

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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

Form header section containing organization name (CONNECTICUT FOODSHARE, INC.), EIN (06-1063025), address (2 RESEARCH PARKWAY, WALLINGFORD, CT 06492), and principal officer (JASON JAKUBOWSKI).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (Jason Jakubowski), preparer name (Melanie Ballestas), and firm information (CliftonLarsonAllen LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE CONNECTICUT FOODSHARE IS TO DELIVER AN INFORMED AND EQUITABLE RESPONSE TO HUNGER BY MOBILIZING COMMUNITY PARTNERS, VOLUNTEERS, AND SUPPORTERS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 110,654,801. including grants of \$ 90,543,039.) (Revenue \$ 3,594,632.) FOOD COLLECTION AND DISTRIBUTION - DURING THE TWELVE MONTHS ENDED JUNE 30, 2024, CONNECTICUT FOODSHARE DISTRIBUTED OVER 45 MILLION MEALS TO COMMUNITY-BASED PROGRAMS THAT SERVE PEOPLE IN NEED, INCLUDING FOOD PANTRIES, COMMUNITY KITCHENS AND MOBILE SITES. WE PARTNER WITH THE FOOD INDUSTRY - RETAILERS, FARMERS, AND MAUFACTURERS - TO RECLAIM SAFE FOOD THAT IS NOT SALABLE AND DISTRIBUTE IT TO LOCAL PROGRAMS THAT SERVE FAMILIES, CHILDREN, SENIORS, AND OTHERS IN NEED. WE FOCUS ON PROVIDING NUTRITIOUS FOOD OPTIONS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

4b (Code:) (Expenses \$ 4,148,539. including grants of \$ 1,324,941.) (Revenue \$ 0.) OUTREACH - IN ADDITION TO DISTRIBUTING FOOD TO MEET IMMEDIATE NEEDS, SOLVING AN ISSUE AS COMPLEX AS HUNGER REQUIRES DIFFERENT PARTS OF OUR COMMUNITY WORKING TOGETHER TOWARDS LONG-TERM SOLUTIONS. CONNECTICUT FOODSHARE RAISES AWARENESS ABOUT HUNGER TO MOBILIZE COMMUNITY ACTION AND CONDUCTS OUTREACH WITH PARTNER ORGANIZATIONS TO INCREASE THE NUMBER OF ELIGIBLE PEOPLE WHO PARTICIPATE IN FEDERAL NUTRITION PROGRAMS.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 114,803,340.

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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JASON JAKUBOWSKI - (203)469-5000
2 RESEARCH PARKWAY, WALLINGFORD, CT 06492

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON JAKUBOWSKI PRESIDENT AND CEO	40.00			X			292,739.	0.	53,514.	
(2) CHRIS O'ROURKE CHIEF NETWORK & PROGRAM OFFICER	40.00				X		171,741.	0.	47,431.	
(3) BEVERLY CATCHPOLE CHIEF GIVING OFFICER	40.00				X		173,235.	0.	26,635.	
(4) JEFF BARTHOLOMAY CFO	40.00			X			193,773.	0.	1,727.	
(5) TYLER KLEYKAMP CHIEF DATA & IMPACT OFFICER	40.00				X		170,861.	0.	21,055.	
(6) JOHANNA FITZGERALD CHIEF PEOPLE OFFICER	40.00				X		163,472.	0.	22,466.	
(7) MARTINO A. ROVERO CHIEF OPERATIONS OFFICER	40.00				X		148,131.	0.	3,739.	
(8) PETE SANNIZZARO CHAIR	0.50	X		X			0.	0.	0.	
(9) ALFRED D. WATTS VICE-CHAIR	0.50	X		X			0.	0.	0.	
(10) HEATHER SMITH-JASER TREASURER	0.50	X		X			0.	0.	0.	
(11) ARLENE PUTTERMAN SECRETARY	0.50	X		X			0.	0.	0.	
(12) JENNIFER BARR DIRECTOR	0.50	X					0.	0.	0.	
(13) MAX BARRY DIRECTOR	0.50	X					0.	0.	0.	
(14) JARED BRUZAS DIRECTOR	0.50	X					0.	0.	0.	
(15) TOM BUCKINGHAM DIRECTOR	0.50	X					0.	0.	0.	
(16) JENNY CHOU DIRECTOR	0.50	X					0.	0.	0.	
(17) MOLLY DEVANEY DIRECTOR	0.50	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH R. GIANNI DIRECTOR	0.50	X					0.	0.	0.	
(19) BETH HENRY DIRECTOR	0.50	X					0.	0.	0.	
(20) KATIE HUNLOCK DIRECTOR	0.50	X					0.	0.	0.	
(21) PETER KIHARA DIRECTOR (AS OF 10/23)	0.50	X					0.	0.	0.	
(22) VANESSA MACZKO DIRECTOR (AS OF 10/23)	0.50	X					0.	0.	0.	
(23) JAMIE MCDONALD DIRECTOR	0.50	X					0.	0.	0.	
(24) MARIA PARADES DIRECTOR	0.50	X					0.	0.	0.	
(25) KAYLA REASCO DIRECTOR	0.50	X					0.	0.	0.	
(26) WENDY WAHL DIRECTOR	0.50	X					0.	0.	0.	
1b Subtotal							1,313,952.	0.	176,567.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,313,952.	0.	176,567.	

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 15

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
RKD GROUP 7130 S. 29TH STREET, LINCOLN, NE 13504	PROFESSIONAL FUNDRAISING	1,156,496.
WALKER GROUP 20 WATERSIDE DRIVE, FARMINGTON, CT 06032	IT SUPPORT	437,872.
AEROTEK COMMERCIAL STAFFING PO BOX 198531, ATLANTA, GA 03084-8531	TEMPORARY STAFFING	301,042.
CENTERLINE DRIVERS, LLC PO BOX 31001-1431, PASADENA, CA 91110-1431	TEMPORARY STAFFING	293,248.
MCCARTER & ENGLISH LLP, CITY PLACE I, 185 ASYLUM ST, HARTFORD, CT 06103	LEGAL	161,793.

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 6

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	514,031.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,134,829.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	110,209,353.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 91,023,643.			
	h	Total. Add lines 1a-1f		115858213.			
Program Service Revenue	2 a	BUYING CLUB REVENUE	Business Code				
			624210	3,594,632.	3,594,632.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		3,594,632.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		793,627.		793,627.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 514,031. of contributions reported on line 1c). See Part IV, line 18	8a		0.			
				16,756.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			-16,756.		-16,756.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code				
			624210	2,250.		2,250.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			2,250.			
12	Total revenue. See instructions		120231966.	3,594,632.	0.	779,121.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	91,867,980.	91,867,980.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	569,749.	364,639.	119,647.	85,463.
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	8,560,974.	5,452,128.	1,964,993.	1,143,853.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	258,165.	165,957.	53,775.	38,433.
9 Other employee benefits	2,156,214.	1,385,951.	449,211.	321,052.
10 Payroll taxes	681,551.	438,045.	142,011.	101,495.
11 Fees for services (nonemployees):				
a Management				
b Legal	105,432.		105,432.	
c Accounting	83,853.		83,853.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,156,496.			1,156,496.
f Investment management fees	53,394.		53,394.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	470,915.	76,482.	187,770.	206,663.
12 Advertising and promotion				
13 Office expenses	458,811.	258,101.	184,010.	16,700.
14 Information technology				
15 Royalties				
16 Occupancy	679,136.	435,381.	243,755.	
17 Travel	138,543.	95,649.	27,774.	15,120.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,165.	22,126.	13,886.	8,153.
20 Interest	53,203.	50,950.	2,253.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,078,529.	925,547.	79,245.	73,737.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER FOOD COLLECTION E	6,233,035.	6,233,035.		
b PURCHASED FOOD	4,276,571.	4,276,571.		
c REPAIRS AND MAINTENANCE	1,772,165.	974,232.	708,887.	89,046.
d TRUCKS	903,260.	903,260.		
e All other expenses	1,268,314.	877,306.	335,961.	55,047.
25 Total functional expenses. Add lines 1 through 24e	122,870,455.	114,803,340.	4,755,857.	3,311,258.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,216,446.	1	2,769,287.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,197,482.	3	2,075,280.
	4 Accounts receivable, net	79,131.	4	274,843.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,801,037.	8	2,846,750.
	9 Prepaid expenses and deferred charges	483,293.	9	459,025.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,820,926.		
	b Less: accumulated depreciation	10b 7,432,841.	10c	13,388,085.
	11 Investments - publicly traded securities	32,854,866.	11	30,651,831.
	12 Investments - other securities. See Part IV, line 11	2,326,837.	12	2,516,293.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	552,459.	15	1,461,541.
16 Total assets. Add lines 1 through 15 (must equal line 33)	55,781,082.	16	56,442,935.	
Liabilities	17 Accounts payable and accrued expenses	1,754,845.	17	1,192,871.
	18 Grants payable		18	
	19 Deferred revenue	733,827.	19	1,161,586.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	554,335.	25	1,487,844.
	26 Total liabilities. Add lines 17 through 25	3,043,007.	26	3,842,301.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	49,563,695.	27	48,829,401.
	28 Net assets with donor restrictions	3,174,380.	28	3,771,233.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	52,738,075.	32	52,600,634.
	33 Total liabilities and net assets/fund balances	55,781,082.	33	56,442,935.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,231,966.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,870,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,638,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,738,075.
5	Net unrealized gains (losses) on investments	5	2,501,048.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	52,600,634.

Part XII Financial Statements and Reporting

Check 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63669548.	76618486.	98604231.	98502650.	115858213	453253128
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	63669548.	76618486.	98604231.	98502650.	115858213	453253128
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)						56964077.
6 Public support. Subtract line 5 from line 4.						396289051

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	63669548.	76618486.	98604231.	98502650.	115858213	453253128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	157,527.	120,064.	151,757.	850,248.	793,627.	2073223.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		84,747.	121,968.	48,372.	2,250.	257,337.
11 Total support. Add lines 7 through 10						455583688
12 Gross receipts from related activities, etc. (see instructions)					12	5,806,088.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	86.98	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.62	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

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

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

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

CONNECTICUT FOODSHARE, INC.

Employer identification number

06-1063025

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>11,647,739.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>9,175,831.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>6,948,566.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>5,295,575.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>3,130,070.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>2,733,387.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,359,772.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD _____ _____ _____	\$ <u>11,647,739.</u>	<u>06/30/24</u>
2	DONATED FOOD _____ _____ _____	\$ <u>9,175,831.</u>	<u>06/30/24</u>
3	DONATED FOOD _____ _____ _____	\$ <u>6,948,566.</u>	<u>06/30/24</u>
4	DONATED FOOD _____ _____ _____	\$ <u>5,295,575.</u>	<u>06/30/24</u>
5	DONATED FOOD _____ _____ _____	\$ <u>3,130,070.</u>	<u>06/30/24</u>
6	DONATED FOOD _____ _____ _____	\$ <u>2,733,387.</u>	<u>06/30/24</u>

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DONATED FOOD _____ _____ _____	\$ <u>2,359,772.</u>	<u>06/30/24</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,700.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,700.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CONNECTICUT FOODSHARE, INC.** Employer identification number **06-1063025**

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,934,762.		1,934,762.
b Buildings		13,983,931.	3,895,978.	10,087,953.
c Leasehold improvements		443,716.	15,237.	428,479.
d Equipment		2,377,186.	1,804,794.	572,392.
e Other		2,081,331.	1,716,832.	364,499.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,388,085.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	1,487,844.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,487,844.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	122,696,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,501,048.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,756.	
e	Add lines 2a through 2d	2e		2,517,804.
3	Subtract line 2e from line 1		3	120,178,572.
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	53,394.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		53,394.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	120,231,966.

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

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

1	Total expenses and losses per audited financial statements		1	122,833,817.
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	16,756.	
e	Add lines 2a through 2d	2e		16,756.
3	Subtract line 2e from line 1		3	122,817,061.
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	53,394.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		53,394.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	122,870,455.

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 16,756.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 16,756.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK AGAINST HUNGER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	514,031.		514,031.
	2	Less: Contributions	514,031.		514,031.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	650.		650.
	8	Entertainment	5,623.		5,623.
	9	Other direct expenses	10,483.		10,483.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			16,756.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-16,756.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **CONNECTICUT FOODSHARE, INC.** Employer identification number **06-1063025**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TO VARIOUS ORGANIZATIONS IN FULFILLMENT OF ITS EXEMPT PURPOSE			0.	90,543,039.	AVERAGE WHOLESALE VALUE/LB FROM FEEDING	FOOD	TO SUPPORT IMPLEMENTATION OF CLIENT CHOICE AND INCREASE ACCESS TO NUTRITIOUS FOOD\
ANDOVER CONGREGATIONAL CHURCH FOOD PANTRY - 359 ROUTE 6 P.O. BOX 55 - ANDOVER, CT 06232	13-1957221	501(C)(3)	67,200.	0.			FOOD PANTRY REMODEL, COLD STORAGE & SIGNAGE
CATHEDRAL OF SAINT JOSEPH FOOD PANTRY - 136 FARMINGTON AVE - HARTFORD, CT 06105	53-0196617	501(C)(3)	59,000.	0.			FOOD PANTRY EXPANDED COMMERCIAL COLD STORAGE & UPGRADES
DAILY BREAD FOOD PANTRY 25 WEST STREET DANBURY, CT 06810	06-1152682	501(C)(3)	50,000.	0.			FOOD PANTRY UPRADES FOR NEW FULL-CHOICE FACILITY
SOUTH PARK INN 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501(C)(3)	44,500.	0.			EMERGENCY SHELTER CARGO VAN
ST. VINCENT DE PAUL PLACE NORWICH, INC. - 120 CLIFF STREET - NORWICH, CT 06360	37-1639042	501(C)(3)	41,000.	0.			FOOD PANTRY CONSTRUCTION TO ENCLOSE LOADING DOCK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 70.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)(3)	40,000.	0.			COMMUNITY KITCHEN RENOVATION FOR MOBILE FOOD TRUCK OUTREACH
WHEAT, INC 674 WASHINGTON AVE WEST HAVEN, CT 06516	06-1197653	501(C)(3)	35,500.	0.			FOOD PANTRY WALK-IN COOLER
SDA BRIDGEPORT TABERNACLE 717 CLINTON AVENUE BRIDGEPORT, CT 06604	52-0643036	501(C)(3)	35,000.	0.			FOOD PANTRY SUPER-MARKET STYLE TRANSFORMATION
FIRST CONGREGATIONAL CHURCH OF EAST WINDSOR - 140 PHELPS RD - EAST WINDSOR, CT 06088	13-1957221	501(C)(3)	34,500.	0.			FOOD PANTRY COLD STORAGE & EQUIPMENT
GRACE EPISCOPAL CHURCH 55 NEW PARK AVE HARTFORD, CT 06106	06-0646602	501(C)(3)	32,000.	0.			FOOD PANTRY REMODEL & UPGRADES
COMMUNITY OUTREACH CENTER 294 WASHINGTON STREET NORWICH, CT 06360	22-2512537	501(C)(3)	27,400.	0.			FOOD PANTRY REMODEL & COMMERCIAL COLD STORAGE
NEW REACH, INC. 269 PECK STREET NEW HAVEN, CT 06513	22-3037451	501(C)(3)	27,000.	0.			FOOD PANTRY COLD STORAGE, SHELVING & BUILDING UPGRADES
PLEASANT VALLEY UNITED METHODIST CHURCH - P.O. BOX 181 93 RIVER ROAD - PLEASANT VALLEY, CT 06063	36-2167731	501(C)(3)	21,000.	0.			FOOD PANTRY LIGHTING, SHELVING & COLD STORAGE
ST. JAMES CHURCH 76 FEDERAL ST. NEW LONDON, CT 06320	06-0646602	501(C)(3)	21,000.	0.			FOOD PANTRY COLD STORAGE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS COMMUNITY ACTION AGENCY 51 REYNOLDS STREET KILLINGLY, CT 06239	06-0801861	501(C)(3)	20,500.	0.			EMERGENCY SHELTER COLD STORAGE & KITCHEN UPGRADES
CANTERBURY CARES FOOD BANK 6 S. CANTERBURY RD CANTERBURY, CT 06331	06-6062734	501(C)(3)	20,000.	0.			FOOD PANTRY ENTRANCE REMODEL FOR ACCESSIBILITY
NEW LONDON COMMUNITY MEAL CENTER 12 MONTAUK AVE NEW LONDON, CT 06320	22-2768679	501(C)(3)	20,000.	0.			COMMUNITY KITCHEN MINI-VAN
NOURISH BRIDGEPORT, INC. 2200 NORTH AVENUE BRIDGEPORT, CT 06604	27-4186000	501(C)(3)	20,000.	0.			FOOD PANTRY ADA ACCESS RAMP
ASSOCIATION OF RELIGIOUS COMMUNITIES - 24 DELAY STREET, SUITE 4 - DANBURY, CT 06810	06-0942514	501(C)(3)	19,900.	0.			FOOD PANTRY REMODEL, COLD STORAGE & EQUIPMENT
HOCKANUM VALLEY COMMUNITY COUNCIL 29 NAEK ROAD, SUITE 5A VERNON, CT 06066	06-0864311	501(C)(3)	19,600.	0.			FOOD PANTRY PALLET RACKING & EQUIPMENT UPGRADES
ENFIELD FOOD SHELF, INC. 786 ENFIELD STREET ENFIELD, CT 06082	06-1327533	501(C)(3)	18,700.	0.			FOOD PANTRY SIGNAGE, EQUIPMENT & UPGRADES
MONROE FOOD PANTRY - TOWN OF MONROE - 980 MONROE TURNPIKE - MONROE, CT 06468	13-1957221	501(C)(3)	17,300.	0.			FOOD PANTRY REMODEL
TOWN OF SPRAGUE 1 MAIN STREET BAL TIC, CT 06330		GOV'T	16,300.	0.			FOOD PANTRY EXPANSION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL MIDDLETOWN 16 STACK ST. MIDDLETOWN, CT 06457	06-1387081	501(C)(3)	15,800.	0.			FOOD PANTRY CONSTRUCTION TO ENCLOSE LOADING DOCK
KLINGBERG FAMILY CENTERS 370 LINWOOD STREET NEW BRITIAN, CT 06052	06-1370693	501(C)(3)	15,000.	0.			FOOD PANTRY REMODEL & UPGRADES
GLORY CHAPEL INTERNATIONAL CATHEDRAL - 221 GREENFIELD STREET - HARTFORD, CT 06112	06-1046680	501(C)(3)	14,600.	0.			FOOD PANTRY SUPER-MARKET STYLE TRANSFORMATION
CT STATE COMMUNITY COLLEGE HOUSATONIC - 900 LAFAYETTE BLVD. - BRIDGEPORT, CT 06604	06-1291848	501(C)(3)	14,000.	0.			FOOD PANTRY FREEZER & SHELIVING
ST. VINCENT DE PAUL MISSION OF BRISTOL, INC. - 19 JACOBS STREET - BRISTOL, CT 06010	22-2478902	501(C)(3)	14,000.	0.			EMERGENCY SHELTER KITCHEN UPGRADES
MASTERS MANNA 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	20-5643387	501(C)(3)	12,500.	0.			FOOD PANTRY COLD STORAGE, SHELIVING & FOOD GUARD
COMMUNITY SERVICES COUNCIL OF WOODBURY INC. - 238 MAIN STREET S. - WOODBURY, CT 06798	22-3186254	501(C)(3)	12,200.	0.			FOOD PANTRY COLD STORAGE & UPGRADES
PARK CITY INITIATIVE CORP 3160 PARK AVE. BRIDGEPORT, CT 06606	90-0074489	501(C)(3)	11,000.	0.			FOOD PANTRY TRANSFORMATION
NEW COVENANT CENTER 174 RICHMOND HILL AVENUE STAMFORD, CT 06902	06-0653053	501(C)(3)	10,500.	0.			COMMUNITY KITCHEN STEAMER & PANS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRATED REFUGEE & IMMIGRANT SERVICES - 75 HAMILTON STREET - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	10,000.	0.			FOOD PANTRY TENT, LIGHTING, PAINTING & SIGNAGE
NEW HORIZON LIVING CENTERS 43 PROSPECT STREET BRISTOL, CT 06010	20-8991798	501(C)(3)	10,000.	0.			FOOD PANTRY COMMERCIAL FREEZER
BEULAH HEIGHTS SOCIAL INTEGRATION PROGRAM - 782 ORCHARD STREET - NEW HAVEN, CT 06511	06-1290930	501(C)(3)	9,300.	0.			FOOD PANTRY WAITING AREA REMODEL
CT STATE COMMUNITY COLLEGE, CAPITAL - 950 MAIN STREET - HARTFORD, CT 06103	22-2513381	501(C)(3)	9,100.	0.			FOOD PANTRY PRODUCE DISPLAY, COLD STORAGE & SHELVING
COMMUNITY KITCHEN OF NORTHEASTERN CONNECTICUT, INC. - PO BOX 502 - DANIELSON, CT 06239	22-2533235	501(C)(3)	9,000.	0.			COMMUNITY KITCHEN COLD STORAGE
STERLING HOUSE COMMUNITY CENTER INC. - 2283 MAIN STREET - STRATFORD, CT 06615	06-0665192	501(C)(3)	9,000.	0.			FOOD PANTRY COLD STORAGE, LOADING RAMP, TABLES & SHELVING
ECC FOOD PANTRY 1325 WATERTOWN AVE WATERBURY, CT 06708	25-1194378	501(C)(3)	8,700.	0.			FOOD PANTRY SIGNAGE, SHELVING & FREEZERS
THE SALVATION ARMY 74 CENTRAL AVE WATERBURY, CT 06702	13-5562351	501(C)(3)	8,500.	0.			FOOD PANTRY COMMERCIAL COLD STORAGE
TOWN OF CROMWELL 41 WEST STREET STREET CROMWELL, CT 06416		GOV'T	8,500.	0.			FOOD PANTRY SHELVING & CABINetry

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDSOR FOOD AND FUEL BANK 599 MATIANUCK AVE WINDSOR, CT 06095	06-0960898	501(C)(3)	8,500.	0.			FOOD PANTRY COLD STORAGE
EMANUEL LUTHERAN CHURCH 311 CAPITOL AV HARTFORD, CT 06106	06-0719418	501(C)(3)	8,200.	0.			FOOD PANTRY COMMERCIAL COLD STORAGE
ST. LUKE & ST. PAUL'S EPISCOPAL CHURCH - 594 KOSSUTH STREET - BRIDGEPORT, CT 06608	06-0646602	501(C)(3)	8,000.	0.			FOOD PANTRY COLD STORAGE
OPEN CUPBOARD AT GRANBY CONGREGATIONAL CHURCH, UCC - 219 NO. GRANBY ROAD - GRANBY, CT 06035	13-1957221	501(C)(3)	7,800.	0.			FOOD PANTRY EXPANSION & EQUIPMENT
COMMUNITY ACTION AGENCY OF WESTERN CT - 78 TRIANGLE STREET - DANBURY, CT 06810	06-0813725	501(C)(3)	7,600.	0.			FOOD PANTRY COLD STORAGE
HOPE SDA CHURCH FOOD PANTRY 1052 BLUE HILLS AVE BLOOMFIELD, CT 06002	52-0643036	501(C)(3)	7,500.	0.			FOOD PANTRY SIGNAGE, CARTS & COLD STORAGE
EMERGENCY FOOD AID SOUTHBURY (DBA SOUTHBURY FOOD BANK) - 88 MAIN STREET SOUTH - SOUTHBURY, CT 06488	22-3018164	501(C)(3)	7,500.	0.			FOOD PANTRY COLD STORAGE & EQUIPMENT
GRACE LUTHERAN CHURCH 46 WOODLAND STREET HARTFORD, CT 06105	41-1568278	501(C)(3)	7,300.	0.			COMMUNITY KITCHEN COLD STORAGE & EQUIPMENT UPGRADES
CT STATE ASNUNTUCK PANTRY & WELLNESS CENTER - 170 ELM STREET - ENFIELD, CT 06082	31-1647253	501(C)(3)	7,000.	0.			FOOD PANTRY FREEZERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF WATERFORD YOUTH & FAMILY SERVICES - 200 BOSTON POST ROAD - WATERFORD, CT 06385		GOV'T	7,000.	0.			FOOD PANTRY COLD STORAGE, SIGNAGE, SHELVING & CARTS
THE UNIVERSITY OF CONNECTICUT FOUNDATION, INC. - 10 PROSPECT ST. - HARTFORD, CT 06103	06-6070722	501(C)(3)	6,800.	0.			FOOD PANTRY REFRIGERATION & SHELVING
FRIENDSHIP SERVICE CENTER INC. 241 ARCH ST NEW BRITIAN, CT 06051	06-0871295	501(C)(3)	6,500.	0.			COMMUNITY KITCHEN EQUIPMENT UPGRADES
TOWN OF GROTON HUMAN SERVICES DEPT. - 2 FORT HILL ROAD - GROTON, CT 06340	06-6048855	501(C)(3)	6,400.	0.			FOOD PANTRY WALK-IN COOLER
SHORELINE SOUP KITCHENS & PANTRIES 222 MCVEAGH ROAD WESTBROOK, CT 06498	46-3773017	501(C)(3)	6,300.	0.			FOOD PANTRY FREEZER & SHOPPING CARTS
EPOCH ARTS 27 SKINNER STREET EAST HAMPTON, CT 06424	11-3760142	501(C)(3)	6,000.	0.			FOOD PANTRY COLD STORAGE, AWNING & SHOPPING CARTS
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06109	06-0861268	501(C)(3)	6,000.	0.			FOOD PANTRY SHELVING UPGRADES
COMMUNITY SOUP KITCHEN OF NEW HAVEN - 84 BROADWAY - NEW HAVEN, CT 06511	06-1071804	501(C)(3)	6,000.	0.			COMMUNITY KITCHEN DIGITAL INTAKE / RESOURCE STATIONS
WALK OF FAITH CHURCH COMMUNITY FOOD PANTRY - 104 FAIRMONT - NEW HAVEN, CT 06513	80-0587314	501(C)(3)	5,800.	0.			FOOD PANTRY ENHANCEMENTS & BI-LINGUAL SIGNAGE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 515 MAIN ST MIDDLETOWN , CT 06457	13-5562351	501(C)(3)	5,700.	0.			FOOD PANTRY FREEZER, SHELVING & EQUIPMENT
THE VILLAGE FOR FAMILIES & CHILDREN - 195 PUTNAM STREET - HARTFORD, CT 06106	06-0668594	501(C)(3)	5,500.	0.			FOOD PANTRY COLD STORAGE & EQUIPMENT UPGRADES
CT STATE - THREE RIVERS 574 NEW LONDON TPKE NORWICH, CT 06360	23-7303151	501(C)(3)	5,400.	0.			FOOD PANTRY COLD STORAGE, SHELVING & EQUIPMENT
NEW BEGINNING MINISTRIES 84 SPRING STREET NEW BRITIAN, CT 06051	06-1436796	501(C)(3)	5,400.	0.			FOOD PANTRY COLD STORAGE & SHELVING
SHALOM SDA FOOD PANTRY 84 CROWN STREET WATERBURY , CT 06704	52-0643036	501(C)(3)	5,300.	0.			FOOD PANTRY COLD STORAGE, SIGNAGE & ENTRANCE UPGRADES
EASTERN CT VETERANS COMMUNITY CENTER - 47 CRESCENT ST - WILLIMANTIC, CT 06226	84-4752904	501(C)(3)	5,200.	0.			FOOD PANTRY COLD STORAGE
SCHOKE JEWISH FAMILY SERVICE 196 GREYROCK PLACE STAMFORD, CT 06901	06-1130830	501(C)(3)	5,100.	0.			FOOD PANTRY AWNING & EQUIPMENT
THE NEW HAVEN INNER CITY ENRICHMENT, NICE, CENTER - 410 HOWARD AVE - NEW HAVEN, CT 06519	47-3365289	501(C)(3)	5,100.	0.			FOOD PANTRY COLD STORAGE, SHELVING & SIGNAGE
END HUNGER CT 283 STODDARDS WHARF RD GALES FERRY, CT 06335	06-1545835	501(C)(3)	42,500.	0.			SUMMER MEALS PROGRAM

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

MONITORING THE USE OF FOOD: AS A RESULT OF AN INITIAL APPLICATION PROCESS AND SITE VISIT, CONNECTICUT FOODSHARE DETERMINES WHETHER AN INTERESTED 501C3 ORGANIZATION MEETS PRE-DETERMINED ELIGIBILITY REQUIREMENTS. IF IT DOES, ITS REPRESENTATIVES PARTICIPATE IN AN ORIENTATION SESSION IN WHICH RELEVANT POLICIES AND PROCEDURES ARE EXPLAINED. CONNECTICUT FOODSHARE CONDUCTS A MONITORING VISIT AT LEAST ONCE EVERY TWO YEARS TO REVIEW PARTNER AGENCIES' PROCEDURES FOR STORAGE, HANDLING, PREPARATION AND/OR DISTRIBUTION OF FOOD. CONNECTICUT FOODSHARE MAKES UNANNOUNCED VISITS TO AGENCIES

Part IV Supplemental Information

PERIODICALLY AND ALSO FOLLOWS UP ON ANY COMPLAINTS RECEIVED CONCERNING AN AGENCY.

MONITORING THE USE OF FUNDS: AFTER SUBMITTING AN APPLICATION FOR FUNDING IN ACCORDANCE WITH CONNECTICUT FOODSHARE'S PROCEDURES, AGENCIES MAY BE AWARDED FUNDS FOR EQUIPMENT PURCHASE OR FOR OTHER PROJECTS ALIGNED WITH CONNECTICUT FOODSHARE'S MISSION. RECEIPTS FOR EQUIPMENT PURCHASED ARE SUBMITTED TO CONNECTICUT FOODSHARE BY THE AGENCY AND THE ACTUAL EQUIPMENT IS INSPECTED DURING CONNECTICUT FOODSHARE'S REGULAR SITE VISITS TO THE AGENCY. FUNDING IS PROVIDED FOR A ONE-YEAR PERIOD, AT THE END OF WHICH GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING GRANT OUTCOMES AND EXPENSES IN RELATION TO THE ORIGINAL GRANT PROPOSAL.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CONNECTICUT FOODSHARE, INC.

Employer identification number

06-1063025

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JASON JAKUBOWSKI PRESIDENT AND CEO	(i)	252,739.	40,000.	0.	10,525.	42,989.	346,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRIS O'ROURKE CHIEF NETWORK & PROGRAM OFFICER	(i)	155,741.	16,000.	0.	6,577.	40,854.	219,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BEVERLY CATCHPOLE CHIEF GIVING OFFICER	(i)	159,235.	14,000.	0.	6,720.	19,915.	199,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFF BARTHOLOMAY CFO	(i)	170,773.	23,000.	0.	0.	1,727.	195,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TYLER KLEYKAMP CHIEF DATA & IMPACT OFFICER	(i)	155,861.	15,000.	0.	6,304.	14,751.	191,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHANNA FITZGERALD CHIEF PEOPLE OFFICER	(i)	143,472.	20,000.	0.	5,502.	16,964.	185,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARTINO A. ROVERO CHIEF OPERATIONS OFFICER	(i)	144,690.	3,441.	0.	2,285.	1,454.	151,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE TEAM IS ELIGIBLE FOR INCENTIVE PAYMENTS. THE AMOUNT OF THE
PAYMENTS IS DETERMINED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS AS
PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CONNECTICUT FOODSHARE, INC.

Employer identification number

06-1063025

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	X	30	221,773.	FMV
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	39,863	90,801,870.	WHOLESALE VALUE / PE
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 V, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

DONATED STOCK TRANSACTIONS ARE HANDLED BY CONNECTICUT FOODSHARE'S INVESTMENT MANAGER. THE STOCK IS RECEIVED INTO CONNECTICUT FOODSHARES BANK'S BROKERAGE ACCOUNT AT THE REQUEST OF THE DONOR AND SOLD BY THE INVESTMENT MANAGER IN ACCORDANCE WITH CONNECTICUT FOODSHARES'S POLICY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CONNECTICUT FOODSHARE, INC.

Employer identification number

06-1063025

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

BY MOBILIZING COMMUNITY PARTNERS, VOLUNTEERS, AND SUPPORTERS.

FORM 990, PART VI, SECTION A, LINE 1A:

GOVERNANCE COMMITTEE:

THE GOVERNANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE (5) PERSONS, ALL OF WHOM SHALL BE ELECTED DIRECTORS OF THE CORPORATION. THIS COMMITTEE SHALL BE RESPONSIBLE FOR:

A) ENSURING A SUFFICIENT NUMBER OF DIRECTORS WITH APPROPRIATE EXPERIENCE TO ALLOW THE BOARD TO FULFILL ITS OBLIGATIONS. THE CORPORATION AFFIRMS ITS COMMITMENT TO REFLECTING SOCIETY'S DIVERSITY IN ITS BOARD. IN FURTHERANCE OF THE FOREGOING, THIS COMMITTEE SHALL:

(I) SEEK RECOMMENDATIONS FROM THE DIRECTORS FOR NOMINEES FOR ELECTION TO SERVE ON THE BOARD;

(II) PREPARE A LIST OF NOMINEES OF DIRECTORS AND OFFICERS WHICH SHALL BE FAXED, MAILED, EMAILED OR SENT IN SOME OTHER REASONABLE MANNER TO EACH DIRECTOR NO LESS THAN FIVE (5) DAYS PRIOR TO A REGULARLY SCHEDULED MEETING OF THE BOARD; AND

(III) PROPOSE ALL REGULATIONS AND PROCEDURES NECESSARY OR CONVENIENT FOR THE CONDUCT OF THE ELECTION WHICH SHALL BE APPROVED BY THE BOARD AT THE APPLICABLE ANNUAL MEETING.

B) THE EDUCATION OF THE BOARD, INCLUDING ORIENTATION OF NEW BOARD MEMBERS, TO ALLOW DIRECTORS TO SERVE EFFECTIVELY AS ADVOCATES AND AMBASSADORS FOR THE CORPORATION; AND

C) MAKING PERIODIC ASSESSMENTS OF BOARD EFFECTIVENESS.

Name of the organization CONNECTICUT FOODSHARE, INC.	Employer identification number 06-1063025
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE AUDITORS BASED ON INFORMATION PROVIDED BY MANAGEMENT, REVIEWED BY MANAGEMENT AND DISTRIBUTED TO ALL MEMBERS OF THE FINANCE & AUDIT COMMITTEE FOR REVIEW AND DISCUSSION AT THEIR NOVEMBER MEETING WITH THE AUDITORS. THE FINAL DRAFT IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW. BOARD MEMBERS SEND ANY QUESTIONS OR COMMENTS TO THE CHAIR OF THE FINANCE & AUDIT COMMITTEE. THE APPROPRIATE PERSON RESPONDS TO ANY QUESTIONS OR COMMENTS AND REVISIONS ARE MADE, IF NECESSARY, PRIOR TO FILING.

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

ALL ELECTED DIRECTORS AND ALL STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE CERTIFICATE ANNUALLY. MANAGEMENT REVIEWS THE INDIVIDUALLY SIGNED CERTIFICATES AND PREPARES A SUMMARY ANNUALLY. CONNECTICUT FOODSHARE'S GOVERNANCE COMMITTEE REVIEWS THE SUMMARY AND TAKES ANY ACTION DEEMED NECESSARY AS A RESULT OF THE REVIEW.

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

THE EXECUTIVE COMMITTEE, WHOSE MEMBERS ARE INDEPENDENT PERSONS, REVIEWS COMPARABILITY DATA ANNUALLY AND USES THIS INFORMATION AS INPUT TO THE PROCESS FOR APPROVING COMPENSATION FOR THE PRESIDENT, THE COMMITTEE'S PROCESS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY. EXECUTIVES ARE ELIGIBLE FOR THE SAME FRINGE BENEFITS AS OTHER CONNECTICUT FOODSHARE EMPLOYEES.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

THE MOST RECENT ANNUAL REPORT, MOST RECENT AUDITED FINANCIAL STATEMENTS AND

