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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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial 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)

1999 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: **JEANETTE BATISTE**
SAME AS C ABOVE**D** Employer identification number**22-2428304****E** Telephone number**(585) 328-3380****G** Gross receipts \$**34,591,458.****H(a)** Is this a group returnfor 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		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO EMPOWER AT-RISK COMMUNITIES BY PROVIDING FOOD, NUTRITION, EDUCATION, AND RESOURCES IN CENTRAL						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3	18				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16				
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	91				
6	Total number of volunteers (estimate if necessary)	6	10250				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	26,344,886.	Current Year	29,906,612.		
9	Program service revenue (Part VIII, line 2g)		2,410,597.		4,568,244.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		450.		222.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141,231.		116,380.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,897,164.		34,591,458.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		252,611.		1,994,135.		
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)		2,772,230.		2,784,771.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
b	Total fundraising expenses (Part IX, column (D), line 25) 494,682.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,840,840.		29,720,769.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,865,681.		34,499,675.		
19	Revenue less expenses. Subtract line 18 from line 12		31,483.		91,783.		
20	Total assets (Part X, line 16)	Beginning of Current Year	4,271,571.	End of Year	4,076,556.		
21	Total liabilities (Part X, line 26)		1,952,609.		1,665,811.		
22	Net assets or fund balances. Subtract line 21 from line 20		2,318,962.		2,410,745.		

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 **JEANETTE BATISTE, CO-EXECUTIVE DIRECTOR** Date **11/14/14**
 ▶ Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **KELLEY DEMONTE** Preparer's signature **Kelley Demonte** Date **11/13/14** Check ☐ if self-employed PTIN **P01382609**
 Firm's name ▶ **BONADIO & CO., LLP** Firm's EIN ▶ **16-1131146**
 Firm's address ▶ **171 SULLY'S TRAIL, SUITE 201**
PITTSFORD, NY 14534 Phone no. **(585) 381-1000**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

6/17 14

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 EMPOWER AT-RISK COMMUNITIES BY PROVIDING FOOD, NUTRITION,
EDUCATION, AND RESOURCES IN CENTRAL AND WESTERN NEW YORK.

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

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

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

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

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

4a (Code _____) (Expenses \$ 30,379,292. including grants of \$ 1,985,700.) (Revenue \$ 4,013,697.)
FOOD BANK PROGRAMS DEDICATED TO MINIMIZING FOOD WASTE BY PROVIDING
FOOD, SKILLS & RESOURCES TO EMERGENCY FOOD PROVIDERS AND OTHER
CHARITABLE ORGANIZATIONS. THE NUMBER OF MEALS SERVED WAS 14,007,928.
THE AVERAGE POUNDS PER MEAL WAS 1.3 POUNDS.

4b (Code _____) (Expenses \$ 2,402,936. including grants of \$ _____) (Revenue \$ 660,711.)
CHILD NUTRITION PROGRAM TO PROVIDE NUTRITIOUS MEALS TO SCHOOL-AGE
CHILDREN. THE NUMBER OF MEALS SERVED WAS 596,880, SNACKS SERVED WAS
133,131.

4c (Code _____) (Expenses \$ 475,856. including grants of \$ 8,035.) (Revenue \$ 10,066.)
COMMUNITY NUTRITION PROGRAMS FOCUS ON DIRECT NUTRITION, CULINARY AND
CONSUMER EDUCATION CLASSES AIMED AT INCREASING FOOD LITERACY AND
REDUCING DIET-RELATED HEALTH DISPARITIES AMONG LOW-INCOME, AT-RISK
POPULATIONS. THE NUMBER OF PARTICIPANTS WAS 8,788.

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

(Expenses \$ 220,375. including grants of \$ 400.) (Revenue \$ 150.)

4e Total program service expenses **▶** 33,478,459.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Form 990 (2013)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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
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	91	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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 in Schedule O	14b	

Form 990 (2013)

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 in Schedule O. See instructions

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	18			
b Enter the number of voting members included in line 1a, above, who are independent		16		
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, or 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 in 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 in 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 in 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 in 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **SHARI LAMPHRON - (585) 328-3380**
1999 MT. READ BLVD., ROCHESTER, NY 14615

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(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			
(1) THOMAS FERRARO EXECUTIVE DIRECTOR	45.00 5.00	X		X				168,100.	0.	17,369.
(2) SR. BETH LE VALLEY DIRECTOR	1.00	X						0.	0.	0.
(3) JULIE CAMARDO STERON DIRECTOR/CHAIR EMERITUS	1.00	X						0.	0.	0.
(4) KIMBERLI JOHNSTON TREASURER	1.00	X		X				0.	0.	0.
(5) PATRICIA TOBIN DIRECTOR	1.00	X						0.	0.	0.
(6) THOMAS PAULY DIRECTOR	1.00	X						0.	0.	0.
(7) ARLINE SANTIAGO SECRETARY	1.00	X		X				0.	0.	0.
(8) MATTHEW RAY CHAIRMAN	1.00	X		X				0.	0.	0.
(9) SHEILA STUDEBAKER DIRECTOR	1.00	X						0.	0.	0.
(10) CAREY COREA DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT KING DIRECTOR	1.00	X						0.	0.	0.
(12) ALYSSA WHITFIELD VICE CHAIR	1.00	X		X				0.	0.	0.
(13) SAMANTHA TASSONE DIRECTOR	1.00	X						0.	0.	0.
(14) PATRICK BOURCY DIRECTOR	1.00	X						0.	0.	0.
(15) JOSEPH CASION DIRECTOR	1.00	X						0.	0.	0.
(16) ADRIAN COSMA DIRECTOR	1.00	X						0.	0.	0.
(17) EALLVIN GREENE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(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			
(18) JULIA TEDESCO CO-EXECUTIVE DIRECTOR	35.00 5.00	X		X				79,423.	0.	11,679.
(19) JEANETTE BATISTE CO-EXECUTIVE DIRECTOR	35.00 5.00	X		X				72,441.	0.	11,607.
1b Sub-total								319,964.	0.	40,655.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								319,964.	0.	40,655.

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		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**

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	290,066.				
	b Membership dues	1b					
	c Fundraising events	1c	792,331.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,263,130.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,561,085.				
	g Noncash contributions included in lines 1a-1f \$		23,807,727.				
	h Total. Add lines 1a-1f			29,906,612.			
Program Service Revenue	2 a SERVICE FEES ON WHOLESALE FOOD	Business Code	424000	2,276,072.	2,276,072.		
	b SHARED MAINTENANCE		900099	1,554,717.	1,554,717.		
	c KITCHEN MEALS REVENUE		900099	658,449.	658,449.		
	d VALUE ADDED PROCESSING REVENUE		900099	79,006.	79,006.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,568,244.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds				222.			222.
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 792,331. of contributions reported on line 1c). See Part IV, line 18		a		0.			
b Less: direct expenses		b		0.			
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MEMBERSHIP FEES		900099	74,750.	74,750.			
b OTHER		900099	41,630.	41,630.			
c							
d All other revenue		900099					
e Total. Add lines 11a-11d			116,380.				
12 Total revenue. See instructions.			34,591,458.	4,684,624.	0.	222.	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,994,135.	1,994,135.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,619.	243,212.	91,275.	26,132.
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	1,826,138.	1,606,858.	86,472.	132,808.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,902.	55,332.	2,723.	4,847.
9 Other employee benefits	274,028.	247,047.	3,108.	23,873.
10 Payroll taxes	261,084.	199,070.	43,771.	18,243.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,450.	18,755.	3,043.	3,652.
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)	332,483.	247,562.	54,017.	30,904.
12 Advertising and promotion	76,126.	7,147.	166.	68,813.
13 Office expenses	491,067.	325,004.	48,260.	117,803.
14 Information technology				
15 Royalties				
16 Occupancy	967,625.	884,082.	31,083.	52,460.
17 Travel	36,556.	26,433.	5,396.	4,727.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,233.	28,829.	12,564.	5,840.
20 Interest	83,895.		83,895.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	338,434.	316,791.	17,583.	4,060.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD	23,807,727.	23,807,727.		
b FOOD PURCHASES	3,104,225.	3,104,225.		
c TRANSPORTATION AND DIST	290,065.	281,007.	8,538.	520.
d SHIPPING	82,075.	82,075.		
e All other expenses	37,808.	3,168.	34,640.	
25 Total functional expenses. Add lines 1 through 24e	34,499,675.	33,478,459.	526,534.	494,682.
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 X Balance SheetCheck 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	118,911.	1	203,392.
	2 Savings and temporary cash investments	5,108.	2	905.
	3 Pledges and grants receivable, net	399,848.	3	412,209.
	4 Accounts receivable, net	403,175.	4	335,199.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	397,845.	8	400,138.
	9 Prepaid expenses and deferred charges	33,782.	9	32,704.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,516,414.		
	b Less: accumulated depreciation	10b 1,165,773.	10c	2,350,641.
	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	538,426.	15	341,368.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,271,571.	16	4,076,556.	
Liabilities	17 Accounts payable and accrued expenses	799,608.	17	526,641.
	18 Grants payable		18	
	19 Deferred revenue		19	168,438.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	118,719.	23	60,535.
	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	1,034,282.	25	910,197.
	26 Total liabilities. Add lines 17 through 25	1,952,609.	26	1,665,811.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,179,026.	27	2,316,670.
	28 Temporarily restricted net assets	139,936.	28	94,075.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,318,962.	33	2,410,745.	
34 Total liabilities and net assets/fund balances	4,271,571.	34	4,076,556.	

Form 990 (2013)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,591,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,499,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	91,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,318,962.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,410,745.

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

- 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ 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?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,248,479.	23,821,466.	24,681,299.	26,410,886.	29,981,362.	126,143,492.
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	21,248,479.	23,821,466.	24,681,299.	26,410,886.	29,981,362.	126,143,492.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						126,143,492.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	21,248,479.	23,821,466.	24,681,299.	26,410,886.	29,981,362.	126,143,492.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,478.	2,606.	1,388.	450.	222.	10,144.
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 IV.)	73,045.	128,174.	242,714.	75,231.	41,630.	560,794.
11 Total support. Add lines 7 through 10						126,714,430.
12 Gross receipts from related activities, etc. (see instructions)					12	8,835,503.

13 First five 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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.55 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.45 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

(This area contains horizontal lines for supplemental information.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of 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" to 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob 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" to 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 Temporarily restricted endowment ► _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,481,916.	204,162.	1,277,754.
c Leasehold improvements				
d Equipment		1,905,943.	961,611.	944,332.
e Other		128,555.		128,555.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,350,641.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM FOODLINK FOUNDATION, INC.	341,368.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	341,368.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) CAPITAL LEASES	910,197.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		910,197.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

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

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

1	Total revenue, gains, and other support per audited financial statements		1	32,795,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains 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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,795,890.
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	1,795,568.	
c	Add lines 4a and 4b		4c	1,795,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	34,591,458.

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

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

1	Total expenses and losses per audited financial statements		1	32,704,107.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,704,107.
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	1,795,568.	
c	Add lines 4a and 4b		4c	1,795,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	34,499,675.

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 X, LINE 2:

FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS
 DEEMED TO BE AN UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO
 JEOPARDIZE THEIR TAX-EXEMPT STATUS. AS OF JUNE 30, 2014, FOODLINK DOES
 NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOODLINK FILES
 RETURNS IN THE U.S. FEDERAL JURISDICTION AND NEW YORK STATE. FOODLINK IS
 NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS BY TAX
 AUTHORITIES FOR YEARS THROUGH 2010.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MEMBER AGENCY LINES OF CREDIT 1,795,568.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MEMBER AGENCY LINES OF CREDIT

1,795,568.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

[illegible]**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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CHECK OUT HUNGER		NONE		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	792,331.			792,331.	
2	Less: Contributions	792,331.			792,331.	
3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" to 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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public
Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FOODLINK, INC.

Employer identification number
22-2428304

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCORD CORPORATION PO BOX 573 BELMONT, NY 14813	22-2218884	501(C)(3)	22,204.	0.	FMV		FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
AIDS CARE 259 MONROE AVE ROCHESTER, NY 14607	16-1356734	501(C)(3)	12,182.	0.	FMV		FOOD GRANTS, OPERATIONS SUPPORT
ALTERNATIVES FOR BATTERED WOMEN PO BOX 39601 ROCHESTER, NY 14604	16-1099257	501(C)(3)	12,926.	0.	FMV		FOOD GRANTS, OPERATIONS SUPPORT
ANTIOCH/ FEEDING THE HUNGRY MINISTRY - 304 JOSEPH AVE - ROCHESTER, NY 14605	22-3443660	501(C)(3)	5,624.	0.	FMV		FOOD GRANTS, OPERATIONS SUPPORT
ASBURY DINING & CARING CENTER 1010 EAST AVENUE ROCHESTER, NY 14607	36-2167731	501(C)(3)	7,296.	0.	FMV		FOOD GRANTS, OPERATIONS SUPPORT
ATTICA EMERGENCY FOOD PANTRY 50 EAST AVE ATTICA, NY 14011	26-1101064	501(C)(3)	5,170.	0.	FMV		FOOD GRANTS

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

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADEN STREET SETTLEMENT 152 BADEN ST ROCHESTER, NY 14605	16-0743914	501(C)(3)	16,624.	0. FMV			FOOD GRANTS
BETHANY HOUSE 1111 JOSEPH AVE ROCHESTER, NY 14621	11-7323003	501(C)(3)	12,770.	0. FMV			FOOD GRANTS
BLESSED SACRAMENT 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	10,294.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
BOLIVAR FOOD PANTRY 64 FIRST ST EXT BOLIVAR, NY 14715	36-2167731	501(C)(3)	7,850.	0. FMV			FOOD GRANTS
BRIGHTON FOOD CUPBOARD 220 IDLEWOOD ROAD ROOM 120 ROCHESTER, NY 14618	16-0743059	501(C)(3)	13,100.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CALVARY ST ANDREW'S 68 ASHLAND STREET ROCHESTER, NY 14620	16-0821207	501(C)(3)	22,181.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 14606	16-1257507	501(C)(3)	12,262.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CATHOLIC FAMILY SERVICES 87 NORTH CLINTON ROCHESTER, NY 14604	16-0743945	501(C)(3)	17,824.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CATHOLIC CHARITIES OF LIVINGSTON COUNTY - 34 EAST STREET - MT. MORRIS, NY 14510	20-5493091	501(C)(3)	7,303.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGANY PANTRY 741 DELAWARE AVE WELLSVILLE, NY 14895	16-0743251	501(C)(3)	11,285.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CAYUGA SENECA COMMUNITY ACTION 23 CENTER STREET WATERLOO, NY 13165	16-0907880	501(C)(3)	7,597.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
CANANDAIGUA CHURCHES IN ACTION 5188 BRISTOL RD CANANDAIGUA, NY 14434	26-1736701	501(C)(3)	14,453.	0. FMV			FOOD GRANTS
CENTRAL CHURCH OF CHRIST 101 SOUTH AVENUE ROCHESTER, NY 14608		501(C)(3)	6,103.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
COVENANT LIFE FELLOWSHIP FOOD PANTRY - 5081 WILLIAMSON ON THE LAKE - WILLIAMSON, NY 14589	22-2730161	501(C)(3)	32,152.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
THE COMMUNITY FOOD CUPBOARD 11 NESTER ST. ROCHESTER, NY 14621	16-1324346	501(C)(3)	11,064.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CHRIST CHURCH COMMUNITY KITCHEN 26 SOUTH MAIN ST ALBION, NY 14411	16-0743985	501(C)(3)	15,752.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
CHARLES SETTLEMENT HOUSE 445 JAY STREET ROCHESTER, NY 14611	16-0869128	501(C)(3)	10,543.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
CUBA CULTURAL CENTER, INC FOOD PANTRY - 38 EAST MAIN STREET - CUBA, NY 14727	27-2143656	501(C)(3)	34,281.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIMITRI HOUSE- EMERGENCY FOOD CUPBOARD - 102 NORTH UNION STREET - ROCHESTER, NY 14607	16-1587868	501(C)(3)	10,018.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
DUNDEE FOOD PANTRY 335 DUNDEE STARKEY RD DUNDEE, NY 14837	16-1533418	501(C)(3)	7,945.	0.FMV			FOOD GRANTS
EAST ROCHESTER FOOD SHELF 120 W. COMMERCIAL ST EAST ROCHESTER, NY 14445	16-6009652	501(C)(3)	6,609.	0.FMV			FOOD GRANTS
EASTERN ORLEANS COMMUNITY CENTER PO BOX 206 HOLLEY, NY 14470	16-0915481	501(C)(3)	7,822.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
THE COMMUNITY PLACE EMERGENCY FOOD PANTRY - 145 PARSELLS AVE - ROCHESTER, NY 14609	16-1602979	501(C)(3)	10,640.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
YATES COUNTY FOOD FOR THE NEEDY 224 MAIN STREET PENN YAN, NY 14527	16-6007366	501(C)(3)	16,873.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
FRIENDSHIP HOUSE PO BOX 11031 MIDDLESEX, NY 14507	16-0969700	501(C)(3)	12,182.	0.FMV			FOOD GRANTS
GRACE COMMUNITY VILLAGE 121 DRIVING PARK AVENUE ROCHESTER, NY 14613	32-0030916	501(C)(3)	7,691.	0.FMV			FOOD GRANTS
GENEVA COMMUNITY LUNCH PROGRAM 94 EXCHANGE STREET GENEVA, NY 14456	14-2005241	501(C)(3)	5,740.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF ORLEANS & GENESEE FOOD PANTRY - 5073 CLINTON STREET ROAD - BATAVIA, NY 14020	16-0915481	501(C)(3)	11,086.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
GENEVA FOOD PANTRY 58 AVENUE D GENEVA, NY 14456	22-2224711	501(C)(3)	11,833.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
GLEANERS COMMUNITY KITCHEN 183 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-6030793	501(C)(3)	7,847.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
FAMILY RESTORATION PROJECT 360 WELLINGTON AVE ROCHESTER, NY 14619	16-1486503	501(C)(3)	6,278.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
ROCHESTER FAMILY MISSION 388 TREMONT STREET ROCHESTER, NY 14534	16-0796383	501(C)(3)	10,336.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
GREECE ECUMENICAL FOOD SHELF 500 MAIDEN LANE ROCHESTER, NY 14616	22-2503892	501(C)(3)	6,441.	0.FMV			FOOD GRANTS
LIFE SOLUTIONS OF HAMLIN PO BOX 160 HALMIN, NY 14464	30-0168511	501(C)(3)	5,722.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
HARVEST FELLOWSHIP GOD'S STOREHOUSE - 5790 RT 104 - WILLIAMSON, NY 14589	16-1336095	501(C)(3)	15,807.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
HILTON PARMA COMMUNITY COUNCIL BOX 127 HILTON, NY 14468	16-1390290	501(C)(3)	6,410.	0.FMV			FOOD GRANTS

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE MINISTRY 1450 RIDGE ROAD WEBSTER, NY 14580	16-0755765	501(C)(3)	12,336.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
HOPE LUTHERAN CHURCH 1301 VINTAGE LANE ROCHESTER, NY 14626	43-0658188	501(C)(3)	28,864.	0. FMV			FOOD GRANTS
HOUSE OF GRACE 1101 NORTON ST ROCHESTER, NY 14621	16-1555151	501(C)(3)	10,433.	0. FMV			FOOD GRANTS
IBERO FOOD PANTRY 817 E MAIN STREET ROCHESTER, NY 14605	16-0954745	501(C)(3)	10,352.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
INTERLAKEN CHURCH CUPBOARD PO BOX 335 INTERLAKEN, NY 14847	23-7374670	501(C)(3)	11,889.	0. FMV			FOOD GRANTS
COMMUNITY PLACE CUPBOARD 57 CENTRAL PARK ROCHESTER, NY 14605	16-1602979	501(C)(3)	10,917.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
NORTHWEST NEIGHBORHOOD OUTREACH CENTER - PO BOX 13109 - ROCHESTER, NY 14613	16-1479583	501(C)(3)	6,886.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
A MEAL AND MORE, INC. 25 BROADWAY ROCHESTER, NY 14604	16-1251773	501(C)(3)	6,338.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
MEDINA EMERGENCY FOOD PANTRY 1355 WEST AVE MEDINA, NY 14103	36-2167730	501(C)(3)	7,143.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION AGAPE BOX 35 FRIENDSHIP, NY 14739	74-8106975	501(C)(3)	6,943.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
MISSION SHARE OUTREACH CENTER 10 CEDARFIELD COMMONS ROCHESTER, NY 14612	27-0886197	501(C)(3)	20,965.	0.FMV			FOOD GRANTS
SISTER MARY REGIS FOOD CUPBOARD 919 NORTON ST ROCHESTER, NY 14621	27-4897670	501(C)(3)	14,502.	0.FMV			FOOD GRANTS
MASTER'S TABERNACLE CHURCH 29 NORTH CHURCH ST CANASERAGA, NY 14822	16-1400638	501(C)(3)	6,642.	0.FMV			FOOD GRANTS
CATHOLIC CHARITIES MT MORRIS FOOD PANTRY - 34 E STATE ST - MT MORRIS, NY 14510	16-0743944	501(C)(3)	7,077.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
NAPLES OPEN CUPBOARD 15 COHOCTON ST NAPLES, NY 14512	15-0574851	501(C)(3)	6,477.	0.FMV			FOOD GRANTS
NEWARK FREE LUNCH PROGRAM 301 EAST MILLER STREET NEWARK, NY 14513	16-6177310	501(C)(3)	6,608.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
NUNDA FOOD PANTRY PO BOX 703 NUNDA, NY 14517	51-0228275	501(C)(3)	8,909.	0.FMV			FOOD GRANTS
OUTREACH COMMUNITY CENTER 447 GENESEE ST. ROCHESTER, NY 14611	16-1268037	501(C)(3)	13,928.	0.FMV			FOOD GRANTS

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II), Part II.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR MISSION SAMARITAN HOUSE SOUP KITCHEN - 156 NORTH PLYMOUTH AVE - ROCHESTER, NY 14614	16-6050714	501(C)(3)	14,110.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
COMMUNITY ACTION OF ORLEANS & GENESEE FOOD PANTRY - 409 EAST STATE STREET - ALBION, NY 14411	16-0915481	501(C)(3)	8,687.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
OUTREACH TEMPLE C.O.G.I.C. 218 MURRY ST ROCHESTER, NY 14624	16-1486676	501(C)(3)	7,243.	0.FMV			FOOD GRANTS, MEMBER SCHOLARSHIP
WELLSPRING FOOD DISTRIBUTION CENTER - 22 TEPT AVENUE - CLIFTON SPRINGS, NY 14432	16-1586553	501(C)(3)	9,860.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
PEARCE MEMORIAL CHURCH 4322 BUFFALO ROAD NORTH CHILI, NY 14514	16-0910173	501(C)(3)	7,052.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
PITTSFORD FOOD CUPBOARD 1 GROVE STREET SUITE 103A PITTSFORD, NY 14534	16-1558331	501(C)(3)	8,097.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
DANSVILLE ECUMENICAL COMMUNITY FOOD PANTRY - 44 ELIZABETH STREET - DANSVILLE, NY 14437	16-1569346	501(C)(3)	7,403.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
RENEWALK MINISTRIES PO BOX 175 EAST BLOOMFIELD, NY 14443	16-1488086	501(C)(3)	9,493.	0.FMV			FOOD GRANTS
ROSE EMERGENCY FOOD PANTRY PO BOX 26 ROSE, NY 14542	36-2167731	501(C)(3)	7,644.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHSTONE- WILLIAMSON PO BOX 156 WILLIAMSON, NY 14589	16-0984913	501(C)(3)	7,878.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
SALEM NUTRITION CENTER 60 BITTNER STREET ROCHESTER, NY 14604	13-1957221	501(C)(3)	6,228.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
THE SALVATION ARMY - GENEVA PO BOX 532 GENEVA, NY 14456	13-5562351	501(C)(3)	11,428.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
THE SALVATION ARMY - BATAVIA 529 EAST MAIN STREET BATAVIA, NY 14020	13-5562351	501(C)(3)	9,180.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
THE SALVATION ARMY 70 LIBERTY POLE WAY ROCHESTER, NY 14604	16-1488306	501(C)(3)	31,268.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
SALVATION ARMY 10 FRANKLIN ST ROCHESTER, NY 14604	16-1488306	501(C)(3)	6,101.	0.FMV			FOOD GRANTS
SALVATION ARMY- WELLSVILLE 25 E PEARL ST WELLSVILLE, NY 14895	13-5562351	501(C)(3)	6,145.	0.FMV			FOOD GRANTS, MEMBER SCHOLARSHIP
SENECA COUNTY HOUSE OF CONCERN 35 STATE STREET SENECA FALLS, NY 13148	16-1182281	501(C)(3)	44,400.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
SOUTH SENECA ECUMENICAL FOOD PANTRY - PO BOX 340 - OVID, NY 14521	15-6021707	501(C)(3)	14,935.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST ECUMENICAL MINISTRIES 350 CHILI AVENUE ROCHESTER, NY 14611	22-2366674	501(C)(3)	73,487.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
ST. ANDREWS EMERGENCY FOOD CUPBOARD - 890 PORTLAND AVENUE - ROCHESTER, NY 14621	16-0755704	501(C)(3)	14,142.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT, MEMBER SCHOLARSHIP
ST. FELIX COMMUNITY FOOD CUPBOARD 57 EAST MAIN ST CLIFTON SPRINGS, NY 14432	36-2167731	501(C)(3)	14,847.	0.FMV			FOOD GRANTS
ST. JOSEPH'S HOUSE OF HOSPITALITY PO BOX 31049 ROCHESTER, NY 14603	16-6038688	501(C)(3)	11,299.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
MACEDON FOOD PANTRY 52 MAIN STREET MACDEON, NY 14502	27-4033780	501(C)(3)	5,181.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
ST. THEODORE FOOD CLOSET 12283 RT. 38 RED CREEK, NY 13143	16-0755882	501(C)(3)	9,474.	0.FMV			FOOD GRANTS
TYRE FOOD PANTRY 1887 WORDEN RD WATERLOO, NY 13165	23-7423384	501(C)(3)	6,982.	0.FMV			FOOD GRANTS, OPERATIONS SUPPORT
VETERAN'S OUTREACH CENTER 459 SOUTH AVE ROCHESTER, NY 14620	16-1137371	501(C)(3)	6,864.	0.FMV			FOOD GRANTS
VICTOR-FARMINGTON CUPBOARD 1246 COMMERCIAL DR FARMINGTON, NY 14425	23-6393377	501(C)(3)	18,595.	0.FMV			FOOD GRANTS

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTIM RESOURCE CENTER OF THE FINGER LAKES, INC. - 132 HARRISON STREET - NEWARK, NY 14513	16-1208385	501(C)(3)	6,006.	0. FMV			FOOD GRANTS
VOLUNTEERS OF AMERICA 214 LAKE AVENUE ROCHESTER, NY 14608	13-1692595	501(C)(3)	12,766.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
WARSAW FOOD PANTRY PO BOX 205 WARSAW, NY 14569	23-6393377	501(C)(3)	11,619.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
WAYNE COUNTY ACTION PROGRAM 7190 RIDGE ROAD SODUS, NY 14551	16-6069004	501(C)(3)	8,093.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
WAYNE COUNTY RURAL MINISTRY PO BOX 73 WILLIAMSON, NY 14589	16-0927057	501(C)(3)	18,173.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
WOMEN'S PLACE 146 HOBART ST ROCHESTER, NY 14611	16-0743945	501(C)(3)	5,549.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
YMCA WOMEN RESIDENCE PROGRAM 175 N CLINTON AVE ROCHESTER, NY 14604	16-0743248	501(C)(3)	7,306.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
ZION HILL 250 BRANSON AVE ROCHESTER, NY 14611	16-1537893	501(C)(3)	10,799.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT
ST. PETER'S KITCHEN PO BOX 31049 ROCHESTER, NY 14611	20-3278460	501(C)(3)	9,133.	0. FMV			FOOD GRANTS, OPERATIONS SUPPORT

Schedule I (Form 990)

Part II

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV

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

**SCHEDULE J
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Inspection

Name of the organization

FOODLINK, INC.

Employer identification number

22-2428304

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2013

Part III	Supplemental Information
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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.

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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	13,841,702	23,807,727.	RATE SET BY FEEDING
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2013)

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 O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

FOODLINK, INC.

Employer identification number
22-2428304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND WESTERN NEW YORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL PROJECTS

EXPENSES \$ 220,375. INCLUDING GRANTS OF \$ 400. REVENUE \$ 150.

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

AN ELECTRONIC COPY IS PROVIDED TO ALL BOARD MEMBERS FOR
REVIEW/QUESTIONS 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 EXECUTIVE
COMMITTEE REVIEW, COMPARE, AND DETERMINE THE COMPENSATION FOR THE EXECUTIVE
DIRECTOR.

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

ALL DOCUMENTS ARE AVAILABLE BY REQUEST. AUDITED FINANCIAL
STATEMENTS ARE POSTED ON OUR WEBSITE.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) FOODLINK FOUNDATION, INC.		D	1,140,709.	OUTSTANDING PRINCIPAL BALANCE		
(2) FOODLINK FOUNDATION, INC.		K	121,668.	FMV		
(3) FOODLINK FOUNDATION, INC.		P	604,076.	FMV		
(4) FOODLINK FOUNDATION, INC.		Q	407,018.	FMV		
(5)						
(6)						
		49				

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.

[illegible]

Part VII - Supplemental Information

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