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PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN ILLINOIS FOOD BANK Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 273 DEARBORN COURT City, town, or post office, state, and ZIP code GENEVA, IL 60134 F Name and address of principal officer: PETER SCHAEFER SAME AS C ABOVE	D Employer identification number 36-3203648 E Telephone number (630) 443-6910 G Gross receipts \$ 110,888,944. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://SOLVEHUNGERTODAY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983 M State of legal domicile: IL

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITION MEALS TO THOSE IN</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	123
	6	Total number of volunteers (estimate if necessary)	6	14600
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	78,946,078.	104,782,521.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204,564.	81,761.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-460.	-1,226,352.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,150,182.	103,637,930.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,063,888.	88,988,483.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,917,621.	5,423,250.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	566,158.	699,085.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,848,665.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,013,386.	4,101,561.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,561,053.	99,212,379.
19	Revenue less expenses. Subtract line 18 from line 12	2,589,129.	4,425,551.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	33,263,266.	37,633,705.
	21	Total liabilities (Part X, line 26)	11,101,892.	11,042,837.
22	Net assets or fund balances. Subtract line 21 from line 20	22,161,374.	26,590,868.	

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here		▶ Signature of officer			Date
		▶ PETER SCHAEFER, EXECUTIVE DIRECTOR & CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIMBERLY A. HAUMANN	KIMBERLY A. HAUMANN	02/11/14		P00546491
	Firm's name ▶	PLANTE & MORAN, PLLC			Firm's EIN ▶
	Firm's address ▶	10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606			Phone no. (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

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

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

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

4a (Code:) (Expenses \$ 96,575,672. including grants of \$ 88,988,483.) (Revenue \$) NORTHERN ILLINOIS FOOD BANK ENGAGES THE COMMUNITY IN A COMMITMENT TO FEED OUR HUNGRY NEIGHBORS. THE FOOD BANK HAS DEVELOPED A STRONG FOOD SOLICITATION, ACQUISITION, AND PURCHASING PROGRAM THAT ENSURES THAT IT RECEIVES QUALITY FOOD AT THE LOWEST POSSIBLE PRICE, PROVIDING FOOD TO MORE THAN 800 PARTNER FEEDING PROGRAMS. OUR COLLABORATIVE EFFORTS HELPED SERVE MORE THAN 60,000 HUNGRY NEIGHBORS EACH WEEK ACROSS 13 NORTHERN ILLINOIS COUNTIES AND DISTRIBUTED APPROXIMATELY 50 MILLION POUNDS, EQUIVALENT TO 42 MILLION MEALS DURING THE 2013 FISCAL YEAR. THE FOOD BANK RECEIVED 19.7 MILLION POUNDS OF RESCUED FOOD FROM LOCAL RETAILERS AND GROCERS. THERE WERE 408 MOBILE PANTRY VISITS AND 30,500 HOLIDAY MEAL BOXES DISTRIBUTED DURING THE FISCAL YEAR. THE FOOD BANK PROVIDED 1.9 MILLION MEALS TO CHILDREN

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

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

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

4e Total program service expenses 96,575,672.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes rows 1a-14a with various tax-related questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DIANNE KORIZON - (630) 443-6910 273 DEARBORN COURT, GENEVA, IL 60134

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF BURDEAUX CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) FRANK PASCOE VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) JEFF FLEMMING SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) BILL HALL TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) COURT CARRUTHERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) DOUG CYGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) FLOYD HILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) KAREN JOYCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) MIKE KEANE DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) DIRK LOCASCIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JUANITA MARTINEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) JAMES MATTIKOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MAUREEN MITCHELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) GARY MOE DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JEFF NORKIEWICZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) PATRICIA NOVOSEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JIM OBERWEIS DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN ROSS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MICHAEL PEASTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JOHN ROUSSEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) GREG SCHWEITZER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) CRAIG SESEMANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) GENEACE WILLIAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PETER SCHAEFER PRESIDENT & CEO	40.00 0.00			X				175,643.	0.	24,338.
(25) DIANNE KORIZON CFO	40.00 0.00			X				93,161.	0.	5,223.
(26) GORDON HAHN VP OF OPERATIONS	40.00 0.00					X		102,269.	0.	19,929.
1b Sub-total								371,073.	0.	49,490.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								371,073.	0.	49,490.

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 **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LW ROBBINS 201 SUMMER STREET, HOLLISTON, MA 01746	DIRECT MAIL CONSULTANT	887,775.

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 **1**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 192,867.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,811,270.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 101,778,384.				
	g Noncash contributions included in lines 1a-1f: \$	92,910,652.				
	h Total. Add lines 1a-1f	▶ 104,782,521.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	70,898.		70,898.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶	10,863.		10,863.	
	8 a Gross income from fundraising events (not including \$ 192,867. of contributions reported on line 1c). See Part IV, line 18	a	190,522.			
		b Less: direct expenses	b 102,696.			
c Net income or (loss) from fundraising events		▶ 87,826.			87,826.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	4,531,378.				
	b Less: cost of goods sold	b 5,865,900.				
	c Net income or (loss) from sales of inventory	▶ -1,334,522.	-1,334,522.			
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	20,344.	20,344.		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	20,344.			
12 Total revenue. See instructions.	▶	103,637,930.	-1,314,178.	0.	169,587.	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21	88,988,483.	88,988,483.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	329,068.	87,954.	218,974.	22,140.
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	4,141,705.	3,432,003.	240,226.	469,476.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,505.	90,364.	4,465.	9,676.
9 Other employee benefits	519,992.	459,531.	14,529.	45,932.
10 Payroll taxes	327,980.	269,112.	20,455.	38,413.
11 Fees for services (non-employees):				
a Management				
b Legal	2,919.		2,919.	
c Accounting	53,189.		53,189.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	699,085.			699,085.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	76,125.	24,307.	4,410.	47,408.
12 Advertising and promotion	332,257.	38,204.	57,572.	236,481.
13 Office expenses	415,151.	238,218.	78,538.	98,395.
14 Information technology	26,911.	22,132.	1,478.	3,301.
15 Royalties				
16 Occupancy	509,225.	499,349.	3,259.	6,617.
17 Travel	87,945.	72,628.	4,302.	11,015.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,847.	13,904.	2,999.	1,944.
20 Interest	343,525.	335,281.	2,748.	5,496.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,013,143.	979,033.	14,739.	19,371.
23 Insurance	276,193.	265,656.	7,319.	3,218.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	635,178.	635,178.		
b MISCELLANEOUS	174,197.	83,074.	6,121.	85,002.
c DUES AND SUBSCRIPTIONS	61,817.	11,019.	9,075.	41,723.
d STAFFING DEVELOPMENT	38,331.	30,242.	4,117.	3,972.
e All other expenses	36,608.		36,608.	
25 Total functional expenses. Add lines 1 through 24e	99,212,379.	96,575,672.	788,042.	1,848,665.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	4,783,808.	1	6,225,071.	
	2 Savings and temporary cash investments	356,071.	2	512,360.	
	3 Pledges and grants receivable, net	705,002.	3	474,087.	
	4 Accounts receivable, net	133,560.	4	99,519.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	5,735,273.	8	9,562,573.	
	9 Prepaid expenses and deferred charges	181,150.	9	45,465.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,516,894.			
	b Less: accumulated depreciation	10b 3,084,519.	20,059,259.	10c	19,432,375.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	1,184,947.	12	1,112,755.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	124,196.	15	169,500.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,263,266.	16	37,633,705.		
Liabilities	17 Accounts payable and accrued expenses	1,136,892.	17	1,544,260.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	9,965,000.	20	9,498,577.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		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		25		
	26 Total liabilities. Add lines 17 through 25	11,101,892.	26	11,042,837.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	18,776,256.	27	23,658,775.	
	28 Temporarily restricted net assets	3,385,118.	28	2,932,093.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	22,161,374.	33	26,590,868.	
34 Total liabilities and net assets/fund balances	33,263,266.	34	37,633,705.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	103,637,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,212,379.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,425,551.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,161,374.
5	Net unrealized gains (losses) on investments	5	3,943.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,590,868.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: **NORTHERN ILLINOIS FOOD BANK** Employer identification number: **36-3203648**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49265957.	61788922.	66524039.	78946078.	104490003	361014999
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	49265957.	61788922.	66524039.	78946078.	104490003	361014999
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)						18743249.
6 Public support. Subtract line 5 from line 4.						342271750

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	49265957.	61788922.	66524039.	78946078.	104490003	361014999
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,008.	26,976.	97,527.	80,461.	70,898.	306,870.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,695.	17,086.	21,076.	209,959.	20,344.	282,160.
11 Total support. Add lines 7 through 10						361604029
12 Gross receipts from related activities, etc. (see instructions)					12	23,758,873.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.65 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.80 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

NORTHERN ILLINOIS FOOD BANK

36-3203648

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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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
<u>1</u>	_____ _____ _____	\$ <u>24,899,144.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>8,308,267.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>6,107,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>6,008,065.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>5,520,310.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>3,850,285.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,854,548.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,445,764.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,214,883.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,158,571.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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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
<u>1</u>	FOOD DONATIONS _____ _____ _____	\$ <u>24,899,144.</u>	<u>06/30/13</u>
<u>2</u>	FOOD DONATIONS _____ _____ _____	\$ <u>8,308,267.</u>	<u>06/30/13</u>
<u>3</u>	FOOD DONATIONS _____ _____ _____	\$ <u>5,580,926.</u>	<u>06/30/13</u>
<u>4</u>	FOOD DONATIONS _____ _____ _____	\$ <u>6,008,065.</u>	<u>06/30/13</u>
<u>5</u>	FOOD DONATIONS _____ _____ _____	\$ <u>5,520,310.</u>	<u>06/30/13</u>
<u>6</u>	FOOD DONATIONS _____ _____ _____	\$ <u>3,850,285.</u>	<u>06/30/13</u>

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
--	---

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	FOOD DONATIONS _____ _____ _____	\$ <u>2,854,548.</u>	<u>06/30/13</u>
8	FOOD DONATIONS _____ _____ _____	\$ <u>2,445,764.</u>	<u>06/30/13</u>
9	FOOD DONATIONS _____ _____ _____	\$ <u>2,214,883.</u>	<u>06/30/13</u>
10	FOOD DONATIONS _____ _____ _____	\$ <u>2,158,571.</u>	<u>06/30/13</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	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? 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" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. 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		2,338,673.		2,338,673.
b Buildings		15,437,161.	707,550.	14,729,611.
c Leasehold improvements		676,830.	111,360.	565,470.
d Equipment		1,923,158.	715,808.	1,207,350.
e Other		2,141,072.	1,549,801.	591,271.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,432,375.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	109,691,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,943.
b	Donated services and use of facilities	2b	80,856.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,968,596.
e	Add lines 2a through 2d	2e	6,053,395.
3	Subtract line 2e from line 1	3	103,637,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	103,637,930.

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

1	Total expenses and losses per audited financial statements	1	105,261,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	80,856.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,968,596.
e	Add lines 2a through 2d	2e	6,049,452.
3	Subtract line 2e from line 1	3	99,212,379.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	99,212,379.

Part XIII Supplemental Information

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

PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY

THE FOOD BANK AND RECOGNIZE A TAX LIABILITY IF THE FOOD BANK HAS TAKEN AN

UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON

EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT

HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS

CONCLUDED THAT AS OF JUNE 30, 2013 AND 2012, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

Part XIII Supplemental Information (continued)

A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOOD BANK IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	5,865,900.
EXPENSES RELATED TO FUNDRAISING	102,696.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,968,596.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	5,865,900.
EXPENSES RELATED TO FUNDRAISING	102,696.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,968,596.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TASTE THE MATTERS	GOLF OUTING	2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	319,381.	55,796.	8,212.	383,389.
	2 Less: Contributions	148,581.	42,410.	1,876.	192,867.
	3 Gross income (line 1 minus line 2)	170,800.	13,386.	6,336.	190,522.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,884.	1,212.		6,096.
	6 Rent/facility costs	7,169.	2,500.	2,946.	12,615.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,407.	6,954.	28,203.	80,564.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(99,275)
11 Net income summary. Combine line 3, column (d), and line 10				91,247.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LW ROBBINS

(I) ADDRESS OF FUNDRAISER: 201 SUMMER STREET, HOLLISTON, MA 01746

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE ORGANIZATION PAYS \$12,000 PER YEAR AS A RETAINER TO LW ROBBINS AND THEN AN AGREED UPON RATE FOR EACH MAILING WHICH INCLUDES PAPER, PRINTING, DESIGN, ETC. POSTAGE IS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NORTHERN ILLINOIS FOOD BANK

**Employer identification number
36-3203648**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI - 2101 VANDIVER DRIVE - COLUMBIA, MO 65202-1938		501(C)(3)	0.	3,537,426.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOAVES AND FISHES COMMUNITY PANTRY 1871 HIGH GROVE LANE NAPERVILLE, IL 60540		501(C)(3)	0.	2,651,108.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187		501(C)(3)	1,272.	2,180,245.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
AURORA INTERFAITH FOOD PANTRY 659 S. RIVER STREET AURORA, IL 60507		501(C)(3)	2,750.	2,100,764.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802		501(C)(3)	0.	2,013,838.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE CHAPEL OF LAKE COUNTY FOOD PANTRY - 25270 WEST HWY 60 - GRAYSLAKE, IL 60030		501(C)(3)	0.	1,747,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 411.**

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

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123		501(C)(3)	0.	1,666,777.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PRC-SOUTHEAST - WESTMONT 649 BLACKHAWK DRIVE WESTMONT, IL 60559		501(C)(3)	0.	1,646,904.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
DUPAGE TOWNSHIP 719 PARKWOOD AVENUE ROMEDEVILLE, IL 60446		501(C)(3)	0.	1,433,660.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CENTER OF HOPE 895 S. WASHINGTON KANKAKEE, IL 60901		501(C)(3)	300.	1,395,185.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER ROAD FLINT, MI 48503		501(C)(3)	0.	1,344,296.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FAMILY OUTREACH PROGRAM INC 2223 PLAINFIELD ROAD CREST HILL, IL 60403		501(C)(3)	0.	1,326,854.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DRIVE UNIT 118 WOODRIDGE, IL 60517		501(C)(3)	981.	1,289,582.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
KENDALL COUNTY FOOD PANTRY 208 BEAVER STREET YORKVILLE, IL 60560		501(C)(3)	0.	1,220,000.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOLY ANGELS PANTRY 180 S. RUSSELL AVENUE AURORA, IL 60506-4969		501(C)(3)	475.	1,146,863.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CENTER FOOD PANTRY 921 WEST STATE STREET ROCKFORD, IL 61102		501(C)(3)	1,465.	982,694.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FISH OF MCHENRY COUNTY 3515 N. RICHMOND ROAD MCHENRY, IL 60051		501(C)(3)	0.	933,270.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
C.O.O.L. FOOD PANTRY EAST 127 W. WATER STREET WAUKEGAN, IL 60085		501(C)(3)	0.	919,545.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BELVIDERE BOONE COUNTY FOOD PANTRY 200 SOUTH FIFTH STREET CAPRON, IL 61012		501(C)(3)	1,500.	852,002.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WARREN SHARPE COMMUNITY CENTER 454 S JOLIET STREET JOLIET, IL 60436		501(C)(3)	2,000.	787,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064		501(C)(3)	1,669.	749,067.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PLAINFIELD AREA INTERFAITH FP 22525 W LOCKPORT STREET PLAINFIELD, IL 60544		501(C)(3)	3,315.	732,501.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FISH PANTRY OF CARPENTERSVILLE 150 S. KENNEDY DRIVE, UNIT 15A (SIT CARPENTERSVILLE, IL 60110		501(C)(3)	2,364.	691,962.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
C.O.O.L. FOOD PANTRY - WEST 25519 W. HIGHWAY 134 INGLESIDE, IL 60041		501(C)(3)	0.	682,156.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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ST. ELIZABETH'S CENTER FOOD PANTRY 1505 S. MAIN STREET ROCKFORD, IL 61102		501(C)(3)	1,963.	666,719.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085		501(C)(3)	0.	657,431.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133		501(C)(3)	1,500.	639,560.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120		501(C)(3)	660.	626,209.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
P.L.A.N. 1892 NICOLE LANE ROUND LAKE BEACH, IL 60073		501(C)(3)	25.	623,838.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LORD LAMBS MINISTRY 3400 S. MAIN STREET HOPKINS PARK, IL 60964		501(C)(3)	3,000.	618,099.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HCS FAMILY SERVICES 19 E. CHICAGO AVENUE HINSDALE, IL 60521		501(C)(3)	3,500.	590,443.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST BAPTIST CHURCH 401 N. CLINTON STREET DWIGHT, IL 60420		501(C)(3)	0.	567,813.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
AVON TOWNSHIP FOOD PANTRY 433 E. WASHINGTON STREET ROUND LAKE PARK, IL 60041		501(C)(3)	0.	565,875.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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CRYSTAL LAKE FOOD PANTRY 257 KING STREET CRYSTAL LAKE, IL 60014		501(C)(3)	0.	561,808.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOCKPORT FISH FOOD PANTRY 604 E. 9TH STREET LOCKPORT, IL 60441		501(C)(3)	2,754.	552,295.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCK RIVER VALLEY FOOD PANTRY 421 SOUTH ROCKTON AVENUE ROCKFORD, IL 61102		501(C)(3)	888.	549,522.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BATAVIA INTERFAITH FOOD PANTRY 100 FLINN DRIVE BATAVIA, IL 60510		501(C)(3)	0.	542,729.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEIGHBORHOOD FP AT CROSSROADS 525 NELTNOR (ROUTE 59) WEST CHICAGO, IL 60185		501(C)(3)	500.	541,553.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BENSENVILLE/WOOD DALE PANTRY 192 S. CENTER STREET BENSENVILLE, IL 60106		501(C)(3)	0.	532,255.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ALGONQUIN/LAKE IN THE HILLS FOOD PANTRY - 1113 PYOTT ROAD - LAKE IN THE HILLS, IL 60156		501(C)(3)	1,500.	522,323.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HELPING HANDS FOOD PANTRY 2502 SPRING RIDGE DRIVE, SUITE B SPRING GROVE, IL 60081		501(C)(3)	0.	521,595.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184		501(C)(3)	3,000.	517,708.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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ELMHURST/YORKFIELD FOOD PANTRY 1083 YORK ROAD ELMHURST, IL 60126		501(C)(3)	900.	498,277.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET ST. PAUL, MN 55103		501(C)(3)	0.	486,721.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E. WONDER LAKE ROAD WONDER LAKE, IL 60097		501(C)(3)	760.	472,534.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY DEKALB AREA FOOD PANTRY - 830 GROVE STREET - DEKALB, IL 60115		501(C)(3)	2,115.	469,436.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104		501(C)(3)	0.	471,009.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ABIDING LOVE MINISTRIES FOOD PANTRY - 2929 BETHEL BOULEVARD - ZION, IL 60099		501(C)(3)	600.	465,176.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237		501(C)(3)	0.	457,417.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPEN ARMS MISSION 1548 S. MAIN STREET ANTIOCH, IL 60002		501(C)(3)	0.	410,003.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HANOVER TOWNSHIP PANTRY 7431 ASTOR AVENUE HANOVER PARK, IL 60133		501(C)(3)	750.	401,897.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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HEARTS THAT CARE, INC. 420 CHALLENGE STREET FREEPORT, IL 61032		501(C)(3)	1,000.	387,438.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435		501(C)(3)	2,699.	385,014.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MINOOKA BIBLE CHURCH 412 N. WABENA AVENUE MINOOKA, IL 60447		501(C)(3)	2,084.	381,839.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532		501(C)(3)	0.	382,523.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WE CARE OF GRUNDY COUNTY, INC. 520 W. ILLINOIS AVENUE MORRIS, IL 60450		501(C)(3)	2,000.	363,064.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MORNINGSTAR MISSION 350 E. WASHINGTON STREET JOLIET, IL 60433		501(C)(3)	0.	363,347.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. VINCENT DE PAUL ST. FRANCIS 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047		501(C)(3)	0.	362,397.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107		501(C)(3)	1,202.	348,850.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. PAUL EVANGELICAL UCC - BLOOMINGDALE - 118 FIRST STREET - BLOOMINGDALE, IL 60108		501(C)(3)	0.	346,644.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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FOX VALLEY HISPANIC SDA PANTRY 505 E. NEW YORK STREET AURORA, IL 60505		501(C)(3)	0.	343,027.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548		501(C)(3)	0.	339,137.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436		501(C)(3)	2,584.	334,990.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MARIE WILKINSON FOUNDATION FOOD PANTRY - 834 NORTH HIGHLAND AVENUE - AURORA, IL 60506		501(C)(3)	1,500.	334,746.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MT. MORIAH CHRISTIAN CENTER FOOD PANTRY - 523 10TH STREET - NORTH CHICAGO, IL 60064		501(C)(3)	0.	335,413.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. VINCENT DE PAUL AT ST TERESA 361 N. ST JOSEPH AVENUE KANKAKEE, IL 60901		501(C)(3)	2,200.	327,117.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142		501(C)(3)	650.	328,218.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GREEN HARVEST FOOD PANTRY 25448 RUFF ST PLAINFIELD, IL 60585-6866		501(C)(3)	0.	328,089.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GENTLE SHEPHERD PANTRY 2905 BILDAHL STREET ROCKFORD, IL 61109		501(C)(3)	1,430.	322,845.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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BETHLEHEM FEED MY SHEEP 1915 N. 1ST STREET DEKALB, IL 60115		501(C)(3)	0.	322,377.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY FREEPORT FOOD PANTRY - 106 W. EXCHANGE STREET - FREEPORT, IL 61032		501(C)(3)	0.	307,254.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HELPING HANDS FOOD PANTRY 7620 ELM AVENUE MACHESNEY PARK, IL 61115		501(C)(3)	1,319.	299,827.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ISLAND HARVEST 40 MARCUS BOULEVARD HAUPPAUGE, NY 11788		501(C)(3)	0.	300,389.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SMV SHARING HANDS FOOD PANTRY 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061		501(C)(3)	0.	296,134.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EL PUENTE LATINO 2415 N. BUTRICK WAUKEGAN, IL 60087		501(C)(3)	2,000.	290,236.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555		501(C)(3)	2,000.	289,413.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. BRIDGET'S CHURCH 704 CLIFFORD AVENUE ROCKFORD, IL 61111		501(C)(3)	2,608.	283,293.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NORTH POINT CHURCH FOOD PANTRY 900 N. LEWIS AVENUE WINTHROP HARBOR, IL 60096		501(C)(3)	25.	285,821.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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CARY GROVE FOOD PANTRY 8901 S. CARY-ALGONQUIN ROAD CARY, IL 60013		501(C)(3)	0.	283,640.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COMMUNITY CHRISTIAN CHURCH FOOD PANTRY - 1400 YORKHOUSE ROAD - WAUKEGAN, IL 60087		501(C)(3)	0.	279,289.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GRACE TO SHARE 888 BELVIDERE ROAD, UNIT 401 GRAYSLAKE, IL 60030		501(C)(3)	1,078.	271,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS ROAD HARVARD, IL 60033		501(C)(3)	750.	271,767.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048		501(C)(3)	0.	267,644.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PILGRIMAGE PROTESTANT 1100 EXCHANGE PKWY UNIVERSITY PARK, IL 60466		501(C)(3)	1,100.	265,389.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEIGHBORHOOD FP AT LCM 580 N. KUHN ROAD CAROL STREAM, IL 60188		501(C)(3)	0.	255,867.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033		501(C)(3)	0.	255,843.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FELLOWSHIP BIBLE - JOLIET 122 MORRIS STREET JOLIET, IL 60436		501(C)(3)	0.	250,422.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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FAITH ACRES FOUNDATION FOOD PANTRY 120 DOWELL MCHENRY, IL 60051		501(C)(3)	0.	236,592.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
N.I.C.E. 346 S COUNTY LINE ROAD LEE, IL 60530		501(C)(3)	2,238.	233,861.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOLY FAMILY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085		501(C)(3)	0.	227,150.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SPANISH COMMUNITY CENTER 309 N. EASTERN AVENUE JOLIET, IL 60432		501(C)(3)	0.	226,415.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WILLOW CREEK COMMUNITY CHURCH 863 SOUTH VERMONT PALATINE, IL 60067		501(C)(3)	0.	225,443.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCHELLE CHRISTIAN 770 W. LINCOLN AVENUE ROCHELLE, IL 61068		501(C)(3)	0.	224,827.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST PRESBYTERIAN CHURCH 219 W. MAPLE AVENUE LIBERTYVILLE, IL 60048		501(C)(3)	0.	221,726.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080		501(C)(3)	1,500.	218,040.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137		501(C)(3)	2,400.	214,699.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 60185-5122		501(C)(3)	1,750.	211,903.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404		501(C)(3)	1,019.	212,527.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109		501(C)(3)	0.	211,817.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LORD OF GLORY FOOD PANTRY 607 W. BELVIDERE ROAD GRAYSLAKE, IL 60030		501(C)(3)	2,500.	208,972.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE STORE AT HARVEST CHAPEL 725 S. COUNTY LINE ROAD SANDWICH, IL 60548		501(C)(3)	990.	209,430.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
DAYBREAK SHEPHERD'S TABLE 611 E. CASS STREET JOLIET, IL 60432		501(C)(3)	0.	209,777.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WOODSTOCK BIBLE CHURCH FOOD PANTRY 770 E. KIMBALL AVENUE WOODSTOCK, IL 60098		501(C)(3)	0.	204,317.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ABIDING LOVE MINISTRIES SOUP KITCHEN - 2929 BETHEL BOULEVARD - ZION, IL 60099		501(C)(3)	409.	202,510.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HACAP FOOD RESERVOIR 1515 HAWKEYE DRIVE HIAWATHA, IA 52233		501(C)(3)	0.	193,394.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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VALLEY OF THE KINGS SANCTUARY W7593 TOWN HALL ROAD SHARON, WI 53585-8728		501(C)(3)	0.	190,840.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
KUZMA CARE COTTAGE 635 S. MAIN STREET WILMINGTON, IL 60481		501(C)(3)	2,472.	187,683.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FISH OF DOWNERS GROVE 4340 PRINCE STREET DOWNERS GROVE, IL 60515		501(C)(3)	0.	187,429.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
YORK TOWNSHIP PANTRY 1502 S. MEYERS ROAD LOMBARD, IL 60148		501(C)(3)	0.	186,716.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ALL PEOPLES INTERFAITH FOOD PANTRY 256 E. CHICAGO STREET ELGIN, IL 60120-6509		501(C)(3)	25.	184,740.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
DISCIPLES FOOD PANTRY 1336 S. VILLA AVENUE VILLA PARK, IL 60181		501(C)(3)	500.	183,567.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
M.O.R.E. CENTER 829 GREENLEE STREET MARENGO, IL 60152-0564		501(C)(3)	0.	183,782.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FAITH BAPTIST CHURCH 1280 ARMOUR DRIVE BOURBONNAIS, IL 60914		501(C)(3)	0.	179,897.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098		501(C)(3)	0.	178,298.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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HELPING HANDS - PEOTONE 200 WEST CRAWFORD PEOTONE, IL 60468		501(C)(3)	1,036.	176,435.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
TRANSITIONAL LIVING SERVICE 10513 IL ROUTE 47 HEBRON, IL 60034		501(C)(3)	0.	175,815.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WESTOSHA LAKES-HELPING HANDS 24823 74TH STREET PADDOCK LAKE, WI 53168		501(C)(3)	0.	174,738.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GOSPEL OUTREACH OF FREEPORT 209 W. SPRING STREET FREEPORT, IL 61032		501(C)(3)	1,500.	173,013.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BOULEVARD, NW ATLANTA, GA 30318		501(C)(3)	0.	174,150.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554		501(C)(3)	0.	173,251.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446		501(C)(3)	25.	172,960.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WISCONSIN BIG CAT RESCUE 305 PINE STREET ROCK SPRINGS, WI 53961		501(C)(3)	0.	171,782.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60108		501(C)(3)	0.	171,239.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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KOTN 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73179		501(C)(3)	0.	170,756.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFT HIM UP MINISTRIES INC PO BOX 3125 JOLIET, IL 60434		501(C)(3)	2,000.	167,554.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
TWO RIVERS HEAD START AURORA 1661 LANDMARK ROAD AURORA, IL 60506		501(C)(3)	0.	164,750.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178		501(C)(3)	0.	164,732.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOAVES AND FISHES - CRYSTAL LAKE 5650 NORTHWEST HWY CRYSTAL LAKE, IL 60014		501(C)(3)	0.	163,814.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CALVARY CHURCH PANTRY 129 W. BENTON NAPERVILLE, IL 60544		501(C)(3)	800.	162,670.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PROJECT HOPE 320 EAST FRANKLIN BARRINGTON, IL 60010		501(C)(3)	0.	161,997.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SOUTHEAST MISSOURII FOOD BANK P.O. BOX 1688 CAPE GIRARDEAU, MO 63702-1688		501(C)(3)	0.	161,287.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY ST. CHARLES 1710 S. 7TH AVENUE ST. CHARLES, IL 60174		501(C)(3)	1,215.	158,413.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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RIDGEWOOD UNITED COMM PANTRY 301 FAIRBANKS AVENUE JOLIET, IL 60432		501(C)(3)	1,000.	158,579.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW TESTAMENT FELLOWSHIP 515 N. SCOTT JOLIET, IL 60432		501(C)(3)	0.	157,500.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRIST'S MISSION CHURCH 22811 S. CEDAR ROAD MANHATTAN, IL 60442		501(C)(3)	0.	156,329.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GOOD SHEPHERD PANTRY 25 ALEXANDER CIRCLE ROMEDEVILLE, IL 60446		501(C)(3)	1,715.	154,607.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY WAUKEGAN 431 S. GENESEE STREET WAUKEGAN, IL 60085		501(C)(3)	0.	155,468.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE - 657 E COURT STREET - KANKAKEE, IL 60901		501(C)(3)	3,500.	150,538.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408		501(C)(3)	720.	152,875.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073		501(C)(3)	0.	149,908.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. JAMES CHURCH FOOD PANTRY 134 NORTH AVE HIGHWOOD, IL 60040		501(C)(3)	0.	149,688.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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MANTENO FOOD PANTRY 205 N. LOCUST (RT.50) MANTENO, IL 60950		501(C)(3)	3,123.	146,167.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA - 6621 N. OLD SR3 - MUNCIE, IN 47303		501(C)(3)	0.	143,289.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ITASCA FOOD PANTRY 336 CENTER STREET ITASCA, IL 60143		501(C)(3)	0.	143,232.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188		501(C)(3)	0.	142,347.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
1ST UNITED METHODIST SOUP KITCHEN-ELGIN - 216 E. HIGHLAND AVENUE - ELGIN, IL 60120		501(C)(3)	0.	141,980.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MOUNT SINAI BAPTIST CHURCH FOOD PANTRY - 2401 ARGONNE DRIVE - NORTH CHICAGO, IL 60064		501(C)(3)	797.	139,701.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HARVEST BAPTIST FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543		501(C)(3)	0.	139,914.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CATHOLIC CHARITIES LAKE CO. FOOD PANTRY - 671 S. LEWIS AVENUE - WAUKEGAN, IL 60085		501(C)(3)	0.	139,712.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE FIRST STEP 1300 PEARL STREET BELVIDERE, IL 61008		501(C)(3)	0.	139,326.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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HAND IN HAND - ROCHELLE 414 CHERRY AVE ROCHELLE, IL 61068		501(C)(3)	0.	138,755.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GRACE LUTHERAN CHURCH (MP) 343 GRAND AVENUE LOVES PARK, IL 61111		501(C)(3)	0.	138,631.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST THINGS FIRST 220 MAIN STREET LOMBARD, IL 60148		501(C)(3)	750.	137,454.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169		501(C)(3)	0.	137,972.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188		501(C)(3)	0.	135,874.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WAYSIDE CROSS MINISTRIES 215 E. NEW YORK ST. AURORA, IL 60505		501(C)(3)	0.	135,384.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY ROCKFORD 416 S. MADISON ROCKFORD, IL 61104		501(C)(3)	0.	133,582.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SECOND HARVEST FOOD BANK OF METROLINA - 500 SPRATT STREET - CHARLOTTE, NC 28206		501(C)(3)	0.	133,358.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
TWO RIVERS HEAD START ELGIN 418 AIRPORT ROAD ELGIN, IL 60123		501(C)(3)	0.	133,287.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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FOOD LIFELINE 1702 NORTHEAST 150TH STREET SHORELINE, WA 98155		501(C)(3)	0.	130,928.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCKFORD RESCUE MISSION 715 W. STATE STREET ROCKFORD, IL 61102		501(C)(3)	0.	129,072.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ZION LUTHERAN FOOD PANTRY 925 5TH AVENUE ROCKFORD, IL 61104		501(C)(3)	0.	126,502.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MOUNT ST. JOSEPH 24955 N. HIGHWAY 12 LAKE ZURICH, IL 60047		501(C)(3)	0.	126,469.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S. GENESEE STREET WAUKEGAN, IL 60085		501(C)(3)	1,500.	123,902.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 60552-0912		501(C)(3)	1,339.	122,659.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. PETER FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134		501(C)(3)	0.	123,638.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SOUL'S HARBOR FOOD PANTRY 2802 11TH STREET ROCKFORD, IL 61109		501(C)(3)	1,049.	120,375.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NORTH EASTERN OHIO CLUSTER CLEVELAND FOODBANK CLEVELAND, OH 44110		501(C)(3)	0.	120,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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THREE SQUARE 4220 N. PECOS ROAD LAS VEGAS, NV 89115		501(C)(3)	0.	120,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511-1084		501(C)(3)	0.	120,042.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY KANKAKEE 148 N HARRISON AVENUE KANKAKEE, IL 60901		501(C)(3)	0.	118,063.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436		501(C)(3)	0.	114,795.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LUTHERBROOK CHILDRENS CENTER 343 W. LAKE STREET ADDISON, IL 60101		501(C)(3)	0.	113,156.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515		501(C)(3)	1,299.	111,643.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIVELY HOPE CHURCH OF GOD 308 N. MIDLAND JOLIET, IL 60435		501(C)(3)	0.	111,007.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030		501(C)(3)	0.	110,676.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227		501(C)(3)	0.	109,817.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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ST. JOHN THE BAPTIST FOOD PANTRY 260 DIVISION STREET JOLIET, IL 60435		501(C)(3)	3,500.	105,852.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SACRED HEART - FAMILY TABLE SOUP KITCHEN - 329 S OTTAWA STREET - JOLIET, IL 60436		501(C)(3)	1,500.	107,673.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MILTON TOWNSHIP PANTRY 1492 N. MAIN STREET WHEATON, IL 60187		501(C)(3)	0.	107,571.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOAVES AND FISH FOOD PANTRY 409 W. BRAYTON ROAD MOUNT MORRIS, IL 61054		501(C)(3)	1,463.	105,241.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BOUNTIFUL BLESSING FOOD PANTRY 901 E. GALENA BOULEVARD AURORA, IL 60505		501(C)(3)	1,500.	103,874.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRIST TEMPLE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433		501(C)(3)	2,125.	102,213.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOMBARD/VILLA PARK PANTRY 155 S. MAIN STREET LOMBARD, IL 60148		501(C)(3)	0.	103,628.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPEN BIBLE CENTER 410 S SMALL AVENUE KANKAKEE, IL 60901		501(C)(3)	0.	102,103.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COMMUNITY CUPBOARD FOOD PANTRY 1320 EAST AVENUE BELVIDERE, IL 61008		501(C)(3)	0.	101,231.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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REFORMERS UNANIMOUS MEN'S HOME 4149 SAFFORD ROAD ROCKFORD, IL 61111		501(C)(3)	0.	100,678.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GRACE LUTHERAN/GPS CHURCH SOUP KITCHEN - 343 GRAND AVENUE - LOVES PARK, IL 61111		501(C)(3)	1,300.	96,963.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CROSSROADS COMM CHURCH PANTRY 1501 SOUTH GOUGAR ROAD NEW LENOX, IL 60451		501(C)(3)	0.	94,042.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MARIAN PARK FOOD PANTRY 2126 W. ROOSEVELT ROAD WHEATON, IL 60187		501(C)(3)	500.	93,190.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BLESSING BENCH PANTRY 55 W. BENTON STREET JOLIET, IL 60432		501(C)(3)	1,500.	90,132.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632		501(C)(3)	0.	90,327.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435		501(C)(3)	0.	90,242.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GREATER BIBLE WAY APOSTOLIC 1214 BROWN AVENUE JOLIET, IL 60432		501(C)(3)	0.	89,810.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVENUE ROCKFORD, IL 61104		501(C)(3)	0.	88,420.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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BHS CENTER - ELGIN LSSI 675 VARSITY DR. ELGIN, IL 60120-8176		501(C)(3)	0.	87,693.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. VINCENT DE PAUL DEKALB 302 FISK AVENUE DEKALB, IL 60115		501(C)(3)	1,500.	85,678.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY CARPENTERSVILLE 150 S. IL ROUTE 25, DOOR 8B CARPENTERSVILLE, IL 60110		501(C)(3)	600.	86,282.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCK HOUSE KIDS 1321 7TH STREET ROCKFORD, IL 61104		501(C)(3)	1,500.	85,153.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRIST THE KING - ST. VINCENT DEPAUL - 1501 S. MAIN STREET - LOMBARD, IL 60148		501(C)(3)	0.	86,517.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SECOND HARVEST FOOD BANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718		501(C)(3)	0.	86,003.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIVING MANNA FOOD MINISTRY 25124 S. FRYER STREET CHANNAHON, IL 60410		501(C)(3)	0.	84,951.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH - 103 S. MAPLE STREET - STILLMAN VALLEY, IL 61084		501(C)(3)	2,650.	79,248.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
KIRKLAND FOOD PANTRY 510 W. SOUTH STREET KIRKLAND, IL 60146		501(C)(3)	1,090.	80,647.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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REMEDIES RENEWING LIVES 516 GREEN STREET ROCKFORD, IL 61102		501(C)(3)	25.	81,622.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE LINE FOOD PANTRY 503 S. WATER STREET JOLIET, IL 60433		501(C)(3)	940.	80,297.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
R.E.A.C.H. MINISTRIES INC. 4300 YACKLEY AVENUE LISLE, IL 60532		501(C)(3)	0.	80,666.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ADDISON TOWNSHIP PANTRY 401 N. ADDISON ROAD ADDISON, IL 60101		501(C)(3)	0.	78,621.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516		501(C)(3)	0.	78,421.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
TRUE TABERNACLE CHRISTIAN 1220 PAWNEE ST. JOLIET, IL 60433		501(C)(3)	0.	78,360.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRISTIAN FAITH FELLOWSHIP - GURNEE - 228 N. COUNTY STREET - WAUKEGAN, IL 60085		501(C)(3)	0.	74,961.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FAITH COMMUNITY CHURCH FOOD PANTRY 10547 FAITHS WAY HUNTLEY, IL 60142		501(C)(3)	0.	74,225.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541		501(C)(3)	25.	69,190.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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SHELTER CARE - JUBILEE CENTER 412 N. CHURCH STREET ROCKFORD, IL 61103		501(C)(3)	0.	68,174.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOOD BANK OF THE ROCKIES 10975 E. 45TH AVENUE DENVER, CO 80239		501(C)(3)	0.	66,729.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY AURORA 437 E. GALENA BOULEVARD AURORA, IL 60505		501(C)(3)	0.	66,403.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE SPRING COMMUNITY CHURCH 1000 HACKER AVE PLAINFIELD, IL 60544		501(C)(3)	0.	66,399.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441		501(C)(3)	585.	65,229.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
M.O.R.E. WEEKEND NUTRITION 829 GREENLEE ST. MARENGO, IL 60152-0564		501(C)(3)	750.	64,843.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
AMITY SOCIETY OF FREEPORT 511 S. LIBERTY AVENUE FREEPORT, IL 61032		501(C)(3)	0.	64,807.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BROWN BEAR DAY CARE & LEARNING CENTER FP - 21007 MCGUIRE ROAD - HARVARD, IL 60033		501(C)(3)	0.	62,853.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFELINE SELF-HELP PROJECT 201 N. 3RD ST. OREGON, IL 61061		501(C)(3)	0.	62,305.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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FIRST BAPTIST CHURCH PANTRY 800 THORNTON LOCKPORT, IL 60441		501(C)(3)	1,988.	59,528.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178		501(C)(3)	0.	61,412.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
1ST ASSEMBLY OF GOD 450 E. ROOSEVELT ROAD WEST CHICAGO, IL 60185		501(C)(3)	0.	61,215.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW LENOX TOWNSHIP 1100 S. CEDAR ROAD NEW LENOX, IL 60451		501(C)(3)	0.	60,831.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. VINCENT DE PAUL - ST. BEDE FOOD PANTRY - 36455 N. WILSON ROAD - INGLESIDE, IL 60041		501(C)(3)	0.	59,889.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LUKE 3:11 SHARE CENTER 37510 NORTH FAIRFIELD ROAD LAKE VILLA, IL 60046		501(C)(3)	0.	58,436.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181		501(C)(3)	0.	58,147.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ZION BIBLE CHURCH FOOD PANTRY 2633 EMMAUS AVENUE ZION, IL 60099-2556		501(C)(3)	0.	58,134.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COUNTRYSIDE FOOD PANTRY, INC. 525 S. MAIN STREET ELBURN, IL 60119		501(C)(3)	0.	57,772.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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TRINITY DAYCARE 215 N. 1ST STREET ROCKFORD, IL 61107		501(C)(3)	0.	57,682.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LENA-/WINSLOW FOOD PANTRY 511 W. LENA STREET LENA, IL 61048		501(C)(3)	0.	57,427.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH OF JOY - YOUTH PROGRAM 1312 27TH STREET ZION, IL 60099		501(C)(3)	0.	56,617.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195		501(C)(3)	0.	55,432.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCK RIVER VALLEY FOOD PANTRY BROADWAY - 1100 BROADWAY - ROCKFORD, IL 61104		501(C)(3)	0.	54,306.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NORTH SHORE CHURCH ' CHRIST SOUP KITCHEN - 326 JULIAN STREET - WAUKEGAN, IL 60085		501(C)(3)	0.	54,118.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY FREEPORT SOUP KITCHEN - 106 W. EXCHANGE STREET - FREEPORT, IL 61032		501(C)(3)	0.	53,295.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BIG RUN WOLF RANCH 14857 FARRELL ROAD LOCKPORT, IL 60441		501(C)(3)	0.	53,178.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CENTRAL ILLINOIS FOODBANK 2000 E. MOFFAT STREET SPRINGFIELD, IL 62791		501(C)(3)	0.	52,795.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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FIRST BAPTIST CHURCH BOLINGBROOK 314 E BRIARCLIFF RD BOLINGBROOK, IL 60440		501(C)(3)	0.	51,863.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ECKER CENTER PSYCHOSOCIAL 1845 GRANDSTAND PLACE ELGIN, IL 60123		501(C)(3)	0.	51,197.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. JOSEPH PANTRY - ADDISON 330 E. FULLERTON AVENUE ADDISON, IL 60101		501(C)(3)	0.	50,322.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ABUNDANT LIFE CHRISTIAN 250 N. WESTWOOD AVENUE FREEPORT, IL 61032		501(C)(3)	510.	49,497.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOLY FAMILY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085		501(C)(3)	0.	48,904.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BARB CITY MANOR 680 HAISH BOULEVARD DEKALB, IL 60115		501(C)(3)	0.	48,782.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SHIELDS TOWNSHIP 906 MUIR AVENUE LAKE BLUFF, IL 60044		501(C)(3)	0.	48,193.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW LIFE COMMUNITY CENTER 205 E. MAIN, P.O. BOX 66 FORRESTON, IL 61030		501(C)(3)	900.	46,805.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
POLO LIFELINE 113 N. GREEN AVENUE, SUITE A POLO, IL 61064		501(C)(3)	0.	46,991.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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EMMAUS HOUSE 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047		501(C)(3)	0.	46,579.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW LIFE CHURCH 500 S. GOUGAR ROAD NEW LENOX, IL 60451		501(C)(3)	0.	45,880.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HEBRON COMMUNITY FOOD PANTRY 10317 FREEMAN ROAD HEBRON, IL 60034		501(C)(3)	0.	45,149.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CALVARY COMMUNITY CARE FOOD PANTRY 1221 W. MAPLE AVENUE MUNDELEIN, IL 60060		501(C)(3)	0.	44,864.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ADDISON COMMUNITY SWITCHBOARD 193 W. MICHAEL LANE ADDISON, IL 60101		501(C)(3)	1,000.	43,574.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LEBANON DIST. LAYMEN MIN SOUP KITCHEN - 402 SINGLETON PLACE - JOLIET, IL 60436		501(C)(3)	1,500.	42,193.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY - 1201 TWOMBLY ROAD - DEKALB, IL 60115		501(C)(3)	1,000.	42,206.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COAL CITY FOOD PANTRY 6805 E. MCARDLE ROAD COAL CITY, IL 60416		501(C)(3)	0.	40,769.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
YMCA OF ROCK RIVER VALLEY 200 BOULEVARD ROCKFORD, IL 61107		501(C)(3)	0.	40,636.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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ST. VINCENT DE PAUL - ST. BEDE SOUP KITCHEN - 36455 N WILSON ROAD - INGLESIDE, IL 60041		501(C)(3)	1,350.	38,657.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GUARDIAN ANGEL COMMUNITY SERVICES 1550 PLAINFIELD ROAD JOLIET, IL 60435		501(C)(3)	25.	39,914.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BOLINGBROOK 7TH DAY ADVENT FOOD PANTRY - 301 EAST BOUGHTON ROAD - BOLINGBROOK, IL 60440		501(C)(3)	0.	39,433.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY STREET DAVIS, IL 61019		501(C)(3)	1,500.	37,850.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT - 1135 BOWES ROAD - ELGIN, IL 60177		501(C)(3)	0.	37,653.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433		501(C)(3)	0.	36,226.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVENUE GARY, IN 46408		501(C)(3)	0.	35,662.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY - 309 N. DIVISION STREET - HARVARD, IL 60033		501(C)(3)	0.	35,447.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NORMAN SLEEZER YOUTH HOME 1401 S. SLEEZER ROAD FREEPORT, IL 61032		501(C)(3)	0.	35,362.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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BARTLETT BAPTIST CHURCH 1500 W. STEARNS ROAD BARTLETT, IL 60103		501(C)(3)	25.	35,214.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW SONG - SEEDS OF HOPE 151 E. BRIARCLIFF ROAD BOLINGBROOK, IL 60440		501(C)(3)	0.	34,297.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. PATRICK'S FOOD PANTRY 710 W. MARION STREET JOLIET, IL 60436		501(C)(3)	350.	33,698.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BURLINGTON-HAMPSHIRE AREA FOOD PANTRY - 147 MILL AVENUE - HAMPSHIRE, IL 60140		501(C)(3)	0.	34,032.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. VINCENT DEPAUL SOCIETY - MCHENRY - 5211 BULL VALLEY ROAD - MCHENRY, IL 60050		501(C)(3)	849.	32,978.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOX VALLEY PRESCHOOL ACADEMY 4066 FOX VALLEY CENTER DRIVE AURORA, IL 60504		501(C)(3)	0.	33,603.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068		501(C)(3)	0.	33,390.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ASSISI HOMES BATAVIA APTS 1259 E. WILSON STREET BATAVIA, IL 60510		501(C)(3)	25.	32,520.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. ELIZABETH'S CENTER SOUP KITCHEN - 1505 S. MAIN STREET - ROCKFORD, IL 61102		501(C)(3)	0.	31,877.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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CALVARY LIGHTHOUSE 14409 E. HEMSTOCK ROAD ROCHELLE, IL 61068		501(C)(3)	0.	31,712.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
INDIAN OAKS ACADEMY 101 BRAMBLE MANTENO, IL 60950		501(C)(3)	0.	31,479.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LEBANON DIST. LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436		501(C)(3)	0.	31,137.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
A SAFE PLACE 1301 BUCK AVENUE WAUKEGAN, IL 60085		501(C)(3)	0.	31,023.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRISTIAN FAITH FELLOWSHIP 1727 27TH STREET ZION, IL 60099		501(C)(3)	0.	30,711.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WILL COUNTY CENTER - COMMUNITY CONCERNS - 304 N. SCOTT STREET - JOLIET, IL 60432		501(C)(3)	0.	30,336.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SOUTH ELGIN FOOD PANTRY 400 W. SPRING STREET SOUTH ELGIN, IL 60177		501(C)(3)	0.	30,036.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LOCKPORT WOMEN'S CLUB PO BOX 256 LOCKPORT, IL 60441		501(C)(3)	0.	29,730.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH OF CHRIST FOOD PANTRY 350 E. JAMES AVENUE WEST CHICAGO, IL 60185		501(C)(3)	0.	29,166.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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BETHESDA LUTHERAN COMMUNITIES 1761 WOODGATE DRIVE SYCAMORE, IL 60178		501(C)(3)	0.	29,106.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST CONGREGATIONAL UCC SOUP KITCHEN - 256 E. CHICAGO ST. - ELGIN, IL 60120		501(C)(3)	25.	28,616.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CENTRO DE INFORMACION 28 N. GROVE AVENUE ELGIN, IL 60120		501(C)(3)	0.	27,863.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101		501(C)(3)	0.	27,646.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
1ST UNITED METHODIST CHURCH - ELGIN - 216 E. HIGHLAND AVENUE - ELGIN, IL 60120		501(C)(3)	0.	27,471.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121		501(C)(3)	0.	26,041.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HIGHLAND CHRISTIAN ACADEMY 2250 W. HIGHLAND AVENUE ELGIN, IL 60123		501(C)(3)	25.	25,919.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039		501(C)(3)	0.	25,847.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ASSISI HOMES OF GURNEE 3495 W. GRAND AVENUE GURNEE, IL 60031		501(C)(3)	25.	25,440.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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GATEWAY FOUNDATION AURORA 400 MERCY LANE AURORA, IL 60506		501(C)(3)	0.	25,379.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563		501(C)(3)	0.	25,278.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CENTER AT COLLIER GARDENS 2901 SEARLES AVENUE ROCKFORD, IL 61103		501(C)(3)	0.	23,754.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HAND AND HAND FOOD PANTRY - HARVARD EVANG - 206 W. ST. CHARLES ROAD - VILLA PARK, IL 60181		501(C)(3)	0.	23,633.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
VILLAGE BAPTIST CHURCH 515 S. FRONTENAC ROAD AURORA, IL 60504		501(C)(3)	0.	23,491.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROSECRANCE/SILVER LINING CLUB 526 W. STATE STREET ROCKFORD, IL 61101		501(C)(3)	0.	23,163.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GRANT TOWNSHIP FOOD PANTRY 26725 W. MOLIDOR ROAD INGLESIDE, IL 60041		501(C)(3)	0.	23,033.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
QUEEN OF PEACE RETIREMENT HOME 24955 N. HIGHWAY 12 LAKE ZURICH, IL 60047		501(C)(3)	0.	22,997.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HINCKLEY AREA FOOD PANTRY 324 W MCKINLEY STREET HINCKLEY, IL 60520		501(C)(3)	2,163.	20,653.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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TRINITY LUTHERAN - ROSELLE 405 S. RUSH STREET ROSELLE, IL 60172		501(C)(3)	0.	22,265.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LARKIN CENTER - PARKROW 59 PARK ROW ELGIN, IL 60123		501(C)(3)	0.	22,066.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST STEP LEARNING CENTER 620 LOGAN AVENUE EAST BELVIDERE, IL 61008		501(C)(3)	0.	21,859.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVENUE NORTH CHICAGO, IL 60064		501(C)(3)	0.	21,481.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NCO YOUTH & FAMILY SERVICES 2950 BURLINGTON AVENUE LISLE, IL 60532		501(C)(3)	0.	21,393.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GOD'S GLORY FOOD PANTRY 1250 SOUTH PERRYVILLE ROAD ROCKFORD, IL 61105		501(C)(3)	1,500.	19,554.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ELMHURST WIM SNACK PROGRAM 125 WEST CHURCH STREET ELMHURST, IL 60126		501(C)(3)	0.	20,835.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049		501(C)(3)	0.	20,822.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW LIFE BILINGUAL FOOD PANTRY P.O. BOX 157 60186 WEST CHICAGO, IL 60185		501(C)(3)	0.	20,380.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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WONDER LAKE CHURCH OF GOD 4010 WESTWOOD DRIVE WONDER LAKE, IL 60097		501(C)(3)	0.	20,226.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115		501(C)(3)	0.	20,109.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOPE FOOD PANTRY 125 W. CHURCH STREET LIBERTYVILLE, IL 60048		501(C)(3)	0.	19,423.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GROUNDS FOR LIFE SOUP KITCHEN 714 3RD AVENUE ROCKFORD, IL 61104		501(C)(3)	0.	19,060.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LAMBS FARM, INC. 14245 W. ROCKLAND ROAD LIBERTYVILLE, IL 60048		501(C)(3)	0.	19,020.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SAFE PASSAGE INC PO BOX 621 DEKALB, IL 60115		501(C)(3)	0.	18,567.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MESSIAH BAPTIST - ADDISON 600 S. VILLA AVENUE ADDISON, IL 60101		501(C)(3)	0.	18,237.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE FOOD BANK FOR WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523		501(C)(3)	0.	18,228.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307		501(C)(3)	0.	18,228.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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LAKE COUNTY COMMUNITY ACTION FOOD PANTRY - 574 MCALISTER - WAUKEGAN, IL 60085		501(C)(3)	0.	18,063.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FIRST UNITED METHODIST SOUP KITCHEN - 128 N. MARTIN LUTHER KING JR AVENUE - WAUKEGAN, IL 60085		501(C)(3)	0.	17,543.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087		501(C)(3)	0.	17,514.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ELMHURST WALK-IN MINISTRY 134 ARTHUR STREET ELMHURST, IL 60126		501(C)(3)	0.	17,322.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BETHESDA LUTHERAN COMMUNITIES 14907 S EASTERN AVENUE PLAINFIELD, IL 60544		501(C)(3)	0.	17,250.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LARKIN CENTER - CREEKSIDE 9N987 KOSHARE ELGIN, IL 60123		501(C)(3)	0.	17,243.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHRIST THE CARPENTER 1121 SOUTH WINNEBAGO STREET ROCKFORD, IL 61102		501(C)(3)	0.	17,146.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. ELIZABETH'S CENTER 1536 SOUTH MAIN STREET ROCKFORD, IL 61102		501(C)(3)	0.	17,032.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE UMMA CENTER 221 WASHINGTON STREET WAUKEGAN, IL 60085		501(C)(3)	0.	17,015.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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YWCA OF ELGIN - SACC DAY CARE 220 E. CHICAGO STREET ELGIN, IL 60120		501(C)(3)	0.	17,014.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST PETER'S SVDP A TABLE FOR YOU 325 DICKOP STREET SOUTH BELOIT, IL 61080		501(C)(3)	0.	16,921.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CATHOLIC CHARITIES HOPE HOUSE 424 WEST DIVISION STREET VILLA PARK, IL 60181		501(C)(3)	0.	16,762.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195		501(C)(3)	0.	16,255.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ALPINE CHAPEL 1180 HEATHER DRIVE LAKE ZURICH, IL 60047		501(C)(3)	0.	16,235.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195		501(C)(3)	0.	16,086.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195		501(C)(3)	0.	16,084.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCHELLE CHILD CARE CENTER 1010 N. 15TH STREET ROCHELLE, IL 61068		501(C)(3)	0.	15,813.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPPORTUNITY HOUSE MAPLEWOOD 65 EAST MAPLEWOOD SYCAMORE, IL 60178		501(C)(3)	0.	15,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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OPEN DOORS PADS 2929 BETHEL BOULEVARD ZION, IL 60099		501(C)(3)	0.	15,651.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BETHESDA LUTHERAN MONTGOMERY 1205 S. SPENCER MONTGOMERY, IL 60505		501(C)(3)	0.	15,249.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LITTLE CITY FOUNDATION 1760 W. ALGONQUIN ROAD PALATINE, IL 60067		501(C)(3)	0.	15,197.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EMMANUEL LUTHERAN SOUP KITCHEN 920 3RD AVENUE ROCKFORD, IL 61104		501(C)(3)	1,675.	13,151.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH OF JOY - FOOD PANTRY 1312 27TH STREET ZION, IL 60099		501(C)(3)	0.	14,515.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HARRISON BIBLE BAPTIST CHURCH 11878 GENESEE STREET ROCKTON, IL 61072		501(C)(3)	0.	14,355.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MUSLIM SOCIETY, INC. 1785 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139		501(C)(3)	0.	14,242.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BOYS & GIRLS CLUB OF LAKE COUNTY 724 S. GENESEE STREET WAUKEGAN, IL 60085		501(C)(3)	0.	13,760.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. MARY OF GOSTYN - SVDP 444 WILSON STREET DOWNERS GROVE, IL 60515		501(C)(3)	0.	13,721.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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SVDP - ST. MARCELLINE CHURCH 822 S. SPRINGINSGUTH ROAD SCHAUMBURG, IL 60193		501(C)(3)	0.	13,545.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ST. JOSEPH'S CHURCH 112 N. MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		501(C)(3)	0.	13,389.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FEED'EM SOUP 122 SOUTH FIRST STREET DEKALB, IL 60115		501(C)(3)	0.	13,326.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SECOND BAPTIST BLESSING TABLE 156 S. JOLIET STREET JOLIET, IL 60436		501(C)(3)	0.	13,275.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PEACE COMMUNITY CHURCH 21300 S. LAGRANGE ROAD FRANKFORT, IL 60423		501(C)(3)	0.	13,116.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
UNITED COMMUNITY CONCERNS 125 W. CHURCH STREET ELMHURST, IL 60126		501(C)(3)	0.	12,926.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
EPISCOPAL CHURCH OF THE REDEEMER 40 CENTER STREET ELGIN, IL 60120		501(C)(3)	0.	12,900.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOOD BANK OF CORPUS CHRISTI 826 KRILL STREET CORPUS CHRISTI, TX 78408		501(C)(3)	0.	12,465.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COMMUNITY TABLE-1ST CH LOMBARD 220 S. MAIN STREET LOMBARD, IL 60148		501(C)(3)	0.	12,006.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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SALVATION ARMY LAKE COUNTY 850 S. GREENBAY ROAD WAUKEGAN, IL 60085		501(C)(3)	0.	11,416.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
N.I.C.A.A. - FREEPORT 524 W. STEPHENSON STREET FREEPORT, IL 61032		501(C)(3)	0.	11,204.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MOTHERHOUSE CRISES NURSERY 1603 SOUTH 4TH STREET ROCKFORD, IL 61104		501(C)(3)	0.	11,196.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SERENITY HOUSE COUNSELING SERVICE 891 S. ROUTE 53 ADDISON, IL 60101		501(C)(3)	0.	10,933.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OUTREACH COMMUNITY CENTER 345 S. PRESIDENT STREET CAROL STREAM, IL 60188		501(C)(3)	0.	10,876.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROCKFORD MELD & TRINITY HOUSE 620 KISHWAUKEE STREET ROCKFORD, IL 61104		501(C)(3)	0.	10,846.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432		501(C)(3)	0.	10,821.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BOYS & GIRLS CLUB - CARLSON UNIT 1028 EVANS AVENUE MACHESNEY PARK, IL 61115		501(C)(3)	0.	10,580.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205		501(C)(3)	0.	10,188.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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SMV SHARING HANDS - P.A.D.S. 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061		501(C)(3)	0.	10,102.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ROPE, INC. PO BOX 9177 WAUKEGAN, IL 60079-9177		501(C)(3)	0.	9,985.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SENIOR HOME SHARING-VAN BUREN 171 VAN BUREN ELMHURST, IL 60126		501(C)(3)	0.	9,980.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LARKIN CENTER - COLLEGE ST 152 COLLEGE STREET ELGIN, IL 60120		501(C)(3)	0.	9,969.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH OF THE BRETHREN 783 W. HIGHLAND AVENUE ELGIN, IL 60123		501(C)(3)	1,500.	8,423.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LSSI SPRING RIDGE SENIOR HOUSING 6645 FINCHAM DRIVE ROCKFORD, IL 61108		501(C)(3)	0.	9,836.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
THE GROWING PLACE 909 S. 4TH STREET DEKALB, IL 60115		501(C)(3)	0.	9,771.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WOODSTOCK BIBLE SOUP KITCHEN 770 E. KIMBALL AVENUE WOODSTOCK, IL 60098		501(C)(3)	0.	9,644.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HARVEST BIBLE CHAPEL 1000 N RANDALL ROAD ELGIN, IL 60123		501(C)(3)	0.	9,579.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

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THE MANGER FOOD PANTRY 7664 WILMOT ROAD SPRING GROVE, IL 60081		501(C)(3)	0.	9,524.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SHELTER CARE MINISTRIES 412 N. CHURCH STREET ROCKFORD, IL 61103		501(C)(3)	0.	9,230.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PECATONICA COMMUNITY FOOD PANTRY 528 WASHINGTON STREET PECATONICA, IL 61063		501(C)(3)	1,453.	7,431.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SENIOR HOME SHARING - EAGLE PLACE 214 N. EAGLE STREET NAPERVILLE, IL 60540		501(C)(3)	0.	8,847.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SOJOURN HOUSE 565 NORTH TURNER FREEPORT, IL 61032		501(C)(3)	0.	8,780.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LARKIN CENTER - SHADY OAKS 455 SHADY OAKS ELGIN, IL 60123		501(C)(3)	0.	8,751.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
WARREN TOWNSHIP 17801 W. WASHINGTON STREET GURNEE, IL 60031		501(C)(3)	0.	8,433.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SENIOR HOME SHARING - PARK PLACE 6821 MAIN STREET DOWNERS GROVE, IL 60516		501(C)(3)	0.	8,225.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LITTLE SISTERS OF THE POOR 80 W. NORTHWEST HIGHWAY PALATINE, IL 60067-3580		501(C)(3)	0.	8,212.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SUBURBAN COMM. PANTRY INC - BACKPACK - 6809 HOBSON VALLEY DR. #118 - WOODRIDGE, IL 60517		501(C)(3)	0.	8,048.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPPORTUNITY HOUSE ALDEN PLACE 331 W. ALDEN PLACE DEKALB, IL 60115		501(C)(3)	0.	7,975.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOUSE OF GRACE DAYCARE 518 N. COURT STREET ROCKFORD, IL 61103		501(C)(3)	0.	7,703.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH OF JOY - FSS 1312 27TH STREET ZION, IL 60099		501(C)(3)	0.	7,658.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085		501(C)(3)	0.	7,619.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CANTICLE PLACE - FRANCISCAN MINISTRY - 26W105 ROOSEVELT ROAD - WHEATON, IL 60187		501(C)(3)	0.	7,355.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
TEMPLE JEREMIAH BACKPACK PROGRAM 937 HAPP ROAD NORTHFIELD, IL 60093		501(C)(3)	0.	7,031.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LARKIN CENTER - HIGHLAND 510 W. HIGHLAND AVENUE ELGIN, IL 60123		501(C)(3)	0.	6,881.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
ZION EVANGELICAL LUTHERAN SOUP KITCHEN - 330 S. GRISWOLD - ELGIN, IL 60123		501(C)(3)	0.	6,746.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOX VALLEY CHRISTIAN ACTION 35W701 RIVERWOODS LANE ST. CHARLES, IL 60174		501(C)(3)	0.	6,424.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
CHURCH IN THE WORD - ELGIN 430 AIRPORT ROAD ELGIN, IL 60123		501(C)(3)	0.	6,225.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
SENIOR HOME SHARING - CHASE PLACE 1S412 CHASE AVENUE LOMBARD, IL 60148-5067		501(C)(3)	0.	6,206.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GARDEN OF PRAYER YOUTH CENTER 16424 E. STATE RT 114 MOMENCE, IL 60954		501(C)(3)	0.	6,038.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
HOPE FOR TOMORROW 513 S. ELMWOOD AURORA, IL 60506		501(C)(3)	0.	5,930.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
LAKE VILLA TOWNSHIP FOOD PANTRY 37908 N. FAIRFIELD ROAD LAKE VILLA, IL 60046		501(C)(3)	0.	5,921.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
DUPAGE TOWNSHIP - BACKPACK 719 PARKWOOD AVENUE BOLINGBROOK, IL 60440		501(C)(3)	0.	5,883.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPPORTUNITY HOUSE CANTERBURY 615 MEADOWCREEK APT 4 DEKALB, IL 60115		501(C)(3)	0.	5,841.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
GREATER EMMANUEL PENTECOSTAL 2425 W. JEFFERSON STREET ROCKFORD, IL 61101		501(C)(3)	0.	5,673.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST SHELTER FOR VETERANS 119 N. WEST STREET WHEATON, IL 60187		501(C)(3)	0.	5,571.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
MCHENRY CO. PADS TRANSITIONAL 14411 KISHWAUKEE VALLEY ROAD WOODSTOCK, IL 60098		501(C)(3)	0.	5,524.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPEN ARMS MISSION - BACKPACK 1548 S. MAIN STREET ANTIOCH, IL 60002		501(C)(3)	0.	5,404.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
COMMUNITY CRISIS CENTER 37 S. GENEVA STREET ELGIN, IL 60120		501(C)(3)	0.	5,314.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
DISCOVERY CENTER MUSEUM 711 N. MAIN STREET ROCKFORD, IL 61103		501(C)(3)	0.	5,183.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032		501(C)(3)	0.	5,148.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
BETHESDA C.O.G.I.C. 457 FREEMONT STREET ELGIN, IL 60120		501(C)(3)	0.	5,109.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
OPPORTUNITY HOUSE LINDEN 630 LINDEN DEKALB, IL 60115		501(C)(3)	0.	5,094.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED
PEOPLE'S RESOURCE CENTER SENIOR PROGRAM - 201 S. NAPERVILLE ROAD - WHEATON, IL 60187		501(C)(3)	0.	5,051.	AVG WHOLESALE VALUE	FOOD	PROVIDE NUTRITIOUS FOOD TO THOSE IN NEED

Schedule I (Form 990)

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART 1, LINE 2:

EACH MEMBER AGENCY IS MONITORED ON A RANDOM BASIS. THE PURPOSE OF THE MONITORING VISIT IS TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS AND STANDARDS SET FORTH IN THE NORTHERN ILLINOIS FOOD BANK AGENCY POLICY AND PROCEDURES MANUAL, INCLUDING PROPER FOOD HANDLING AND DISTRIBUTION PROCEDURES.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b	4c							
			X							
			X							
			X							
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
			X							
			X							
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
			X							
			X							
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X							
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER SCHAEFER PRESIDENT & CEO	(i)	134,785.	40,858.	0.	5,286.	19,052.	199,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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: THERE IS AN INCENTIVE PLAN FOR THE CEO. THE INCENTIVE PLAN FOR THE CEO IS BASED ON A PERCENTAGE OF SALARY AND ON MEETING ANNUAL REVENUE, EXPENSE AND DISTRIBUTION TARGETS FOR THE ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization: **NORTHERN ILLINOIS FOOD BANK** Employer identification number: **36-3203648**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CITY OF GENEVA, KANE COUNTY, ILLINOIS	36-6005893	NONEAVAIL	11/02/10	12000000.	FINANCE A PORTION OF THE CONSTRUCT		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2,501,423.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	12,000,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	12,000,000.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2011			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF GENEVA, KANE COUNTY, ILLINOIS

(F) DESCRIPTION OF PURPOSE:

FINANCE A PORTION OF THE CONSTRUCTION COSTS FOR A NEW FOOD DISTRIBUTION CTR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **NORTHERN ILLINOIS FOOD BANK** Employer identification number **36-3203648**

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	X		1,139.	FAIR MARKET VALUE
6 Cars and other vehicles	X	2	26,925.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	24,560.	SELLING PRICE
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		92,759,516.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER DONATED)	X	0	51,622.	ESTIMATED MARKET VAL
26 Other ▶ (AUCTION ITEMS)	X	0	30,448.	ESTIMATED MARKET VAL
27 Other ▶ (GIFT CARDS)	X	0	16,442.	CARD VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

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

NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH THE BACKPACK, AFTERSCHOOL, AND SUMMER PROGRAMS. THE SENIOR BOX PROGRAM PROVIDED MONTHLY MEALS TO 610 LOW-INCOME SENIORS. THROUGH COLLABORATION EFFORTS WITH LOCAL DAIRIES AND GENEROUS DONORS, THE FOOD BANK BEGAN A PROGRAM TO DISTRIBUTE 22,327 GALLONS OF FRESH MILK.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. THE CFO REVIEWS THE COMPLETED FORM 990 WITH THE BOARD TREASURER. COPIES ARE PROVIDED TO BOARD MEMBERS WITH INVITATION FOR QUESTIONS OR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANY AGREEMENT TO DO BUSINESS WITH AN OFFICER, DIRECTOR, KEY EMPLOYEE OR CLOSELY RELATED ENTITY MUST BE REVIEWED AND APPROVED BY THE CEO AND THE EXECUTIVE COMMITTEE. VALUE OF RELATED PARTY TRANSACTIONS, IF ANY, IS CONFIRMED AT YEAR END.

FORM 990, PART VI, SECTION B, LINE 15: A COMPETITIVE ANALYSIS IS PERFORMED USING DATA FROM COMPARATOR FOOD BANKS AS WELL AS DATA FROM NON-PROFIT SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Lined area for additional information or notes.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. NORTHERN ILLINOIS FOOD BANK	Employer identification number (EIN) or 36-3203648
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 273 DEARBORN COURT	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GENEVA, IL 60134	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DIANNE KORIZON

- The books are in the care of ▶ **273 DEARBORN COURT - GENEVA, IL 60134**
 Telephone No. ▶ **(630) 443-6910** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.