS "ADJUSTMENT FOR DISCOUNTED FOOD DISTRIBUTION AND RELATED OTHER DISCOUNTS."

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 CHECK OUT HUNGER (event type)	(b) Event #2 FESTIVAL OF FOOD (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	884,474.	158,758.	261,001.	1,304,233.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	884,474.	158,758.	261,001.	1,304,233.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	343.	1,995.	5,668.	8,006.
	8 Entertainment			111,098.	111,098.
	9 Other direct expenses	23,336.	5,530.		28,866.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				147,970.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,156,263.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

Part XIII Supplemental Information *(continued)*

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 the 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment 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.

(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 CHECK OUT HUNGER (event type)	(b) Event #2 FESTIVAL OF FOOD (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	884,474.	158,758.	261,001.	1,304,233.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	884,474.	158,758.	261,001.	1,304,233.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	343.	1,995.	5,668.	8,006.
	8 Entertainment			111,098.	111,098.
	9 Other direct expenses	23,336.	5,530.		28,866.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				147,970.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,156,263.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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
ACCORD CORPORATION BELMONT FOOD PANTRY - 84 SCHUYLER STREET - BELMONT, NY 14813	22-2218884		0.	73,883.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
KNOXIONS UNITED METHODIST CHURCH 7 PARK CIRCLE BELMONT, NY 14813	85-3871225		0.	16,030.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
AGAPE HAVEN OF ABUNDANCE FOOD PANTRY - 289 DRIVING PARK AVENUE - ROCHESTER, NY 14613	84-2039250		0.	28,234.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE CHURCH IN ALEXANDER FOOD PANTRY - 3389 CHURCH STREET - ALEXANDER, NY 14005	88-2599190		0.	18,889.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ALMOND AREA FOOD PANTRY PO BOX E ALMOND, NY 14804	16-0796342		0.	21,908.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED METHODIST CHURCH 1200 DAVIS STREET EVANSTIN, IL 60201	36-2167731		0.	131,026.	FMV		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 .....

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATTICA FOOD PANTRY 11110 ALEXANDER RD ATTICA, NY 14011	26-1101064		0.	14,667.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIVINGSTON COUNTY COALITION OF CHURCHES, INC - 11 FRANKLIN ST - GENESEO, NY 14454	51-0228275		0.	25,117.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BADEN STREET SETTLEMENT 152 BADEN STREET ROCHESTER, NY 14605	16-0743914		0.	10,251.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BARAKAH MUSLIM CHARITY PO BOX 92271 ROCHESTER, NY 14692	46-4478039		0.	33,104.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB OF GENEVA 160 CARTER ROAD GENEVA, NY 14456	16-1481026		0.	29,423.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH ST NE - WASHINGTON, DC 20017	53-0196617		0.	145,956.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BLESSED SACRAMENT 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496		0.	25,481.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BLESSING ROOM FOOD PANTRY 15 CHURCH STREET BLOOMFIELD, NY 14469	93-2255669		0.	53,951.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
JEWISH FAMILY SERVICES 255 EAST AVE SUITE 201 ROCHESTER, NY 14604	16-0743059		0.	92,597.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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 the 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.

Part IV **Supplemental Information** *(continued)*

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROCKPORT ECUMENICAL FOOD SHELF 14 STATE STREET BROCKPORT, NY 14420	16-1409523		0.	41,114.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE PANTRY AT SUNY BROCKPORT 225 HOLLEY STREET (DAILEY HALL) BROCKPORT, NY 14420	16-1005743		0.	85,469.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE PEOPLE'S PANTRY 555 AVENUE D ROCHESTER, NY 14621	87-1019661		0.	290,607.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CALVARY TABERNACLE ASSEMBLY OF GOD 4637 ALABAMA RD MEDINA, NY 14103	44-0577787		0.	53,178.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAMERON COMMUNITY MINISTRIES 48 CAMERON ST ROCHESTER, NY 14606	16-1257507		0.	77,785.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CARE-A-VAN MINISTRIES 319 WEST MAIN ST BATAVIA, NY 14021	20-0405936		0.	19,234.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER - 1150 BUFFALO RD - ROCHESTER, NY 14624	16-0743945		0.	22,082.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NEWARK FOOD CLOSET 113 ELMWOOD AVE NEWARK, NY 14513	84-5053296		0.	20,642.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAYUGA-SENECA COMMUNITY ACTION AGENCY - 65 STATE STREET - AUBURN, NY 13021	16-0907880		0.	18,261.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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
ACCORD CORPORATION BELMONT FOOD PANTRY - 84 SCHUYLER STREET - BELMONT, NY 14813	22-2218884		0.	73,883.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
KNOXIONS UNITED METHODIST CHURCH 7 PARK CIRCLE BELMONT, NY 14813	85-3871225		0.	16,030.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
AGAPE HAVEN OF ABUNDANCE FOOD PANTRY - 289 DRIVING PARK AVENUE - ROCHESTER, NY 14613	84-2039250		0.	28,234.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE CHURCH IN ALEXANDER FOOD PANTRY - 3389 CHURCH STREET - ALEXANDER, NY 14005	88-2599190		0.	18,889.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ALMOND AREA FOOD PANTRY PO BOX E ALMOND, NY 14804	16-0796342		0.	21,908.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED METHODIST CHURCH 1200 DAVIS STREET EVANSTIN, IL 60201	36-2167731		0.	131,026.	FMV		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 .....

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANANDAIGUA CHURCHES IN ACTION 120 N MAIN ST CANANDAIGUA, NY 14424	26-1736701		0.	41,360.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CORNERSTONE CHURCH COMMUNITY MEAL PROGRAM - 8020 BANK STREET ROAD - BATAVIA, NY 14020	51-0164857		0.	64,160.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 14620	16-0992259		0.	30,930.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PRESBYTERIAN CHURCH USA 100 E ST CATHERINE ST, LOUISVILLE, KY 40204	23-6393377		0.	359,351.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF LOVE FAITH CENTER 100 BROOKS AVE ROCHESTER, NY 14619	16-1387376		0.	17,867.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFENET MINISTRIES INTERNATIONAL INC - 321 EAST AVE - ROCHESTER, NY 14604	26-3576400		0.	58,025.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COVENANT LIFE FELLOWSHIP 3749 ORCHARD STREET WALWORTH, NY 14568	22-2730161		0.	9,358.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE COMMUNITY FOOD CUPBOARD 11 NESTER STREET ROCHESTER, NY 14621	16-1324246		0.	52,308.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED CHURCH OF CHRIST 700 PROSPECT AVE E CLEVELAND, OH 44115	13-1957221		0.	26,238.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATTICA FOOD PANTRY 11110 ALEXANDER RD ATTICA, NY 14011	26-1101064		0.	14,667.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIVINGSTON COUNTY COALITION OF CHURCHES, INC - 11 FRANKLIN ST - GENESEO, NY 14454	51-0228275		0.	25,117.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BADEN STREET SETTLEMENT 152 BADEN STREET ROCHESTER, NY 14605	16-0743914		0.	10,251.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BARAKAH MUSLIM CHARITY PO BOX 92271 ROCHESTER, NY 14692	46-4478039		0.	33,104.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB OF GENEVA 160 CARTER ROAD GENEVA, NY 14456	16-1481026		0.	29,423.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH ST NE - WASHINGTON, DC 20017	53-0196617		0.	145,956.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BLESSED SACRAMENT 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496		0.	25,481.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BLESSING ROOM FOOD PANTRY 15 CHURCH STREET BLOOMFIELD, NY 14469	93-2255669		0.	53,951.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
JEWISH FAMILY SERVICES 255 EAST AVE SUITE 201 ROCHESTER, NY 14604	16-0743059		0.	92,597.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY PLACE OF GREATER ROCHESTER INC - 1600 BAUSCH & LOMB PL - ROCHESTER, NY 14604	16-1602979		0.	18,667.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CLIFTON SPRINGS UNITED 1 EAST MAIN STREET CLIFTON SPRINGS, NY 14432	31-1813333		0.	15,356.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHARLES SETTLEMENT HOUSE 445 JAY STREET ROCHESTER, NY 14611	16-0569128		0.	28,734.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HENRY BARBARA PRIOR COMMUNITY OUTREACH MINISTRIES - 4496 RTE 104 PO BOX 187 - WILLIAMSON, NY 14589	36-4619749		0.	10,137.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL - 1910 W SUNSET BLVD., SUITE 200 - LOS ANGELES, CA 90026	96-1684062		0.	26,810.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DIMITRI HOUSE 102 UNION ST ROCHESTER, NY 14607	16-1581868		0.	56,466.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS ST ROCHESTER, NY 14607	16-0743201		0.	194,502.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DUNDEE AREA COUNCIL OF CHURCHES 12 MILLARD ST. DUNDEE, NY 14837	16-1533418		0.	30,295.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
EAST ROCHESTER COMMUNITY RESOURCE CENTER, INC. - 333 EAST CHESTNUT STREET - EAST ROCHESTER, NY 14445	16-6009652		0.	17,095.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROCKPORT ECUMENICAL FOOD SHELF 14 STATE STREET BROCKPORT, NY 14420	16-1409523		0.	41,114.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE PANTRY AT SUNY BROCKPORT 225 HOLLEY STREET (DAILEY HALL) BROCKPORT, NY 14420	16-1005743		0.	85,469.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE PEOPLE'S PANTRY 555 AVENUE D ROCHESTER, NY 14621	87-1019661		0.	290,607.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CALVARY TABERNACLE ASSEMBLY OF GOD 4637 ALABAMA RD MEDINA, NY 14103	44-0577787		0.	53,178.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAMERON COMMUNITY MINISTRIES 48 CAMERON ST ROCHESTER, NY 14606	16-1257507		0.	77,785.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CARE-A-VAN MINISTRIES 319 WEST MAIN ST BATAVIA, NY 14021	20-0405936		0.	19,234.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER - 1150 BUFFALO RD - ROCHESTER, NY 14624	16-0743945		0.	22,082.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NEWARK FOOD CLOSET 113 ELMWOOD AVE NEWARK, NY 14513	84-5053296		0.	20,642.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAYUGA-SENECA COMMUNITY ACTION AGENCY - 65 STATE STREET - AUBURN, NY 13021	16-0907880		0.	18,261.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLEANS COMMUNITY ACTION COMMITTEE INC - THE COURT HOUSE - ALBION, NY 14411	16-0915481		0.	121,399.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WARRIOR HOUSE OF WNY INC 10314 JOHNSON RD MIDDLEPORT, NY 14105	81-0696390		0.	20,927.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PRO ACTION OF STUEBEN AND YATES INC - 117 E STUEBEN STREET SUITE 11 - BATH, NY 14810	16-0914512		0.	59,300.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FRIENDSHIP HOUSE OF MIDDLESEX INC PO BOX 11 MIDDLESEX, NY 14507	16-0969700		0.	32,399.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENESSEE COMMUNITY COLLEGE ASSOCIATION INC - 1 COLLEGE RD - BATAVIA, NY 14020	16-0926508		0.	18,314.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GATES CHILI CSD FOOD PANTRY 3 SPARTAN WAY ROCHESTER, NY 14624	26-4656246		0.	7,596.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL BOARD OF THE CHURCH OF NAZARENE - 6401 THE PASEO - KANSAS CITY, MO 64131	22-2514295		0.	7,864.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIVINGSTON COUNTY CARES INC 1 COLLEGE CIR STE 353 GENESEO, NY 14456	20-5425146		0.	29,059.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENEVA FOOD PANTRY 58 AVENUE D GENEVA, NY 14456	22-2224711		0.	47,379.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANANDAIGUA CHURCHES IN ACTION 120 N MAIN ST CANANDAIGUA, NY 14424	26-1736701		0.	41,360.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CORNERSTONE CHURCH COMMUNITY MEAL PROGRAM - 8020 BANK STREET ROAD - BATAVIA, NY 14020	51-0164857		0.	64,160.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 14620	16-0992259		0.	30,930.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PRESBYTERIAN CHURCH USA 100 E ST CATHERINE ST, LOUISVILLE, KY 40204	23-6393377		0.	359,351.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF LOVE FAITH CENTER 100 BROOKS AVE ROCHESTER, NY 14619	16-1387376		0.	17,867.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFENET MINISTRIES INTERNATIONAL INC - 321 EAST AVE - ROCHESTER, NY 14604	26-3576400		0.	58,025.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COVENANT LIFE FELLOWSHIP 3749 ORCHARD STREET WALWORTH, NY 14568	22-2730161		0.	9,358.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE COMMUNITY FOOD CUPBOARD 11 NESTER STREET ROCHESTER, NY 14621	16-1324246		0.	52,308.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED CHURCH OF CHRIST 700 PROSPECT AVE E CLEVELAND, OH 44115	13-1957221		0.	26,238.	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.)

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GLEANERS COMMUNITY KITCHEN 183 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-0630793		0.	16,323.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAMILY RESTORATION PROJECT INC 360 WELLINGTON AVE ROCHESTER, NY 14619	16-1486503		0.	12,873.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NY CONFERENCE OF SEVENTH DAY ADVERTIST - 4930 W SENECA TURNPIKE - SYRACUSE, NY 13215	15-0613154		0.	83,378.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENESEO PARISH OUTREACH CENTER 4520 GENESEE ST STE 14454 GENESEO, NY 14454	14-1916822		0.	14,362.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GREECE ECUMENICAL FOOD SHELF 3000 DEWEY AVE ROCHESTER, NY 14616	22-2503892		0.	116,853.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HELPFUL HEARTS COMMUNITY CLOSET 51 SPENCER ST LYONS, NY 14489	82-3292459		0.	109,105.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HOUSE OF MERCY 725 HUDSON AVE ROCHESTER, NY 14631	31-1754055		0.	16,280.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CENTER 4 HOPE INC 1301 VINTAGE LANE ROCHESTER, NY 14626	85-0962432		0.	133,102.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HOUSE OF GRACE MINISTRIES 1101 NORTON ST ROCHESTER, NY 14621	16-1555151		0.	51,757.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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THE COMMUNITY PLACE OF GREATER ROCHESTER INC - 1600 BAUSCH & LOMB PL - ROCHESTER, NY 14604	16-1602979		0.	18,667.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CLIFTON SPRINGS UNITED 1 EAST MAIN STREET CLIFTON SPRINGS, NY 14432	31-1813333		0.	15,356.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHARLES SETTLEMENT HOUSE 445 JAY STREET ROCHESTER, NY 14611	16-0569128		0.	28,734.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HENRY BARBARA PRIOR COMMUNITY OUTREACH MINISTRIES - 4496 RTE 104 PO BOX 187 - WILLIAMSON, NY 14589	36-4619749		0.	10,137.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL - 1910 W SUNSET BLVD., SUITE 200 - LOS ANGELES, CA 90026	96-1684062		0.	26,810.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DIMITRI HOUSE 102 UNION ST ROCHESTER, NY 14607	16-1581868		0.	56,466.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS ST ROCHESTER, NY 14607	16-0743201		0.	194,502.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DUNDEE AREA COUNCIL OF CHURCHES 12 MILLARD ST. DUNDEE, NY 14837	16-1533418		0.	30,295.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
EAST ROCHESTER COMMUNITY RESOURCE CENTER, INC. - 333 EAST CHESTNUT STREET - EAST ROCHESTER, NY 14445	16-6009652		0.	17,095.	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.)

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IRONDEQUOIT COMMUNITY CUPBOARD 156 AVONDALE RD ROCHESTER, NY 14622	56-2367283		0.	15,504.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL SNYOD OF THE REFORMED CHURCH IN AMERICA - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	23-7374670		0.	29,138.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
JOINT HEIR KINGDOM MINISTRIES 33 FOREST AVE ROCHESTER, NY 14622	26-4446028		0.	44,531.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
IMMANUEL MINISTRIES JAVA VILLAGE FOOD PANTRY - 4530 MAIN ST, NYS RTE 78 - JAVA VILLAGE, NY 14083	33-1576240		0.	20,694.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LEROY ROTARY COMMUNITY KITCHEN PO BOX 141 LEROY, NY 14482	82-3532698		0.	6,176.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
S2AY RURAL HEALTH NETWORK INC 9 GENESEE PARK GENEVA, NY 14456	55-0810542		0.	36,283.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE FATHERS HOUSE OF ROCHESTER 692 PAUL RD ROCHESTER, NY 14624	22-2329937		0.	50,268.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFESPAN OF GREATER ROCHESTER 79 N CLINTON AVE ROCHESTER, NY 14604	16-0986298		0.	17,894.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LYFE FOOD PANTRY 107 NORTH MAIN STREET LYNDONVILLE, NY 14098	22-2487130		0.	9,656.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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ORLEANS COMMUNITY ACTION COMMITTEE INC - THE COURT HOUSE - ALBION, NY 14411	16-0915481		0.	121,399.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WARRIOR HOUSE OF WNY INC 10314 JOHNSON RD MIDDLEPORT, NY 14105	81-0696390		0.	20,927.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PRO ACTION OF STUEBEN AND YATES INC - 117 E STUEBEN STREET SUITE 11 - BATH, NY 14810	16-0914512		0.	59,300.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FRIENDSHIP HOUSE OF MIDDLESEX INC PO BOX 11 MIDDLESEX, NY 14507	16-0969700		0.	32,399.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENESSEE COMMUNITY COLLEGE ASSOCIATION INC - 1 COLLEGE RD - BATAVIA, NY 14020	16-0926508		0.	18,314.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GATES CHILI CSD FOOD PANTRY 3 SPARTAN WAY ROCHESTER, NY 14624	26-4656246		0.	7,596.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL BOARD OF THE CHURCH OF NAZARENE - 6401 THE PASEO - KANSAS CITY, MO 64131	22-2514295		0.	7,864.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIVINGSTON COUNTY CARES INC 1 COLLEGE CIR STE 353 GENESEO, NY 14456	20-5425146		0.	29,059.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENEVA FOOD PANTRY 58 AVENUE D GENEVA, NY 14456	22-2224711		0.	47,379.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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MONROE COMMUNITY COLLEGE ASSOCIATION, INC - 1000 EAST HENRIETTA RD - ROCHESTER, NY 14623	16-0863558		0.	56,654.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MEAL AND MORE INC 25 BROADWAY ROCHESTER, NY 14607	16-1251773		0.	12,816.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MT OLIVET BAPTIST CHURCH 141 ADAMS ST ROCHESTER, NY 14608	16-0968494		0.	33,657.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MISSION SHARE INC 10 CEDARFIELD COMMON ROCHESTER, NY 14612	27-0886197		0.	39,266.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
EVANGELICAL LUTHERAN CHURCH 8765 W HIGGINS RD CHICAGO, IL 60631	41-1568278		0.	113,422.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MASTER'S TABERNACLE CHURCH FOOD PANTRY - 29 NORTH CHURCH STREET - CANASERAGA, NY 14822	16-1400638		0.	98,794.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH ST NE - WASHINGTON, DC 20017	16-0743944		0.	23,099.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BERGEN UNITED METHODIST CHURCH 27 S LAKE AVE BERGEN, NY 14416	16-1221894		0.	47,912.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NORTHSIDE CHURCH OF CHRIST 8 ERNST ST ROCHESTER, NY 14621	22-2481221		0.	28,118.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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GLEANERS COMMUNITY KITCHEN 183 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-0630793		0.	16,323.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAMILY RESTORATION PROJECT INC 360 WELLINGTON AVE ROCHESTER, NY 14619	16-1486503		0.	12,873.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NY CONFERENCE OF SEVENTH DAY ADVERTIST - 4930 W SENECA TURNPIKE - SYRACUSE, NY 13215	15-0613154		0.	83,378.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENESEO PARISH OUTREACH CENTER 4520 GENESEE ST STE 14454 GENESEO, NY 14454	14-1916822		0.	14,362.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GREECE ECUMENICAL FOOD SHELF 3000 DEWEY AVE ROCHESTER, NY 14616	22-2503892		0.	116,853.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HELPFUL HEARTS COMMUNITY CLOSET 51 SPENCER ST LYONS, NY 14489	82-3292459		0.	109,105.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HOUSE OF MERCY 725 HUDSON AVE ROCHESTER, NY 14631	31-1754055		0.	16,280.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CENTER 4 HOPE INC 1301 VINTAGE LANE ROCHESTER, NY 14626	85-0962432		0.	133,102.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HOUSE OF GRACE MINISTRIES 1101 NORTON ST ROCHESTER, NY 14621	16-1555151		0.	51,757.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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UNITED METHODIST CHURCH, A/K/A THE UNITED AFFILIAT - 1200 DAVIS STREET, - EVANSTIN, IL 60201	15-0574851		0.	60,962.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF CHRIST 285 E HENRIETTA RD ROCHESTER, NY 14620	20-0020049		0.	194,684.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
OAKLAND WESLEYAN CHURCH 1519 STATE ROUTE 436 NUNDA, NY 14517	16-1137457		0.	22,292.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
OPEN DOOR MISSION 210 WEST MAIN ST ROCHESTER, NY 14614	16-6050714		0.	45,120.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PALMYRA MACEDON FOOD PANTRY MAIN & CANANDAIGUA ST PALMYRA, NY 14522	22-2695983		0.	19,720.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NYS COMMUNITY ARCH 161 INTREPID LANE SYRACUSE, NY 13205	88-1121225		0.	19,418.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PATHSTONE COORPORATION 400 EAST AVE ROCHESTER, NY 14607	16-0984913		0.	20,751.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PAVILION UNITED METHODIST CHURCH PO BOX 456 PAVILION, NY 14525	16-1134277		0.	11,158.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE FREE METHODIST CHURCH OF NORTH AMERICA - 902 COLLEGE AVE - WINONA LAKE, IN 46590	16-0910173		0.	21,964.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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IRONDEQUOIT COMMUNITY CUPBOARD 156 AVONDALE RD ROCHESTER, NY 14622	56-2367283		0.	15,504.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL SNYOD OF THE REFORMED CHURCH IN AMERICA - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	23-7374670		0.	29,138.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
JOINT HEIR KINGDOM MINISTRIES 33 FOREST AVE ROCHESTER, NY 14622	26-4446028		0.	44,531.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
IMMANUEL MINISTRIES JAVA VILLAGE FOOD PANTRY - 4530 MAIN ST, NYS RTE 78 - JAVA VILLAGE, NY 14083	33-1576240		0.	20,694.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LEROY ROTARY COMMUNITY KITCHEN PO BOX 141 LEROY, NY 14482	82-3532698		0.	6,176.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
S2AY RURAL HEALTH NETWORK INC 9 GENESEE PARK GENEVA, NY 14456	55-0810542		0.	36,283.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE FATHERS HOUSE OF ROCHESTER 692 PAUL RD ROCHESTER, NY 14624	22-2329937		0.	50,268.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFESPAN OF GREATER ROCHESTER 79 N CLINTON AVE ROCHESTER, NY 14604	16-0986298		0.	17,894.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LYFE FOOD PANTRY 107 NORTH MAIN STREET LYNDONVILLE, NY 14098	22-2487130		0.	9,656.	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.)

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PENFIELD ECUMENICAL FOOD SHELF 1862 PENFIELD RD PENFIELD, NY 14526	16-1539528		0.	128,873.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CARING ABOUT PERRY INC 47 GROVE ST PERRY, NY 14530	16-1486631		0.	8,976.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PITTSFORD FOOD CUPBOARD 1 GROVE ST STE 103A PITTSFORD, NY 14534	16-1558331		0.	61,235.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE REDEEMED CHRISTIAN CHURCH OF GOD VICTORY CENTE - 285 EAST HENRIETTA RD - ROCHESTER, NY 14620	46-1233877		0.	11,693.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER FAMILY MISSION 388 TREMONT ST ROCHESTER, NY 14608	16-0796383		0.	46,001.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER HOPE INC 124 EVERGREEN ST ROCHESTER, NY 14605	87-4639055		0.	507,868.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER DEAF KITCHEN 158 SANFORD ST ROCHESTER, NY 14620	88-2137838		0.	67,074.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SALVATION ARMY & ITS COMPENENTS 440 W NYACK RD. WEST NYACK, NY 10994	13-5562357		0.	258,224.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENT BY RAVENS FOOD PANTRY 91 WOODRIDGE TRAIL HENRIETTA, NY 14467	46-1733791		0.	23,945.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE COMMUNITY COLLEGE ASSOCIATION, INC - 1000 EAST HENRIETTA RD - ROCHESTER, NY 14623	16-0863558		0.	56,654.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MEAL AND MORE INC 25 BROADWAY ROCHESTER, NY 14607	16-1251773		0.	12,816.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MT OLIVET BAPTIST CHURCH 141 ADAMS ST ROCHESTER, NY 14608	16-0968494		0.	33,657.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MISSION SHARE INC 10 CEDARFIELD COMMON ROCHESTER, NY 14612	27-0886197		0.	39,266.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
EVANGELICAL LUTHERAN CHURCH 8765 W HIGGINS RD CHICAGO, IL 60631	41-1568278		0.	113,422.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MASTER'S TABERNACLE CHURCH FOOD PANTRY - 29 NORTH CHURCH STREET - CANASERAGA, NY 14822	16-1400638		0.	98,794.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH ST NE - WASHINGTON, DC 20017	16-0743944		0.	23,099.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BERGEN UNITED METHODIST CHURCH 27 S LAKE AVE BERGEN, NY 14416	16-1221894		0.	47,912.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NORTHSIDE CHURCH OF CHRIST 8 ERNST ST ROCHESTER, NY 14621	22-2481221		0.	28,118.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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NORTHEASTERN CONFERENCE OF SEVENTH DAY ADVENTISTS - 115-50 MERRICK BLVD - JAMAICA, NY 11434	52-0643036		0.	7,897.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SOUTHEAST BIBLE BAPTIST CHURCH 1850 FAIRPORT-NINE MILE POINT ROAD PENFIELD, NY 14526	16-1233464		0.	7,542.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENECA COUNTY HOUSE OF CONCERN 33 STATE STREET GENEVA, NY 14456	16-1182281		0.	66,773.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FIRST GENESIS BAPTIST CHURCH INC 28 E MAIN ST STE 1700 ROCHESTER, NY 14614	16-1204308		0.	54,972.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PROTESTANT EPISCOPAL CHURCH IN THE USA - 815 2ND AVE - NEW YORK, NY 10017	31-1629166		0.	22,488.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ST. MICHAELS ORTHODOX CHURCH FOOD PANTRY - 98 GENESEE ST. - GENEVA, NY 14456	11-6007930		0.	15,395.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROMAN CATHOLIC PARISH OF ST. FRANCES - 80 PRINCE ST - ROCHESTER, NY 14605	27-4897670		0.	54,464.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SWEM COMMUNITY SERVICES INC 350 CHILI AVE ROCHESTER, NY 14611	22-2366674		0.	32,046.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ST. ANDREW'S CHURCH 923 PORTLAND AVE ROCHESTER, NY 14621	83-2310250		0.	62,454.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST CHURCH, A/K/A THE UNITED AFFILIAT - 1200 DAVIS STREET, - EVANSTIN, IL 60201	15-0574851		0.	60,962.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF CHRIST 285 E HENRIETTA RD ROCHESTER, NY 14620	20-0020049		0.	194,684.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
OAKLAND WESLEYAN CHURCH 1519 STATE ROUTE 436 NUNDA, NY 14517	16-1137457		0.	22,292.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
OPEN DOOR MISSION 210 WEST MAIN ST ROCHESTER, NY 14614	16-6050714		0.	45,120.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PALMYRA MACEDON FOOD PANTRY MAIN & CANANDAIGUA ST PALMYRA, NY 14522	22-2695983		0.	19,720.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NYS COMMUNITY ARCH 161 INTREPID LANE SYRACUSE, NY 13205	88-1121225		0.	19,418.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PATHSTONE COORPORATION 400 EAST AVE ROCHESTER, NY 14607	16-0984913		0.	20,751.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PAVILION UNITED METHODIST CHURCH PO BOX 456 PAVILION, NY 14525	16-1134277		0.	11,158.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE FREE METHODIST CHURCH OF NORTH AMERICA - 902 COLLEGE AVE - WINONA LAKE, IN 46590	16-0910173		0.	21,964.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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CARING HEARTS FOOD PANTRY 12 HIBBARD AVE CLIFTON SPRINGS, NY 14432	84-2660107		0.	45,043.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DIOCESES OF ROCHESTER 1150 BUFFALO RD ROCHESTER, NY 14624	20-3278460		0.	130,117.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CATHOLIC CONFERENCE 3211- 4TH STREET WASHINGTON, DC 20017	16-0755882		0.	26,586.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GERHARDT NEIGHBORHOOD OUTREACH CENTER INC. - 890 N GOODMAN ST - ROCHESTER, NY 14609	68-0634922		0.	23,258.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
TRILLIUM HEALTH 259 MONROE AVE ROCHESTER, NY 14607	16-1356734		0.	192,579.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL SYNOD OF THE REFORM CHURCH IN AMERICA - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	23-7423384		0.	6,757.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209		0.	28,426.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VETERANS OUTREACH CENTER INC 439 SOUTH AVE ROCHESTER, NY 14620	16-1137371		0.	48,975.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VICTOR FARMINGTON FOOD CUPBOARD PO BOX 154 VICTOR, NY 14564	46-5574119		0.	147,111.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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PENFIELD ECUMENICAL FOOD SHELF 1862 PENFIELD RD PENFIELD, NY 14526	16-1539528		0.	128,873.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CARING ABOUT PERRY INC 47 GROVE ST PERRY, NY 14530	16-1486631		0.	8,976.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PITTSFORD FOOD CUPBOARD 1 GROVE ST STE 103A PITTSFORD, NY 14534	16-1558331		0.	61,235.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE REDEEMED CHRISTIAN CHURCH OF GOD VICTORY CENTE - 285 EAST HENRIETTA RD - ROCHESTER, NY 14620	46-1233877		0.	11,693.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER FAMILY MISSION 388 TREMONT ST ROCHESTER, NY 14608	16-0796383		0.	46,001.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER HOPE INC 124 EVERGREEN ST ROCHESTER, NY 14605	87-4639055		0.	507,868.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER DEAF KITCHEN 158 SANFORD ST ROCHESTER, NY 14620	88-2137838		0.	67,074.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SALVATION ARMY & ITS COMPENENTS 440 W NYACK RD. WEST NYACK, NY 10994	13-5562357		0.	258,224.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENT BY RAVENS FOOD PANTRY 91 WOODRIDGE TRAIL HENRIETTA, NY 14467	46-1733791		0.	23,945.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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VILLA OF HOPE 3300 DEWEY AVE ROCHESTER, NY 14616	16-0743164		0.	18,038.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE VINEYARD FARMS 1056 LESTER AVENUE SE ATLANTA, GA 30316	81-5353565		0.	51,781.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VENTURE COMPASSIONATE MINISTRIES 4045 E HENRIETTA RD HENRIETTA, NY 14467	83-3740993		0.	110,243.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VOLUNTEERS OF AMERICA INC 110 S UNION ST 2ND FL ALEXANDRIA, VA 22314	13-1692595		0.	10,062.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY ACTION PROGRAMS PO BOX 149 LYONS, NY 14489	16-6069004		0.	61,226.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY RURAL MINISTRY/COME UNITY CENTER - 4095 WEST MAIN ST - WILLIAMSON, NY 14589	16-0927057		0.	44,475.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH COMMUNITY CHURCH OF PHELPS PO BOX 111 PHELPS, NY 14532	16-1586553		0.	217,135.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ALTERNATIVES FOR BATTERED WOMEN, INC. - PO BOX 39601 - ROCHESTER, NY 14604	16-1099257		0.	25,297.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE WORD OF THE CROSS CHURCH INC 290 WEBSTER AVE ROCHESTER, NY 14609	16-1572384		0.	10,463.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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NORTHEASTERN CONFERENCE OF SEVENTH DAY ADVENTISTS - 115-50 MERRICK BLVD - JAMAICA, NY 11434	52-0643036		0.	7,897.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SOUTHEAST BIBLE BAPTIST CHURCH 1850 FAIRPORT-NINE MILE POINT ROAD PENFIELD, NY 14526	16-1233464		0.	7,542.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENECA COUNTY HOUSE OF CONCERN 33 STATE STREET GENEVA, NY 14456	16-1182281		0.	66,773.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FIRST GENESIS BAPTIST CHURCH INC 28 E MAIN ST STE 1700 ROCHESTER, NY 14614	16-1204308		0.	54,972.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PROTESTANT EPISCOPAL CHURCH IN THE USA - 815 2ND AVE - NEW YORK, NY 10017	31-1629166		0.	22,488.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ST. MICHAELS ORTHODOX CHURCH FOOD PANTRY - 98 GENESEE ST. - GENEVA, NY 14456	11-6007930		0.	15,395.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROMAN CATHOLIC PARISH OF ST. FRANCES - 80 PRINCE ST - ROCHESTER, NY 14605	27-4897670		0.	54,464.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SWEM COMMUNITY SERVICES INC 350 CHILI AVE ROCHESTER, NY 14611	22-2366674		0.	32,046.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ST. ANDREW'S CHURCH 923 PORTLAND AVE ROCHESTER, NY 14621	83-2310250		0.	62,454.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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FRAGRANCE OF CHRIST MINISTRIES 5 LASER ST ROCHESTER, NY 14621	41-2170449		0.	14,957.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
YWCA OF ROCHESTER AND MONROE COUNTY - 175 N CLINTON AVE - ROCHESTER, NY 14604	16-0743248		0.	15,564.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SOUTHWEST AREA DEVELOPMENT CORP SWAD CO - 250 SAMUEL MCCREE DR - ROCHESTER, NY 14611	16-1537893		0.	41,575.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF BUFFALO 525 WASHINGTON STREET BUFFALO, NY 14203	16-0743251		0.	24,543.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF THE FINGER LAKES - 94 EXCHANGE STREET - GENEVA, NY 14456	14-2005241		0.	21,224.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GREECE TEACHERS COMMUNITY PROGRAMS 129 ERIE CANAL DRIVE ROCHESTER, NY 14626	81-4418072		0.	43,144.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFE SOLUTIONS OF HAMLIN 270 DRAKE ROAD HAMLIN, NY 14464	30-0168511		0.	56,666.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HILTON PARMA COMMUNITY COUNCIL OF CHURCHES - PO BOX 127 - HILTON, NY 14468	16-1390290		0.	37,792.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NAPLES COUNCIL OF CHURCHES PO BOX 182 NAPLES, NY 14512	16-6177310		0.	58,263.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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CARING HEARTS FOOD PANTRY 12 HIBBARD AVE CLIFTON SPRINGS, NY 14432	84-2660107		0.	45,043.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
DIOCESES OF ROCHESTER 1150 BUFFALO RD ROCHESTER, NY 14624	20-3278460		0.	130,117.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNITED STATES CATHOLIC CONFERENCE 3211- 4TH STREET WASHINGTON, DC 20017	16-0755882		0.	26,586.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GERHARDT NEIGHBORHOOD OUTREACH CENTER INC. - 890 N GOODMAN ST - ROCHESTER, NY 14609	68-0634922		0.	23,258.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
TRILLIUM HEALTH 259 MONROE AVE ROCHESTER, NY 14607	16-1356734		0.	192,579.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GENERAL SYNOD OF THE REFORM CHURCH IN AMERICA - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	23-7423384		0.	6,757.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209		0.	28,426.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VETERANS OUTREACH CENTER INC 439 SOUTH AVE ROCHESTER, NY 14620	16-1137371		0.	48,975.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VICTOR FARMINGTON FOOD CUPBOARD PO BOX 154 VICTOR, NY 14564	46-5574119		0.	147,111.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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JEFFERSON AVE. SDA CHURCH FOOD PANTRY - 309 JEFFERSON AVE. - ROCHESTER, NY 14611	01-0741456		0.	22,607.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BETHANY HOUSE 169 ST. BRIDGES DR. ROCHESTER, NY 14605	11-7323003		0.	5,590.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NYSARC INC. 29 BRITISH AMERICAN BLVD LATHAM, NY 12110	13-5678837		0.	10,692.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LEWIS STREET YMCA 53 LEWIS STREET ROCHESTER, NY 14605	16-0743242		0.	13,328.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
YWCA OF GENESEE COUNTY INC. 301 NORTH STREET BATAVIA, NY 14020	16-0771077		0.	30,818.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COMMUNITY PARTNERS FOR YOUTH INC DBA BIG BROTHERS BIG SISTERS OF GREATER RO - 1 SOUTH WASHINGTON STREET SUITE 405 - ROCHESTER, NY	16-0997229		0.	6,674.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CENTRAL CHURCH OF CHRIST 101 S PLYMOUTH AVE. ROCHESTER, NY 14608	16-1140530		0.	9,028.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SPRINGWATER COMMUNITY FOOD PANTRY 8001 SOUTH MAIN STREET SPRINGWATER, NY 14560	16-1280809		0.	8,821.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ORLEANS KOINONIA KITCHEN 560 EAST AVE ALBION, NY 14411	16-1315900		0.	41,056.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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VILLA OF HOPE 3300 DEWEY AVE ROCHESTER, NY 14616	16-0743164		0.	18,038.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE VINEYARD FARMS 1056 LESTER AVENUE SE ATLANTA, GA 30316	81-5353565		0.	51,781.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VENTURE COMPASSIONATE MINISTRIES 4045 E HENRIETTA RD HENRIETTA, NY 14467	83-3740993		0.	110,243.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
VOLUNTEERS OF AMERICA INC 110 S UNION ST 2ND FL ALEXANDRIA, VA 22314	13-1692595		0.	10,062.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY ACTION PROGRAMS PO BOX 149 LYONS, NY 14489	16-6069004		0.	61,226.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
WAYNE COUNTY RURAL MINISTRY/COME UNITY CENTER - 4095 WEST MAIN ST - WILLIAMSON, NY 14589	16-0927057		0.	44,475.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH COMMUNITY CHURCH OF PHELPS PO BOX 111 PHELPS, NY 14532	16-1586553		0.	217,135.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ALTERNATIVES FOR BATTERED WOMEN, INC. - PO BOX 39601 - ROCHESTER, NY 14604	16-1099257		0.	25,297.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE WORD OF THE CROSS CHURCH INC 290 WEBSTER AVE ROCHESTER, NY 14609	16-1572384		0.	10,463.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

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LEROY PANTRY AND HELP FUND 31 W MAIN ST LEROY, NY 14482	16-1389156		0.	5,903.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PARTNERSHIP FOR ONTARIO COUNTY, INC. - 5297 PARKSIDE DRIVE 307 - CANANDAIGUA, NY 14424	16-1546830		0.	10,217.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FIRST LOVE PANTRY 125 BORDER CITY ROAD GENEVA, NY 14456	16-1559778		0.	25,963.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COMMUNITY COLLEGE OF THE FINGER LAKES FOUNDATION - PO BOX 591 - GENEVA, NY 14456	22-2309677		0.	7,031.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PERINTON FOOD SHELF PO BOX 381 FAIRPORT, NY 14450	22-2527233		0.	21,916.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH DELIVERANCE CHURCH OF JESUS CHRIST - 94 CENTRAL PARK - ROCHESTER, NY 14605	22-2716931		0.	5,083.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH POWER MISSION 13895 ROOT RD ALBION, NY 14411	22-3032588		0.	7,562.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
RED'S SCHOOL PANTRY NEWARD HIGH SCHOOL - 625 PEIRSON AVE - NEWARK, NY 14513	23-7334868		0.	5,177.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE EVANGELICAL COVENANT CHURCH OF AMERICA - 5401 N FRANCISCO AVE - CHICAGO, IL 60625	36-2167730		0.	5,914.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAGRANCE OF CHRIST MINISTRIES 5 LASER ST ROCHESTER, NY 14621	41-2170449		0.	14,957.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
YWCA OF ROCHESTER AND MONROE COUNTY - 175 N CLINTON AVE - ROCHESTER, NY 14604	16-0743248		0.	15,564.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SOUTHWEST AREA DEVELOPMENT CORP SWAD CO - 250 SAMUEL MCCREE DR - ROCHESTER, NY 14611	16-1537893		0.	41,575.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF BUFFALO 525 WASHINGTON STREET BUFFALO, NY 14203	16-0743251		0.	24,543.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CATHOLIC CHARITIES OF THE FINGER LAKES - 94 EXCHANGE STREET - GENEVA, NY 14456	14-2005241		0.	21,224.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
GREECE TEACHERS COMMUNITY PROGRAMS 129 ERIE CANAL DRIVE ROCHESTER, NY 14626	81-4418072		0.	43,144.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LIFE SOLUTIONS OF HAMLIN 270 DRAKE ROAD HAMLIN, NY 14464	30-0168511		0.	56,666.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HILTON PARMA COMMUNITY COUNCIL OF CHURCHES - PO BOX 127 - HILTON, NY 14468	16-1390290		0.	37,792.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NAPLES COUNCIL OF CHURCHES PO BOX 182 NAPLES, NY 14512	16-6177310		0.	58,263.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA INTERFAITH HOSPITALITY NETWORK - 142 WEBSTER AVENUE - ROCHESTER, NY 14609	41-2064888		0.	9,811.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
RUSH-HENRIETTA KICKING HUNGER SCHOOL PANTRY - 3288 EAST HENRIETTA ROAD - HENRIETTA, NY 14467	45-2734231		0.	6,866.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER REFUGEE RESETTLEMENT SERVICES, INC. - PO BOX 15733 - ROCHESTER, NY 14615	45-3047057		0.	9,921.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COUGAR CUPBOARD 11631 SALTER-COLVIN ROAD WOLCOTT, NY 14590	46-1151355		0.	8,507.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HARVEST HAVEN COMMUNITY FOOD PANTRY - 121 DRIVING PARK AVENUE - ROCHESTER, NY 14613	47-1622567		0.	11,314.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF GOD IN CHRIST 77 WEST MAIN ST FRIENDSHIP, NY 14739	74-8106975		0.	5,717.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENECA FALLS CSD FOOD PANTRY 2 BUTLER AVE. SENECA FALLS, NY 13148	80-0711855		0.	7,042.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FINGER LAKES TREASURE TROVE FOOD PANTRY - 222 SOUTH MAIN STREET - CANANDAIGUA, NY 14424	81-1294676		0.	13,075.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SPOTMART-VICTOR 200 HIGH STREET VICTOR, NY 14564	81-1975927		0.	11,558.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTMART CANANDAIGUA CSD 96 WEST GIBSON STREET CANANDAIGUA , NY 14424	84-1975927		0.	15,379.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FRIENDS OF THE NEWARK PUBLIC LIBRARY INC. - 121 HIGH STREET - NEWARK, NY 14513	84-3896250		0.	21,338.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HARMONY FOOD PANTRY 42 E MAIN STREET WATERLOO, NY 13165	85-3863623		0.	7,656.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MARION FOOD PANTRY 3757 MILL STREET MARION, NY 14505	86-2239919		0.	8,856.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAROLYN'S CUPBOARD AT ABUNDANT GRACE CHURCH - 4292 LAKE AVENUE - ROCHESTER, NY 14612	95-6002493		0.	5,894.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON AVE. SDA CHURCH FOOD PANTRY - 309 JEFFERSON AVE. - ROCHESTER, NY 14611	01-0741456		0.	22,607.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
BETHANY HOUSE 169 ST. BRIDGES DR. ROCHESTER, NY 14605	11-7323003		0.	5,590.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
NYSARC INC. 29 BRITISH AMERICAN BLVD LATHAM, NY 12110	13-5678837		0.	10,692.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
LEWIS STREET YMCA 53 LEWIS STREET ROCHESTER, NY 14605	16-0743242		0.	13,328.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
YWCA OF GENESEE COUNTY INC. 301 NORTH STREET BATAVIA, NY 14020	16-0771077		0.	30,818.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COMMUNITY PARTNERS FOR YOUTH INC DBA BIG BROTHERS BIG SISTERS OF GREATER RO - 1 SOUTH WASHINGTON STREET SUITE 405 - ROCHESTER, NY	16-0997229		0.	6,674.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CENTRAL CHURCH OF CHRIST 101 S PLYMOUTH AVE. ROCHESTER, NY 14608	16-1140530		0.	9,028.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SPRINGWATER COMMUNITY FOOD PANTRY 8001 SOUTH MAIN STREET SPRINGWATER, NY 14560	16-1280809		0.	8,821.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ORLEANS KOINONIA KITCHEN 560 EAST AVE ALBION, NY 14411	16-1315900		0.	41,056.	FMV		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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEROY PANTRY AND HELP FUND 31 W MAIN ST LEROY, NY 14482	16-1389156		0.	5,903.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PARTNERSHIP FOR ONTARIO COUNTY, INC. - 5297 PARKSIDE DRIVE 307 - CANANDAIGUA, NY 14424	16-1546830		0.	10,217.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FIRST LOVE PANTRY 125 BORDER CITY ROAD GENEVA, NY 14456	16-1559778		0.	25,963.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COMMUNITY COLLEGE OF THE FINGER LAKES FOUNDATION - PO BOX 591 - GENEVA, NY 14456	22-2309677		0.	7,031.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
PERINTON FOOD SHELF PO BOX 381 FAIRPORT, NY 14450	22-2527233		0.	21,916.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH DELIVERANCE CHURCH OF JESUS CHRIST - 94 CENTRAL PARK - ROCHESTER, NY 14605	22-2716931		0.	5,083.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FAITH POWER MISSION 13895 ROOT RD ALBION, NY 14411	22-3032588		0.	7,562.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
RED'S SCHOOL PANTRY NEWARD HIGH SCHOOL - 625 PEIRSON AVE - NEWARK, NY 14513	23-7334868		0.	5,177.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
THE EVANGELICAL COVENANT CHURCH OF AMERICA - 5401 N FRANCISCO AVE - CHICAGO, IL 60625	36-2167730		0.	5,914.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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**		

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA INTERFAITH HOSPITALITY NETWORK - 142 WEBSTER AVENUE - ROCHESTER, NY 14609	41-2064888		0.	9,811.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
RUSH-HENRIETTA KICKING HUNGER SCHOOL PANTRY - 3288 EAST HENRIETTA ROAD - HENRIETTA, NY 14467	45-2734231		0.	6,866.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
ROCHESTER REFUGEE RESETTLEMENT SERVICES, INC. - PO BOX 15733 - ROCHESTER, NY 14615	45-3047057		0.	9,921.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
COUGAR CUPBOARD 11631 SALTER-COLVIN ROAD WOLCOTT, NY 14590	46-1151355		0.	8,507.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HARVEST HAVEN COMMUNITY FOOD PANTRY - 121 DRIVING PARK AVENUE - ROCHESTER, NY 14613	47-1622567		0.	11,314.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CHURCH OF GOD IN CHRIST 77 WEST MAIN ST FRIENDSHIP, NY 14739	74-8106975		0.	5,717.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SENECA FALLS CSD FOOD PANTRY 2 BUTLER AVE. SENECA FALLS, NY 13148	80-0711855		0.	7,042.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FINGER LAKES TREASURE TROVE FOOD PANTRY - 222 SOUTH MAIN STREET - CANANDAIGUA, NY 14424	81-1294676		0.	13,075.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
SPOTMART-VICTOR 200 HIGH STREET VICTOR, NY 14564	81-1975927		0.	11,558.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTMART CANANDAIGUA CSD 96 WEST GIBSON STREET CANANDAIGUA , NY 14424	84-1975927		0.	15,379.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
FRIENDS OF THE NEWARK PUBLIC LIBRARY INC. - 121 HIGH STREET - NEWARK, NY 14513	84-3896250		0.	21,338.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
HARMONY FOOD PANTRY 42 E MAIN STREET WATERLOO, NY 13165	85-3863623		0.	7,656.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
MARION FOOD PANTRY 3757 MILL STREET MARION, NY 14505	86-2239919		0.	8,856.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
CAROLYN'S CUPBOARD AT ABUNDANT GRACE CHURCH - 4292 LAKE AVENUE - ROCHESTER, NY 14612	95-6002493		0.	5,894.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT

Part II **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	(i)	166,424.	60,898.	0.	17,483.	56,329.	301,134.	0.
PRESIDENT AND CHIEF EXECUTIVE OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRA KELLER	(i)	135,887.	51,146.	0.	16,815.	52,471.	256,319.	0.
CHIEF OPERATING AND FINANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MITCHELL GRUBER	(i)	140,335.	18,208.	0.	13,150.	18,478.	190,171.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TASHANDA THOMAS	(i)	135,686.	8,915.	0.	9,960.	28,782.	183,343.	0.
CHIEF PEOPLE AND CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH HERSHEL	(i)	116,298.	7,604.	0.	10,503.	27,012.	161,417.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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.		
	☒ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ 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**		

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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	14316594	27,487,855.	$1.92/LB SET RATE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (USDA FOOD INVEN)	X	3,340,192	5,644,924.	$1.69/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 Acknowledgment 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	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.			

Part II **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	(i)	166,424.	60,898.	0.	17,483.	56,329.	301,134.	0.
PRESIDENT AND CHIEF EXECUTIVE OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRA KELLER	(i)	135,887.	51,146.	0.	16,815.	52,471.	256,319.	0.
CHIEF OPERATING AND FINANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MITCHELL GRUBER	(i)	140,335.	18,208.	0.	13,150.	18,478.	190,171.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TASHANDA THOMAS	(i)	135,686.	8,915.	0.	9,960.	28,782.	183,343.	0.
CHIEF PEOPLE AND CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH HERSHEL	(i)	116,298.	7,604.	0.	10,503.	27,012.	161,417.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M, PART I, COLUMN (B):
THE DATA IN PART I, COLUMN B IS THE NUMBER OF POUNDS OF FOOD DONATIONS RECEIVED.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FOODLINK, INC.

Employer identification number
22-2428304

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MOBILE NATURE OF POP-UP PANTRIES ALLOWS FOR RAPID, FLEXIBLE RESPONSE TO LOCAL NEEDS, DISTRIBUTING FRESH, NUTRITIOUS FOOD AT OVER 60 SITES. EACH POP-UP PANTRY EVENT TYPICALLY SERVES 200 TO 300 FAMILIES. IN FY26, FOODLINK'S FOOD BANK DISTRIBUTED OVER 27-MILLION POUNDS OF FOOD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GREENHOUSE FOR YEAR-ROUND GROWING, AND A PUBLIC POCKET PARK. FOODLINK'S COMMUNITY-FOCUSED INITIATIVES ALSO INCLUDE NUTRITION EDUCATION, FOOD SAFETY CLASSES, AND BENEFITS NAVIGATION SUPPORT, ALL PROVIDED ACROSS A VARIETY OF SETTINGS IN THE COMMUNITY.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION TO 585 LEXINGTON BENEFIT CORPORATION	-1,965,685.
CONTRIBUTION TO FOODLINK FOUNDATION, INC.	-1,877,480.
TOTAL TO FORM 990, PART XI, LINE 9	-3,843,165.

PART XII, LINE 2C
THERE WERE NO CHANGES TO THE ORGANIZATION'S OVERSIGHT PROCESS DURING THE CURRENT YEAR.

PART X, LINE 23 AND OTHER LINES - NEW MARKET TAX CREDIT ARRANGEMENTS
DURING THE YEAR ENDED JUNE 30, 2025, FOODLINK, THE FOODLINK FOUNDATION, INC. (THE FOUNDATION), AND A THIRD-PARTY BANK ENTERED INTO ARRANGEMENTS TO OBTAIN NEW MARKET TAX CREDITS (NMTC) TO FINANCE CERTAIN PROPERTY IMPROVEMENT ACTIVITIES FOR FOODLINK.

THE NMTC PROGRAM WAS ESTABLISHED TO ENCOURAGE PRIVATE INVESTMENT IN LOW-INCOME COMMUNITIES. THROUGH THIS PROGRAM, A PRIVATE INVESTOR PARTNERS WITH AN ORGANIZATION THAT SERVES SUCH COMMUNITIES THROUGH THE FORMATION OF A COMMUNITY DEVELOPMENT ENTITY (CDE). THE CDE CHANNELS INVESTOR CAPITAL, VIA LOW-INTEREST LOANS AND/OR EQUITY INVESTMENTS, TO BUSINESSES AND NOT-FOR-PROFIT ORGANIZATIONS WITH DEVELOPMENT PROJECTS IN LOW-INCOME AREAS. THE INVESTOR RECEIVES FEDERAL TAX CREDITS EQUAL TO

Part III 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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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	14316594	27,487,855.	$1.92/LB SET RATE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (USDA FOOD INVEN)	X	3,340,192	5,644,924.	$1.69/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 Acknowledgment 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	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.			

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

39% OF THE TOTAL PROJECT COSTS, TO BE RECEIVED OVER SEVEN YEARS. THE CDE ALSO OBTAINS FUNDING FROM A "LEVERAGED LENDER" IN AN AMOUNT THAT ENHANCES THE COMMUNITY IMPACT OF EACH PROJECT AND ALLOWS FOR A TAX CREDIT CLAIM THAT PROVIDES AN APPROPRIATE RETURN TO THE INVESTOR. THESE DEVELOPMENT PROJECTS ARE KNOWN AS QUALIFIED ACTIVE LOW-INCOME COMMUNITY BUSINESSES (QUALICBS).

AFTER THE END OF THE SEVEN-YEAR TAX CREDIT CLAIM PERIOD, THE INVESTOR TYPICALLY TRANSFERS OR SELLS ITS OWNERSHIP INTEREST IN THE CDE TO THE NOT-FOR-PROFIT ORGANIZATION FOR LITTLE TO NO CONSIDERATION AND THE ARRANGEMENT IS "UNWOUND," WITH THE ASSETS FINANCED THROUGH THE CDE BECOMING ASSETS OF THE NOT-FOR-PROFIT ORGANIZATION. GIVEN THIS SEQUENCE OF TRANSACTIONS, THE NOT-FOR-PROFIT ORGANIZATION OBTAINS THE LONG-TERM BENEFIT OF THE INVESTMENT IN THE PROJECT WITHOUT HAVING TO INCUR OR REPAY THE INITIAL CAPITAL INVESTMENT.

FOODLINK, THE FOUNDATION, AND A THIRD-PARTY BANK ENTERED INTO TWO QUALICBS DURING THE YEAR ENDED JUNE 30, 2025; ONE RELATED TO FOODLINK'S PROGRAM SITE AT 2011 MT. READ BOULEVARD AND THE OTHER RELATED TO FOODLINK'S COMMUNITY FARM PROGRAM SITE AT 585 LEXINGTON AVENUE. FOODLINK ITSELF SERVES AS QUALICB FOR THE 2011 MT. READ PROJECT WHILE BENEFIT SERVES AS QUALICB FOR THE 585 LEXINGTON AVENUE SITE. THE FOUNDATION SERVES AS THE LEVERAGED LENDER FOR BOTH PROJECTS.

AT JUNE 30, 2026 AND 2025, FOODLINK AND BENEFIT HAD LOANS PAYABLE TO THE CDE TOTALING $6,240,000 AND $2,400,000, RESPECTIVELY, THAT WERE ORIGINATED AS PART OF THE FUNDING OF THE QUALICBS DURING THE YEAR ENDED JUNE 30, 2025.

FOR BOTH PROJECTS, FOODLINK AND THE INVESTOR ENTERED INTO A "PUT AND CALL AGREEMENT" THAT ALLOWS FOODLINK TO PURCHASE THE CDE FOR $1,000 AFTER THE END OF THE TAX CREDIT PERIOD, EFFECTIVELY ALLOWING FOR THE "UNWINDING" PROCESS TO OCCUR AT THAT TIME, AS IS TYPICAL FOR NMTC ARRANGEMENTS. FOODLINK AND BENEFIT EXPECT THAT THE PUT AND CALL AGREEMENT WILL BE EXECUTED AFTER THE TAX CREDIT PERIOD IS COMPLETE AND THE UNWINDING PROCESS WILL INCLUDE FORGIVENESS OF THESE LOAN BALANCES. THIS EXPECTATION DOES NOT AFFECT THE RECORDING OF THESE LIABILITIES AS OF JUNE 30, 2026 OR 2025.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FOODLINK, INC.

Employer identification number
22-2428304

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
585 LEXINGTON HOLDINGS, LLC - 87-1112814 2011 MT READ BLVD ROCHESTER, NY 14615	OWNING, OPERATING, AND LEASING REAL ESTATE FOR FOODLINK, INC.	NEW YORK		30,750.	FOODLINK, INC.

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	(g) No
FOODLINK FOUNDATION, INC. - 16-1558258 2011 MT. READ BLVD. ROCHESTER, NY 14615	FUNDRAISING	NEW YORK	501C(3)	LINE 7			X
585 LEXINGTON BENEFIT CORPORATION - 33-2095666, 2011 MT. READ BLVD., ROCHESTER, NY 14615	SERVE AS THE QUALIC-B FOR NEW MARKET TAX CREDIT ARRANGEMENT	NEW YORK	501(C)(3)	LINE 7	FOODLINK, INC.		X

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 I, COLUMN B IS THE NUMBER OF POUNDS OF FOOD DONATIONS RECEIVED.

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FOODLINK, INC.

Employer identification number
22-2428304

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MOBILE NATURE OF POP-UP PANTRIES ALLOWS FOR RAPID, FLEXIBLE RESPONSE TO LOCAL NEEDS, DISTRIBUTING FRESH, NUTRITIOUS FOOD AT OVER 60 SITES. EACH POP-UP PANTRY EVENT TYPICALLY SERVES 200 TO 300 FAMILIES. IN FY26, FOODLINK'S FOOD BANK DISTRIBUTED OVER 27-MILLION POUNDS OF FOOD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GREENHOUSE FOR YEAR-ROUND GROWING, AND A PUBLIC POCKET PARK. FOODLINK'S COMMUNITY-FOCUSED INITIATIVES ALSO INCLUDE NUTRITION EDUCATION, FOOD SAFETY CLASSES, AND BENEFITS NAVIGATION SUPPORT, ALL PROVIDED ACROSS A VARIETY OF SETTINGS IN THE COMMUNITY.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION TO 585 LEXINGTON BENEFIT CORPORATION	-1,965,685.
CONTRIBUTION TO FOODLINK FOUNDATION, INC.	-1,877,480.
TOTAL TO FORM 990, PART XI, LINE 9	-3,843,165.

PART XII, LINE 2C
THERE WERE NO CHANGES TO THE ORGANIZATION'S OVERSIGHT PROCESS DURING THE CURRENT YEAR.

PART X, LINE 23 AND OTHER LINES - NEW MARKET TAX CREDIT ARRANGEMENTS
DURING THE YEAR ENDED JUNE 30, 2025, FOODLINK, THE FOODLINK FOUNDATION, INC. (THE FOUNDATION), AND A THIRD-PARTY BANK ENTERED INTO ARRANGEMENTS TO OBTAIN NEW MARKET TAX CREDITS (NMTC) TO FINANCE CERTAIN PROPERTY IMPROVEMENT ACTIVITIES FOR FOODLINK.

THE NMTC PROGRAM WAS ESTABLISHED TO ENCOURAGE PRIVATE INVESTMENT IN LOW-INCOME COMMUNITIES. THROUGH THIS PROGRAM, A PRIVATE INVESTOR PARTNERS WITH AN ORGANIZATION THAT SERVES SUCH COMMUNITIES THROUGH THE FORMATION OF A COMMUNITY DEVELOPMENT ENTITY (CDE). THE CDE CHANNELS INVESTOR CAPITAL, VIA LOW-INTEREST LOANS AND/OR EQUITY INVESTMENTS, TO BUSINESSES AND NOT-FOR-PROFIT ORGANIZATIONS WITH DEVELOPMENT PROJECTS IN LOW-INCOME AREAS. THE INVESTOR RECEIVES FEDERAL TAX CREDITS EQUAL TO

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

39% OF THE TOTAL PROJECT COSTS, TO BE RECEIVED OVER SEVEN YEARS. THE CDE ALSO OBTAINS FUNDING FROM A "LEVERAGED LENDER" IN AN AMOUNT THAT ENHANCES THE COMMUNITY IMPACT OF EACH PROJECT AND ALLOWS FOR A TAX CREDIT CLAIM THAT PROVIDES AN APPROPRIATE RETURN TO THE INVESTOR. THESE DEVELOPMENT PROJECTS ARE KNOWN AS QUALIFIED ACTIVE LOW-INCOME COMMUNITY BUSINESSES (QUALICBS).

AFTER THE END OF THE SEVEN-YEAR TAX CREDIT CLAIM PERIOD, THE INVESTOR TYPICALLY TRANSFERS OR SELLS ITS OWNERSHIP INTEREST IN THE CDE TO THE NOT-FOR-PROFIT ORGANIZATION FOR LITTLE TO NO CONSIDERATION AND THE ARRANGEMENT IS "UNWOUND," WITH THE ASSETS FINANCED THROUGH THE CDE BECOMING ASSETS OF THE NOT-FOR-PROFIT ORGANIZATION. GIVEN THIS SEQUENCE OF TRANSACTIONS, THE NOT-FOR-PROFIT ORGANIZATION OBTAINS THE LONG-TERM BENEFIT OF THE INVESTMENT IN THE PROJECT WITHOUT HAVING TO INCUR OR REPAY THE INITIAL CAPITAL INVESTMENT.

FOODLINK, THE FOUNDATION, AND A THIRD-PARTY BANK ENTERED INTO TWO QUALICBS DURING THE YEAR ENDED JUNE 30, 2025; ONE RELATED TO FOODLINK'S PROGRAM SITE AT 2011 MT. READ BOULEVARD AND THE OTHER RELATED TO FOODLINK'S COMMUNITY FARM PROGRAM SITE AT 585 LEXINGTON AVENUE. FOODLINK ITSELF SERVES AS QUALICB FOR THE 2011 MT. READ PROJECT WHILE BENEFIT SERVES AS QUALICB FOR THE 585 LEXINGTON AVENUE SITE. THE FOUNDATION SERVES AS THE LEVERAGED LENDER FOR BOTH PROJECTS.

AT JUNE 30, 2026 AND 2025, FOODLINK AND BENEFIT HAD LOANS PAYABLE TO THE CDE TOTALING $6,240,000 AND $2,400,000, RESPECTIVELY, THAT WERE ORIGINATED AS PART OF THE FUNDING OF THE QUALICBS DURING THE YEAR ENDED JUNE 30, 2025.

FOR BOTH PROJECTS, FOODLINK AND THE INVESTOR ENTERED INTO A "PUT AND CALL AGREEMENT" THAT ALLOWS FOODLINK TO PURCHASE THE CDE FOR $1,000 AFTER THE END OF THE TAX CREDIT PERIOD, EFFECTIVELY ALLOWING FOR THE "UNWINDING" PROCESS TO OCCUR AT THAT TIME, AS IS TYPICAL FOR NMTC ARRANGEMENTS. FOODLINK AND BENEFIT EXPECT THAT THE PUT AND CALL AGREEMENT WILL BE EXECUTED AFTER THE TAX CREDIT PERIOD IS COMPLETE AND THE UNWINDING PROCESS WILL INCLUDE FORGIVENESS OF THESE LOAN BALANCES. THIS EXPECTATION DOES NOT AFFECT THE RECORDING OF THESE LIABILITIES AS OF JUNE 30, 2026 OR 2025.

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.

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FOODLINK, INC.

Employer identification number
22-2428304

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
585 LEXINGTON HOLDINGS, LLC - 87-1112814 2011 MT READ BLVD ROCHESTER, NY 14615	OWNING, OPERATING, AND LEASING REAL ESTATE FOR FOODLINK, INC.	NEW YORK		30,750.	FOODLINK, INC.

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	(g) No
FOODLINK FOUNDATION, INC. - 16-1558258 2011 MT. READ BLVD. ROCHESTER, NY 14615	FUNDRAISING	NEW YORK	501C(3)	LINE 7			X
585 LEXINGTON BENEFIT CORPORATION - 33-2095666, 2011 MT. READ BLVD., ROCHESTER, NY 14615	SERVE AS THE QUALIC-B FOR NEW MARKET TAX CREDIT ARRANGEMENT	NEW YORK	501(C)(3)	LINE 7	FOODLINK, INC.		X

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

Part VII Supplemental Information

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

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

		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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