

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHERN ILLINOIS FOOD BANK</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>273 DEARBORN COURT</b> City or town, state or province, country, and ZIP or foreign postal code <b>GENEVA, IL 60134</b> <b>F</b> Name and address of principal officer: <b>JULIE YURKO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>36-3203648</b> <b>E</b> Telephone number <b>(630) 443-6910</b> <b>G</b> Gross receipts \$ <b>138,391,261.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>HTTP://SOLVEHUNGERTODAY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b>
<b>M</b> State of legal domicile: <b>IL</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>186</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24474</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>130,724,147.</b>	<b>131,354,497.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>242,208.</b>	<b>301,325.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-2,870,501.</b>	<b>-3,088,774.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>128,095,854.</b>	<b>128,567,048.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>113,722,283.</b>	<b>112,986,030.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>7,089,965.</b>	<b>8,083,077.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,707,279.</b>	<b>619,481.</b>	<b>654,795.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,079,199.</b>	<b>5,478,845.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>126,510,928.</b>	<b>127,202,747.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,584,926.</b>	<b>1,364,301.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>39,291,974.</b>	<b>40,800,115.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>9,375,581.</b>	<b>9,079,153.</b>
		<b>29,916,393.</b>	<b>31,720,962.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JULIE YURKO, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A. HAUMANN</b>	Preparer's signature <b>KIMBERLY A. HAUMANN</b>	Date <b>02/17/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00546491</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN ▶ <b>38-1357951</b>			
	Firm's address ▶ <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b> <b>CHICAGO, IL 60606</b>		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 or note to any line 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.

4a (Code: ) (Expenses \$ 122,338,244. including grants of \$ 112,986,030. ) (Revenue \$ 3,771,438. ) NORTHERN ILLINOIS FOOD BANK LEADS THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS. THE FOOD BANK HAS DEVELOPED A STRONG FOOD SOLICITATION, ACQUISITION, AND PURCHASING PROGRAM TO ENSURE THAT IT RECEIVES QUALITY FOOD AT THE LOWEST POSSIBLE PRICE, PROVIDING FOOD TO MORE THAN 900 COMMUNITY FOOD PANTRIES AND FEEDING PROGRAMS. SEVENTY-SEVEN PERCENT OF FOOD DISTRIBUTED IN FISCAL YEAR 2019 WAS DONATED. OUR COLLABORATIVE EFFORTS HELP SERVE MORE THAN HALF A MILLION HUNGRY NEIGHBORS EVERY YEAR ACROSS 13

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 122,338,244.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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> .....	<b>X</b>	
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>24c</b> 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
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, address, and telephone number of the person who possesses the organization's books and records **TIM HIEBER - (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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GENEACE WILLIAMS CHAIR	1.00	X		X				0.	0.	0.
(2) GREG SCHWEITZER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DIRK LOCASCIO TREASUER	1.00	X		X				0.	0.	0.
(4) DOUG ECKROTE SECRETARY	1.00	X		X				0.	0.	0.
(5) STACEY BARSEMA DIRECTOR	1.00	X						0.	0.	0.
(6) BILL CONNELL DIRECTOR	1.00	X						0.	0.	0.
(7) TOM DANT DIRECTOR	1.00	X						0.	0.	0.
(8) PAMELA DOWNEY DIRECTOR	1.00	X						0.	0.	0.
(9) BILL EICH DIRECTOR	1.00	X						0.	0.	0.
(10) MIKE KEANE DIRECTOR	1.00	X						0.	0.	0.
(11) JAMES MATTIKOW DIRECTOR	1.00	X						0.	0.	0.
(12) BRIAN MCCASKEY DIRECTOR	1.00	X						0.	0.	0.
(13) BOYD NELSON DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL PEASTER DIRECTOR	1.00	X						0.	0.	0.
(15) CAROL PETERSON DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTINE RELLER DIRECTOR	1.00	X						0.	0.	0.
(17) KATHLEEN ROSS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN WOESTMAN DIRECTOR	1.00	X						0.	0.	0.
(19) COREY BERENDS DIRECTOR	1.00	X						0.	0.	0.
(20) JOHN MILLNER DIRECTOR	1.00	X						0.	0.	0.
(21) CATHY LANG DIRECTOR	1.00	X						0.	0.	0.
(22) MAYDENE MOORE DIRECTOR	1.00	X						0.	0.	0.
(23) NATE CARDEN DIRECTOR	1.00	X						0.	0.	0.
(24) PAUL GOSSETT DIRECTOR	1.00	X						0.	0.	0.
(25) JULIE YURKO PRESIDENT & CEO	40.00			X				242,686.	0.	25,341.
(26) DIANNE KORIZON CHIEF STRATEGY OFFICER	40.00			X				138,232.	0.	8,950.
<b>1b Sub-total</b>								380,918.	0.	34,291.
<b>c Total from continuation sheets to Part VII, Section A</b>								387,510.	0.	52,379.
<b>d Total (add lines 1b and 1c)</b>								768,428.	0.	86,670.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BRAD CECIL & ASSOCIATES, 2115 ARLINGTON DOWNS RD, ARLINGTON, TX 76011	DIRECT MAIL SOLICITATION CONSULT	551,216.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 20,127.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 737,342.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 4,208,254.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 126,388,774.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	113,587,897.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 131,354,497.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 312,277.			312,277.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2,745,202.			
		(ii) Other	4,000.			
		<b>b</b> Less: cost or other basis and sales expenses .....	2,760,154.	0.		
		<b>c</b> Gain or (loss) .....	-14,952.	4,000.		
	<b>d</b> Net gain or (loss) .....	▶ -10,952.			-10,952.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 737,342. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 194,078.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 267,714.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ -73,636.			-73,636.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 3,771,438.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 6,796,345.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ -3,024,907.	-3,024,907.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> RECYCLING INCOME .....	900099	5,796.			5,796.	
<b>b</b> IL TREASURER .....	900099	3,973.			3,973.	
<b>c</b> _____						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶ 9,769.					
<b>12 Total revenue.</b> See instructions .....	▶ 128,567,048.	-3,024,907.	0.		237,458.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	112,986,030.	112,986,030.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	503,420.	97,760.	271,646.	134,014.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,152,322.	4,223,786.	1,097,381.	831,155.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,256.	71,646.	16,338.	23,272.
<b>9</b> Other employee benefits	781,943.	555,899.	122,077.	103,967.
<b>10</b> Payroll taxes	534,136.	353,706.	105,462.	74,968.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	13,185.	888.	12,297.	
<b>c</b> Accounting	84,586.		84,586.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	654,795.			654,795.
<b>f</b> Investment management fees	56,866.		56,866.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	267,697.	193,109.	33,755.	40,833.
<b>12</b> Advertising and promotion	532,487.	22,093.	25,849.	484,545.
<b>13</b> Office expenses	613,110.	415,942.	85,964.	111,204.
<b>14</b> Information technology	13,515.	11,042.	1,054.	1,419.
<b>15</b> Royalties				
<b>16</b> Occupancy	823,259.	765,722.	29,986.	27,551.
<b>17</b> Travel	137,175.	114,076.	9,765.	13,334.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	77,199.	40,283.	23,876.	13,040.
<b>20</b> Interest	182,623.	158,387.	16,176.	8,060.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,155,221.	1,090,968.	33,633.	30,620.
<b>23</b> Insurance	236,945.	216,127.	15,393.	5,425.
<b>24</b> 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.)				
<b>a</b> <b>TRANSPORTATION</b>	839,256.	839,256.		
<b>b</b> <b>DUES AND SUBSCRIPTIONS</b>	115,770.	49,803.	9,573.	56,394.
<b>c</b> <b>FEEDING AMERICA/IL FEE</b>	87,283.		87,283.	
<b>d</b> <b>STAFFING DEVELOPMENT</b>	57,031.	41,011.	6,305.	9,715.
<b>e</b> All other expenses	185,637.	90,710.	11,959.	82,968.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	127,202,747.	122,338,244.	2,157,224.	2,707,279.
<b>26</b> <b>Joint costs.</b> 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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,633,694.	<b>1</b>	3,929,010.
	<b>2</b> Savings and temporary cash investments .....	176,839.	<b>2</b>	263,617.
	<b>3</b> Pledges and grants receivable, net .....	1,148,158.	<b>3</b>	1,598,392.
	<b>4</b> Accounts receivable, net .....	117,368.	<b>4</b>	107,181.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	5,563,482.	<b>8</b>	5,893,368.
	<b>9</b> Prepaid expenses and deferred charges .....	34,837.	<b>9</b>	64,426.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,457,154.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,505,429.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,069,230.	<b>12</b>	10,987,396.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,000.	<b>15</b>	5,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,291,974.	<b>16</b>	40,800,115.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,396,935.	<b>17</b>	2,491,633.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	6,978,646.	<b>20</b>	6,587,520.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,375,581.	<b>26</b>	9,079,153.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	26,717,992.	<b>27</b>	28,859,820.
	<b>28</b> Temporarily restricted net assets .....	3,198,401.	<b>28</b>	2,861,142.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	29,916,393.	<b>33</b>	31,720,962.
<b>34</b> Total liabilities and net assets/fund balances .....	39,291,974.	<b>34</b>	40,800,115.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,567,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,202,747.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,364,301.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,916,393.
5	Net unrealized gains (losses) on investments	5	440,268.
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	31,720,962.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 (2018)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 12, check only one box.)

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

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	139151204	130257621	133670203	130724147	131354497	665157672
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	139151204	130257621	133670203	130724147	131354497	665157672
<b>5</b> 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) .....						204179831
<b>6 Public support.</b> Subtract line 5 from line 4.						460977841

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	139151204	130257621	133670203	130724147	131354497	665157672
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	101,320.	117,995.	114,664.	205,739.	312,277.	851,995.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	16,779.	11,494.	12,201.	10,925.	9,769.	61,168.
<b>11 Total support.</b> Add lines 7 through 10						666070835
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	21,017,624.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	69.21	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	68.61	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS**

2014 AMOUNT: \$ 16,779.

2015 AMOUNT: \$ 11,494.

2016 AMOUNT: \$ 12,201.

2017 AMOUNT: \$ 10,925.

2018 AMOUNT: \$ 9,769.



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

OMB No. 1545-0047

2018

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization  <b>NORTHERN ILLINOIS FOOD BANK</b>	Employer identification number  <b>36-3203648</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>21,619,682.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>10,350,992.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>8,571,307.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>5,583,228.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>4,968,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,687,439.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>NORTHERN ILLINOIS FOOD BANK</b>	Employer identification number  <b>36-3203648</b>
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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/>	\$ <u>4,328,318.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>3,935,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>2,944,877.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>2,928,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NORTHERN ILLINOIS FOOD BANK</b>	<b>Employer identification number</b>  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
1	GIFTS IN KIND (\$55). REMAINDER FOOD DONATIONS. _____ _____ _____	\$ 21,556,354.	06/30/19
2	GIFTS IN KIND (\$935). REMAINDER FOOD DONATIONS. _____ _____ _____	\$ 10,304,992.	06/30/19
3	FOOD DONATIONS _____ _____ _____	\$ 8,571,307.	06/30/19
4	FOOD DONATIONS _____ _____ _____	\$ 5,572,978.	06/30/19
5	FOOD DONATIONS _____ _____ _____	\$ 4,962,757.	06/30/19
6	FOOD DONATIONS _____ _____ _____	\$ 4,687,439.	06/30/19

Name of organization  <b>NORTHERN ILLINOIS FOOD BANK</b>	Employer identification number  <b>36-3203648</b>
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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
7	GIFTS IN KIND (\$2598). REMAINDER FOOD DONATIONS. _____ _____ _____	\$ <u>4,312,543.</u>	<u>06/30/19</u>
8	FOOD DONATIONS _____ _____ _____	\$ <u>3,910,500.</u>	<u>06/30/19</u>
9	FOOD DONATIONS _____ _____ _____	\$ <u>2,944,877.</u>	<u>06/30/19</u>
10	GIFTS IN KIND (\$14872). REMAINDER FOOD DONATIONS. _____ _____ _____	\$ <u>2,928,900.</u>	<u>06/30/19</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>NORTHERN ILLINOIS FOOD BANK</b>	Employer identification number  <b>36-3203648</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>NORTHERN ILLINOIS FOOD BANK</b>	Employer identification number <b>36-3203648</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		47,904.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			47,904.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

NORTHERN ILLINOIS FOOD BANK AIMS TO INFORM AND EDUCATE LEGISLATORS ON THE WORK AND MISSION OF THE FOOD BANK, AND, WHEN APPROPRIATE, ON LEGISLATION THAT AFFECTS THE FOOD BANK AND/OR OUR HUNGRY NEIGHBORS. IN FY19, STAFF MEMBERS FROM THE FOOD BANK LOBBIED IN WASHINGTON DC (FEBRUARY 26) AS PART OF THE NATIONAL ANTI-HUNGER POLICY CONFERENCE. AT

**Part IV** Supplemental Information (continued)

THAT TIME, FOOD BANK STAFF MET WITH 10 FEDERAL OFFICIALS AND THEIR STAFF. A FEW WEEKS LATER, STAFF ATTENDED FEEDING AMERICA'S FLY-IN LOBBY DAY, WHERE REPRESENTATIVE CHERI BUSTOS' OFFICE WAS ENGAGED IN REGARD TO TEFAP FUNDING. LATER IN THE YEAR, FOOD BANK STAFF LOBBIED IN SPRINGFIELD, IL (MAY 15). WHILE THERE, THE FOOD BANK STAFF CONNECTED WITH 19 STATE OFFICIALS. DURING THE PARTIAL FEDERAL GOVERNMENT SHUTDOWN, THE FOOD BANK REACHED OUT TO OUR COMMUNITIES TO OFFER ASSISTANCE INCLUDING OUR FEDERAL OFFICIALS SO WE COULD COLLABORATE TO PROVIDE FURTHER RELIEF AND INSIGHT TO THEM. DURING THAT TIME, STAFF ATTENDED A NUMBER OF EVENTS HOSTED BY FEDERAL OFFICIALS, INCLUDING: REPRESENTATIVE BRAD SCHNEIDER'S TOWNHALL OPEN HOUSE (JANUARY 6), REPRESENTATIVE SEAN CASTEN'S ROUNDTABLE DISCUSSION (JANUARY 12), AND REPRESENTATIVE CASTEN'S PUBLIC FORUM (JANUARY 13). STAFF ALSO REPRESENTED AND SPOKE TO THE PUBLIC ON BEHALF OF THE FOOD BANK AT REPRESENTATIVE SEAN CASTEN'S PUBLIC PANEL (JANUARY 22). ALONG WITH THESE PUBLIC EVENTS, THE FOOD BANK CONNECTED WITH REPRESENTATIVE BUSTOS, REPRESENTATIVE DAVIS, REPRESENTATIVE FOSTER, REPRESENTATIVE VILLA, SENATOR DUCKWORTH AND SENATOR DURBIN REGARDING THE IMPACT OF THE SHUTDOWN TO THE FOOD BANK AND THE NEIGHBORS WE SERVE.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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

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

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	468,012.	400,000.	400,000.		
b Contributions	216,819.	54,677.		400,000.	
c Net investment earnings, gains, and losses	40,489.	13,335.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,862.				
g End of year balance	721,458.	468,012.	400,000.	400,000.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,338,673.		2,338,673.
b Buildings		16,349,416.	3,182,034.	13,167,382.
c Leasehold improvements		1,623,112.	492,425.	1,130,687.
d Equipment		2,691,542.	2,129,511.	562,031.
e Other		3,454,411.	2,701,459.	752,952.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,951,725.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS & NOTES	320,956.	END-OF-YEAR MARKET VALUE
(B) MUNICIPAL SECURITIES	840,970.	END-OF-YEAR MARKET VALUE
(C) PREFERRED SECURITIES	415,494.	END-OF-YEAR MARKET VALUE
(D) NEGOTIABLE CERTIFICATES		
(E) OF DEPOSIT	3,063,378.	END-OF-YEAR MARKET VALUE
(F) STOCKS	3,206,183.	END-OF-YEAR MARKET VALUE
(G) EXCHANGE-TRADED AND		
(H) CLOSED-END FUNDS	1,191,402.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,987,396.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	136,047,213.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	440,268.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	32,704.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,064,059.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,537,031.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	128,510,182.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	56,866.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	56,866.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	128,567,048.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	134,242,644.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	32,704.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,064,059.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,096,763.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	127,145,881.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	56,866.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	56,866.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	127,202,747.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE BOARD DESIGNATED ENDOWMENT FUND OF \$721,458 TO PROVIDE AN ADDITIONAL SOURCE OF REVENUE TO MEET OUR OPERATING NEEDS. USAGE OF THE BOARD DESIGNATED FUND IS DEFINED IN THE NIFB INVESTMENT POLICY. IN FY 2019 ,THE ENDOWMENT FUND IS BEING MANAGED IN ACCORDANCE WITH OUR INVESTMENT POLICY, AND BY THE BROKERAGE FIRM MORGAN STANLEY.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	6,796,345.
EXPENSES RELATED TO FUNDRAISING	267,714.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,064,059.

**Part XIII** Supplemental Information *(continued)*

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS 6,796,345.

EXPENSES RELATED TO FUNDRAISING 267,714.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 7,064,059.

Multiple horizontal lines for supplemental information.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TASTE THAT MATTERS (event type)	FOODIE 5K'S (event type)	3 (total number)		
Revenue	1	Gross receipts	394,410.	217,185.	319,825.	931,420.
	2	Less: Contributions	312,619.	195,205.	229,518.	737,342.
	3	Gross income (line 1 minus line 2)	81,791.	21,980.	90,307.	194,078.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	39,592.	9,552.	32,404.	81,548.
	6	Rent/facility costs	22,935.	14,550.	41,146.	78,631.
	7	Food and beverages	59,815.	105.	26,879.	86,799.
	8	Entertainment		270.	450.	720.
	9	Other direct expenses	5,556.	9,451.	5,009.	20,016.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				267,714.
11	Net income summary. Subtract line 10 from line 3, column (d)				-73,636.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD., ARLINGTON, TX 76011

(I) NAME OF FUNDRAISER: ONE AND ALL

(I) ADDRESS OF FUNDRAISER: 3500 LENOX ROAD NE, ATLANTA, GA 30326

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

PART I, LINE 2B, COLUMN (V):

IN ADDITION TO FEES FOR FUNDRAISING SERVICES, THE ORGANIZATION PAYS POSTAGE COSTS TO BRAD CECIL & ASSOCIATES AND GATEWAY COMMUNICATIONS. POSTAGE IS IDENTIFIED SEPARATELY FOR BRAD CECIL & ASSOCIATES. THE AMOUNT OF POSTAGE TO BRAD CECIL & ASSOCIATES IS \$191,003 AND THE FEES FOR SERVICES ARE \$551,216. THE AMOUNT OF POSTAGE TO GATEWAY COMMUNICATIONS IS \$721 AND THE FEES FOR SERVICES ARE \$28,732. THE FEES FOR SERVICES ARE \$74,847 FOR ONE AND ALL.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540		501C3	0.	5,926,727.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AURORA INTERFAITH FOOD PANTRY P.O. BOX 2602 AURORA, IL 60506		501C3	0.	4,014,335.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGE TOWNSHIP 719 PARKWOOD AVE ROMEDEVILLE, IL 60446		501C3	1,334.	3,416,962.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123		501C3	0.	2,950,604.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER SOUTHEAST - WESTMONT - 104 CHESTNUT AVENUE - WESTMONT, IL 60559		501C3	0.	2,208,697.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802		501C3	0.	2,175,062.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **400.**

**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) (2018)

**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
PEOPLE'S RESOURCE CENTER - WHEATON 201 S. NAPERVILLE ROAD WHEATON, IL 60187		501C3	0.	2,161,670.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY COMMUNITY FOOD PANTRY - 208 BEAVER STREET - YORKVILLE, IL 60560		501C3	-1,900.	2,078,119.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DRIVE WOODRIDGE, IL 60517		501C3	0.	1,706,416.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY 42 EAST STREET CRYSTAL LAKE, IL 60014		501C3	0.	1,695,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COOL FOOD PANTRY - EAST 800 W. GLEN FLORA AVENUE WAUKEGAN, IL 60085		501C3	0.	1,551,425.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT REAL LIFE CHURCH - 525 N. NELTNOR BLVD (IL RT 59) - WEST CHICAGO, IL 60185		501C3	0.	1,406,684.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAINFIELD AREA INTERFAITH FP 22525 W LOCKPORT ST. PLAINFIELD, IL 60544		501C3	0.	1,398,561.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044		501C3	0.	1,370,562.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER OF THE CHAPEL - 25270 WEST HWY 60 - GRAYSLAKE, IL 60030		501C3	0.	1,356,249.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
FISH PANTRY OF CARPENTERSVILLE 150 S. KENNEDY DRIVE; UNIT 8B -11A CARPENTERSVILLE, IL 60110		501C3	0.	1,306,648.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY 421 S. ROCKTON AVENUE ROCKFORD, IL 61102		501C3	0.	1,266,555.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435		501C3	0.	1,265,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER FOOD PANTRY 1505 S. MAIN STREET ROCKFORD, IL 61102		501C3	981.	1,202,151.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER OF HOPE 200 UNIVERSITY AVENUE BOURBONNAIS, IL 60914		501C3	0.	1,154,191.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FRANKFORT TOWNSHIP 11000 W. LINCOLN HIGHWAY FRANKFORT, IL 60423		501C3	1,875.	1,099,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF MCHENRY 3515 N. RICHMOND ROAD (SITE) MCHENRY, IL 60051		501C3	0.	1,003,977.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532		501C3	0.	996,926.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BELVIDERE BOONE COUNTY FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012		501C3	0.	957,132.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
BENSENVILLE-WOOD DALE PANTRY 192 S. CENTER STREET BENSENVILLE, IL 60106		501C3	0.	936,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY OUTREACH PROGRAM, INC. SHIP TO: 2223 PLAINFIELD ROAD CREST HILL, IL 60403		501C3	585.	894,871.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVING MANNA FOOD MINISTRY SITE: 25124 S FRYER ST CHANNAHON, IL 60410		501C3	0.	865,082.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PUENTE LATINO 2415 N. BUTRICK WAUKEGAN, IL 60087		501C3	0.	844,101.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137		501C3	0.	817,180.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AVON CARES FOOD PANTRY 433 E WASHINGTON ST ROUND LAKE PARK, IL 60073		501C3	1,350.	801,415.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ROCKFORD RESCUE MISSION 715 W. STATE ST. ROCKFORD, IL 61102		501C3	0.	790,578.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
P.L.A.N. 1892 NICOLE LANE ROUND LAKE BEACH, IL 60073		501C3	0.	782,136.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST YORKFIELD FOOD PANTRY 1083 S. YORK ROAD ELMHURST, IL 60126		501C3	0.	777,378.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
MARIE WILKINSON FOUNDATION FOOD PANTRY - 834 NORTH HIGHLAND AVENUE - AURORA, IL 60506		501C3	0.	769,273.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133		501C3	0.	764,814.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES FOOD PANTRY - 2929 BETHEL BOULEVARD - ZION, IL 60099		501C3	0.	710,949.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BATAVIA INTERFAITH FOOD PANTRY 100 FLINN STREET BATAVIA, IL 60510		501C3	0.	688,007.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES - HINSDALE 19 E. CHICAGO AVENUE HINSDALE, IL 60521		501C3	0.	684,709.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALPINE CHAPEL 23153 W. MILLER ROAD LAKE ZURICH, IL 60047		501C3	0.	673,377.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LUKE 3:11 SHARE CENTER NFP 37510 NORTH FAIRFIELD ROAD LAKE VILLA, IL 60046		501C3	0.	653,238.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 3510 BAY RD CRYSTAL LAKE, IL 60012		501C3	0.	639,257.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH MOVERS CHURCH 425 EXCHANGE UNIVERSITY PARK, IL 60484		501C3	6,710.	601,083.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
SALVATION ARMY DEKALB AREA FOOD PANTRY - 830 GROVE STREET - DEKALB, IL 60115		501C3	0.	599,616.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DAYBREAK SHEPHERD'S TABLE 611 E CASS STREET JOLIET, IL 60432		501C3	0.	576,844.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOLY ANGELS PANTRY 204 S. RUSSELL AVE AURORA, IL 60506-4969		501C3	0.	575,560.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LENOX TOWNSHIP FOOD PANTRY 1100 S. CEDAR ROAD NEW LENOX, IL 60451		501C3	0.	569,298.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORNINGSTAR MISSION 350 E. WASHINGTON JOLIET, IL 60433		501C3	17,417.	559,933.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CHRISTIAN CHURCH FOOD PANTRY - 1400 YORKHOUSE ROAD - WAUKEGAN, IL 60087		501C3	400.	540,474.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FREEPORT FOOD PANTRY - 106 W. EXCHANGE STREET - FREEPORT, IL 61032		501C3	0.	534,538.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALGONQUIN/LAKE IN THE HILLS FOOD PANTRY - SITE: 1113 PYOTT ROAD - LAKE IN THE HILLS, IL 60156		501C3	0.	521,475.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REGIONAL FOOD BANK OF OKLAHOMA 3355 S. PURDUE OKLAHOMA CITY, OK 73137-0968		501C3	0.	513,914.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436		501C3	947.	512,748.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD 416 S. MADISON, PO BOX 4159 ROCKFORD, IL 61110		501C3	0.	505,101.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREEN HARVEST FOOD PANTRY 25448 RUFF ST PLAINFIELD, IL 60585-6866		501C3	0.	487,298.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOCKPORT FISH FOOD PANTRY 1463 S. FARRELL ROAD LOCKPORT, IL 60441		501C3	0.	485,837.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184		501C3	4,650.	466,224.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTHERN ILLINOIS HELPING HANDS FOOD PANTRY - 2502 SPRING RIDGE DRIVE; SUITE B - SPRING GROVE, IL 60081		501C3	0.	456,262.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD'S LAMBS MINISTRY 3400 S MAIN ST HOPKINS PARK, IL 60954		501C3	3,261.	456,163.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107		501C3	0.	446,679.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHRISTIAN FOOD PANTRY 770 W. LINCOLN AVE. ROCHELLE, IL 61068		501C3	0.	445,062.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI - 2101 VANDIVER DRIVE - COLUMBIA, MO 65202-1938		501C3	0.	443,652.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH POINT CHURCH FOOD PANTRY 900 N. LEWIS AVENUE WINTHROP HARBOR, IL 60096		501C3	31,266.	443,368.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064		501C3	0.	434,009.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT LCM 580 N. KUHN ROAD CAROL STREAM, IL 60188		501C3	0.	433,550.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH 401 N. CLINTON STREET DWIGHT, IL 60420		501C3	0.	427,280.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE - 657 E COURT STREET - KANKAKEE, IL 60901		501C3	0.	423,919.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KUZMA CARE COTTAGE 635 S MAIN STREET WILMINGTON, IL 60481		501C3	0.	421,609.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON TOWNSHIP PANTRY 50 EAST OAK STREET, ADDISON TOWNSHI ADDISON, IL 60101		501C3	6,713.	409,722.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120		501C3	1,649.	406,045.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555		501C3	0.	397,391.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN SHARPE COMMUNITY CENTER 454 S. JOLIET STREET JOLIET, IL 60436		501C3	0.	391,849.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085		501C3	0.	389,820.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN UNION FOOD PANTRY 1705 KILBURN AVE. ROCKFORD, IL 61101		501C3	2,369.	383,129.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ST. CHARLES 1710 S. 7TH AVENUE ST. CHARLES, IL 60174		501C3	0.	381,044.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF GRUNDY COUNTY, INC. 530 BEDFORD RD. MORRIS, IL 60450		501C3	0.	366,798.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON EAST COMMUNITY FOOD PANTRY - 500 TOMCAT LANE, #33( SCHOOL) DEL SITE: 801 ZIGGLER - AURORA, IL 60505		501C3	0.	363,046.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOODSTOCK BIBLE CHURCH FOOD PANTRY 770 E. KIMBALL AVE. WOODSTOCK, IL 60098		501C3	0.	362,368.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARY GROVE FOOD PANTRY 8901 S. CARY-ALGONQUIN ROAD CARY, IL 60013		501C3	1,451.	362,166.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPEN ARMS MISSION 1548 S. MAIN STREET ANTIOCH, IL 60002		501C3	0.	361,494.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205		501C3	0.	355,004.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632		501C3	0.	353,490.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH ACRES FOUNDATION FOOD PANTRY 225 EAST STATE RD ISLAND LAKE, IL 60042		501C3	0.	348,002.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT ST. JOSEPH 24955 N. US HIGHWAY 12 LAKE ZURICH, IL 60047		501C3	0.	338,702.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
D300 FOOD PANTRY 100 CLEVELAND AVE CARPENTERSVILLE, IL 60110		501C3	17,681.	335,526.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FEEDING SOUTH DAKOTA 4701 N. WESTPORT AVENUE SIOUX FALLS, SD 57107-0123		501C3	0.	332,766.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRI-STATE FOODBANK 801 E. MICHIGAN AVENUE EVANSVILLE, IN 47711		501C3	0.	328,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E. WONDER LAKE RD. (SITE) WONDER LAKE, IL 60097		501C3	0.	321,676.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441		501C3	3,621.	316,415.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178		501C3	0.	316,238.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
B1 FOOD PANTRY 1105 7TH AVENUE BELVIDERE, IL 61008		501C3	0.	314,500.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142		501C3	0.	313,570.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ITASCA FOOD PANTRY 336 W CENTER STREET ITASCA, IL 60143		501C3	0.	312,854.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
H.E.A.L RIVERWALK FOOD PANTRY 350 NORTH BROADWAY JOLIET, IL 60435		501C3	0.	311,957.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS RD HARVARD, IL 60033		501C3	0.	305,574.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASBURY UNITED METHODIST CHURCH 196 S. HARRISON AVENUE KANKAKEE, IL 60901		501C3	505.	302,766.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408		501C3	1,520.	295,779.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KANKAKEE CATHOLIC FOOD PANTRY 341 N. ST JOSEPH AVENUE KANKAKEE, IL 60901		501C3	0.	293,401.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHLEHEM FEED MY SHEEP 1915 N 1ST ST DEKALB, IL 60115		501C3	1,211.	288,164.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432		501C3	0.	280,310.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART - DEKALB CO COMM GARDENS - 33600 PEARL ST - KIRKLAND, IL 60146		501C3	0.	273,387.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE TABERNACLE 5400 REIMER DR ROSCOE, IL 61073		501C3	0.	262,772.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSELLE UMC COMMUNITY PANTRY 206 RUSH STREET ROSELLE, IL 60172		501C3	0.	262,693.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104		501C3	0.	261,236.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART 1515 SOUTH 4TH ST. DOOR 28 DEKALB, IL 60115		501C3	0.	261,128.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181		501C3	0.	259,150.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432		501C3	0.	258,476.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MINOOKA BIBLE CHURCH 412 N WABENA AVENUE MINOOKA, IL 60447		501C3	0.	257,010.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S. GENESEE ST. WAUKEGAN, IL 60085		501C3	0.	256,237.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT - 1135 BOWES ROAD - ELGIN, IL 60177		501C3	0.	256,072.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
APOSTOLIC PENTECOSTALS OF ROCKFORD INC.FOOD PANTRY - 840 MATTIS AVENUE - ROCKFORD, IL 61109		501C3	0.	254,573.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
MT. MORIAH CHRISTIAN CENTER FOOD PANTRY - 523 10TH STREET - NORTH CHICAGO, IL 60064		501C3	0.	254,176.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANOVER TOWNSHIP PANTRY 7431 ASTOR AVE HANOVER PARK, IL 60133		501C3	0.	236,156.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVESTERS 3801 TOPPING AVENUE KANSAS CITY, MO 64129		501C3	0.	227,408.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085		501C3	0.	227,304.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GOSPEL OUTREACH OF FREEPORT 209 W. SPRING STREET FREEPORT, IL 61032		501C3	50.	224,164.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802		501C3	0.	220,989.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
M.O.R.E. CENTER 829 GREENLEE ST. MARENGO, IL 60152-0564		501C3	0.	217,673.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL ST. FRANCIS 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047		501C3	0.	214,979.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF DOWNERS GROVE 4340 PRINCE STREET DOWNERS GROVE, IL 60515		501C3	0.	213,964.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MANTENO FOOD PANTRY 205 N. LOCUST (RT.50) MANTENO, IL 60950		501C3	0.	210,427.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS FOOD PANTRY 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061		501C3	0.	208,445.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DISCIPLES FOOD PANTRY 1336 S. VILLA AVENUE VILLA PARK, IL 60181		501C3	0.	205,403.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHERN INDIANA, INC. - 702 S. CHAPIN STREET - SOUTH BEND, IN 46601		501C3	0.	204,054.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123		501C3	0.	200,389.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE TO SHARE 888 BELVIDERE ROAD, UNIT 401 (SITE) GRAYSLAKE, IL 60030		501C3	0.	198,314.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRSTBORN MINISTRIES FOOD PANTRY 8213 N. ALPINE ROAD MACHESNEY PARK, IL 61115		501C3	0.	197,498.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548		501C3	0.	191,933.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098		501C3	0.	190,976.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE KING - ST VINCENT DEPAUL - 115 EAST 15TH ST., LOMBARD, IL 60148 - LOMBARD, IL 60148		501C3	0.	188,673.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESLEY'S TABLE FOOD PANTRY 500 N. CLEVELAND AVENUE BRADLEY, IL 60915		501C3	2,216.	188,294.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUL'S HARBOR FOOD PANTRY 2802 - 11TH STREET ROCKFORD, IL 61109		501C3	981.	187,948.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BIG TABLE SHARING CENTER 26238 N. IL ROUTE 59 WAUCONDA, IL 60084		501C3	0.	187,829.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WEGO TOGETHER COMMUNITY MARKET 238 E. HAZEL STREET WEST CHICAGO, IL 60185		501C3	0.	187,818.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ICNA RELIEF FOOD PANTRY 1781 N. BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139		501C3	0.	184,521.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554		501C3	0.	184,511.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOMBARD-VILLA PARK PANTRY 155 S. MAIN STREET LOMBARD, IL 60148		501C3	0.	183,488.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALL PEOPLES INTERFAITH FOOD PANTRY 256 E. CHICAGO STREET ELGIN, IL 60120-6509		501C3	0.	180,463.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE STORE AT HARVEST CHAPEL 725 S. COUNTY LINE ROAD SANDWICH, IL 60548		501C3	0.	175,175.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY KANKAKEE 148 N. HARRISON AVENUE KANKAKEE, IL 60901		501C3	0.	174,757.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN THE BAPTIST FOOD PANTRY 260 WEST DIVISION STREET JOLIET, IL 60435		501C3	0.	174,045.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYSIDE CROSS MINISTRIES 215 E. NEW YORK ST. AURORA, IL 60505		501C3	2,634.	165,855.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HELPING HANDS - PEOTONE 200 WEST CRAWFORD PEOTONE, IL 60468		501C3	0.	165,852.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - WESTOSHA LAKES 24823 74TH STREET PADDOCK LAKE, WI 53168		501C3	0.	160,706.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. BRIDGET'S CHURCH 704 CLIFFORD AVENUE LOVES PARK, IL 61111		501C3	0.	159,880.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST HEARTLAND FOOD BANK 1140 GERVAIS AVENUE ST. PAUL, MN 55109		501C3	0.	157,955.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY BELVIDERE 422 S. MAIN STREET BELVIDERE, IL 61008-3740		501C3	0.	156,664.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HOSANNA 36W925 RED GATE ROAD ST. CHARLES, IL 60175		501C3	0.	152,134.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFELINE FOOD & SELF HELP PROJECT 201 N. 3RD STREET OREGON, IL 61061		501C3	0.	151,090.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FELLOWSHIP BIBLE CHURCH - JOLIET 122 MORRIS STREET JOLIET, IL 60436		501C3	0.	149,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORAINNE TOWNSHIP FOOD PANTRY 800 CENTRAL AVENUE HIGHLAND PARK, IL 60035		501C3	0.	149,047.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA , CA 95403		501C3	0.	149,040.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER ROAD FLINT, MI 48503		501C3	0.	141,650.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SERENITY HOUSE COUNSELING SERVICE 891 S. IL ROUTE 53 (ROHLWING ROAD) ADDISON, IL 60101		501C3	1,500.	140,923.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRANSITIONAL LIVING SERVICE 5330 W ELM STREET MCHENRY , IL 60050		501C3	0.	135,597.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 60185-5122		501C3	0.	134,459.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY CHURCH PANTRY 129 W. BENTON (DO NOT MAIL) NAPERVILLE, IL 60544		501C3	0.	133,655.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD OF GLORY FOOD PANTRY 607 W. BELVIDERE ROAD GRAYSLAKE, IL 60030		501C3	0.	132,321.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIDGEWOOD UNITED COMM PANTRY 301 FAIRBANKS AVE. JOLIET, IL 60432		501C3	0.	132,291.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLORY TABERNACLE CHURCH 459 N OTTAWA ST JOLIET, IL 60432		501C3	0.	131,979.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073		501C3	0.	130,997.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH BAPTIST CHURCH OF MONEE 25800 SOUTH CENTER ROAD MONEE, IL 60449		501C3	0.	129,683.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS FOOD PANTRY - MACHESNEY PARK - 7620 ELM AVENUE - MACHESNEY PARK, IL 61115		501C3	0.	128,908.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA - 6621 N. OLD STATE ROAD 3 - MUNCIE, IN 47303		501C3	0.	128,442.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033		501C3	0.	128,262.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES LAKE CO. FOOD PANTRY - PO BOX 729 - BALDWIN, MI 49304		501C3	0.	127,838.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YORK TOWNSHIP PANTRY 1502 S. MEYERS ROAD LOMBARD, IL 60148		501C3	0.	127,476.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROMEONVILLE COMMUNITY PANTRY 2 BELMONT DRIVE ROMEONVILLE, IL 60446		501C3	0.	126,900.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP-GURNEE 228 N. COUNTY STREET WAUKEGAN, IL 60085		501C3	2,290.	125,976.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446		501C3	0.	124,512.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP - LOGAN AVE. 620 LOGAN AVENUE EAST BELVIDERE, IL 61008		501C3	0.	124,163.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH BAPTIST CHURCH 1280 ARMOUR DRIVE BOURBONNAIS, IL 60914		501C3	0.	122,942.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PECATONICA COMMUNITY FOOD PANTRY 528 WASHINGTON STREET PECATONICA, IL 61063		501C3	981.	122,768.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START - AURORA 1661 LANDMARK ROAD AURORA, IL 60506		501C3	0.	122,149.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH PANTRY 800 THORNTON LOCKPORT, IL 60441		501C3	0.	121,223.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048		501C3	0.	119,939.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SARATOGA TOWER 1700 NEWTON PLACE MORRIS, IL 60450		501C3	0.	119,833.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVE. ELMIRA, NY 14903		501C3	0.	117,829.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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N.I.C.E. 346 S COUNTY LINE ROAD LEE, IL 60530		501C3	0.	117,128.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY ST. DAVIS, IL 61019		501C3	0.	116,002.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOUSE OF RESTORATION CHURCH 31W625 SHOE FACTORY ROAD ELGIN, IL 60120		501C3	0.	113,073.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHEPHERD'S HEART FOOD PANTRY 2300 SOUTH STREET GENEVA, IL 60134		501C3	0.	110,903.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BLVD. SOUTH BELOIT, IL 61080		501C3	0.	109,008.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307		501C3	0.	108,940.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - CRYSTAL LAKE - 580 TRACY TRAIL - CRYSTAL LAKE, IL 60014		501C3	0.	106,350.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SHARING CENTER 750 HIGHVIEW DR ANTIOCH, IL 60002		501C3	0.	105,838.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL DEKALB 302 FISK AVENUE DEKALB, IL 60115		501C3	0.	104,779.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MOUNT SINAI BAPTIST CHURCH FOOD PANTRY - 2401 ARGONNE DRIVE - NORTH CHICAGO, IL 60064		501C3	0.	104,179.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START - ELGIN 418 AIRPORT ROAD ELGIN, IL 60123		501C3	0.	103,827.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST PRESBYTERIAN CHURCH 219 W. MAPLE AVENUE LIBERTYVILLE, IL 60048		501C3	0.	100,706.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK COMMUNITY CHURCH 863 S. VERMONT STREET PALATINE, IL 60067		501C3	0.	99,170.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BAPTIST FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543		501C3	0.	98,597.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CASA DE VIDA 4513 FRONT ROYAL DRIVE MCHENRY, IL 60050		501C3	0.	97,940.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MIDWEST VETERAN'S FOOD AND NUTRITION RESOURCE CTR - 2323 GREEN BAY RD. - NORTH CHICAGO, IL 60064		501C3	1,875.	97,718.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW TESTAMENT FELLOWSHIP 515 N SCOTT JOLIET, IL 60432		501C3	0.	97,554.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
12 BASKETS SHARING CENTER 5906 S. ROUTE 31 CRYSTAL LAKE, IL 60014		501C3	0.	95,137.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVENUE GARY, IN 46408		501C3	0.	92,594.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
R.E.A.C.H. MINISTRIES INC. 4324 YACKLEY AVENUE LISLE, IL 60532		501C3	0.	91,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES SOUP KITCHEN - 2929 BETHEL BOULEVARD - ZION, IL 60099		501C3	0.	91,689.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60108		501C3	0.	90,943.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SACRED HEART - FAMILY TABLE SOUP KITCHEN - 329 S OTTAWA STREET - JOLIET, IL 60436		501C3	1,895.	90,375.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY BROADWAY - 1100 BROADWAY - ROCKFORD, IL 61104		501C3	0.	89,482.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JOSEPH'S PANTRY 203 W. PLEASANT FREEPORT, IL 61032		501C3	0.	89,447.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ISLAND HARVEST 40 MARCUS BOULEVARD HAUPPAUGE, NY 11788		501C3	0.	88,659.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES - WILLOWBROOK SHIP TO: 16W631 91ST STREET WILLOWBROOK, IL 60527		501C3	0.	87,944.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404		501C3	0.	87,556.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRAL ILLINOIS FOODBANK 1937 E. COOK STREET SPRINGFIELD, IL 62703		501C3	0.	87,093.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515		501C3	0.	85,300.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PROJECT HOPE 320 EAST FRANKLIN BARRINGTON, IL 60010		501C3	0.	84,964.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POLO LIFELINE 113 N. GREEN AVE., SUITE A POLO, IL 61064		501C3	0.	83,902.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE FOOD PANTRY - 36455 N. WILSON ROAD - INGLESIDE, IL 60041		501C3	0.	83,351.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KIRKLAND FOOD PANTRY P.O. BOX 287 KIRKLAND, IL 60146		501C3	0.	82,360.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134		501C3	0.	82,168.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES + FISH FOOD PANTRY 409 W. BRAYTON ROAD MOUNT MORRIS, IL 61054		501C3	0.	80,489.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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UNITY IN THE COMMUNITY (LIVING WORD MINISTRIES) - 4426 VIRGINIA AVENUE - ROCKFORD, IL 61102		501C3	100.	79,594.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
1ST ASSEMBLY OF GOD 450 E. ROOSEVELT ROAD WEST CHICAGO, IL 60185		501C3	0.	79,575.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.A.A. - FREEPORT 524 W. STEPHENSON ST. FREEPORT, IL 61032		501C3	0.	77,786.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188		501C3	0.	76,699.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GARDEN OF PRAYER YOUTH CENTER 657 E. COURT STREET STE 200 KANKAKEE, IL 60901		501C3	0.	75,696.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108		501C3	0.	73,117.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY AURORA 437 E. GALENA BOULEVARD AURORA, IL 60505		501C3	0.	71,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY COMMUNITY FP-PLANO SATELLITE - 904 LEW STREET, PLANO, IL 60454 - YORKVILLE, IL 60560		501C3	0.	68,711.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEARTS THAT CARE, INC. 420 CHALLENGE ST. FREEPORT, IL 61032		501C3	0.	67,677.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOX VALLEY HISPANIC SDA PANTRY 505 E. NEW YORK STREET AURORA, IL 60505		501C3	0.	66,958.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MT. SINAI BAPTIST CHURCH FOOD PANTRY - 1901 WEST STATE STREET - ROCKFORD, IL 61102		501C3	0.	66,866.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK DUPAGE MAIL TO:315 W FRONT STREET, 2ND FLO WHEATON, IL 60187		501C3	0.	66,445.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178		501C3	0.	65,555.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COUNTRYSIDE FOOD PANTRY, INC. 525 N. MAIN STREET ELBURN, IL 60119		501C3	0.	64,989.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVELY HOPE CHURCH OF GOD 308 N. MIDLAND AVE. JOLIET, IL 60435		501C3	0.	63,943.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST'S MISSION CHURCH 22811 S CEDAR ROAD MANHATTAN, IL 60442		501C3	0.	63,580.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030		501C3	0.	62,313.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFT HIM UP MINISTRIES, INC. P.O. BOX 3125 JOLIET, IL 60434		501C3	0.	61,830.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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STONE SOUP SHARING CENTER 203 W WASHINGTON ST MARENGO, IL 60152		501C3	0.	61,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOOD DISTRIBUTION SERVICES NFP - 125 W. CHURCH STREET - LIBERTYVILLE, IL 60048		501C3	0.	59,868.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY SHARING SPOT 2065 HALF DAY RD DEERFIELD, IL 60015		501C3	0.	58,312.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433		501C3	1,741.	57,412.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516		501C3	0.	56,708.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF CENTRAL LOUISIANA 3223 BALDWIN AVENUE ALEXANDRIA, LA 71301		501C3	0.	56,280.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FREESTORE FOODBANK, INC. MAYERSON DISTRIBUTION CENTER CINCINNATI, OH 45229		501C3	0.	56,280.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COOL FOOD PANTRY - WEST 25519 W. HIGHWAY 134 INGLESIDE, IL 60041		501C3	0.	55,874.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ECKER CENTER 1845 GRANDSTAND PLACE ELGIN, IL 60123		501C3	0.	55,396.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVE. ROCKFORD, IL 61104		501C3	0.	55,379.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227		501C3	0.	52,488.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY - 309 N. DIVISION STREET - HARVARD, IL 60033		501C3	0.	51,895.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE SPRING/IGLESIA BETHANIA CHURCH PANTRY - 1000 HACKER AVENUE - JOLIET, IL 60432		501C3	0.	51,777.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188		501C3	0.	51,053.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY - 1201 TWOMBLY ROAD - DEKALB, IL 60115		501C3	0.	49,617.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LENA-WINSLOW FOOD PANTRY 130 1/2 MAIN STREET LENA, IL 61048		501C3	0.	49,397.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PHOENIX RISING 717 FOREST AVENUE LAKE FOREST, IL 60045		501C3	0.	48,031.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY DAYCARE 215 N. 1ST ST. ROCKFORD, IL 61107		501C3	0.	47,839.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169		501C3	0.	47,204.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. GEORGE COPTIC ORTHODOX CHURCH 4601 W. PAULING ROAD MONEE, IL 60449		501C3	1,116.	47,033.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANTA MARIA DEL POPOLO - SVDPS 116 N. LAKE STREET MUNDELEIN, IL 60060		501C3	0.	47,017.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435		501C3	0.	46,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541		501C3	0.	46,206.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA - 1304 N. KENOSHA AVE - TULSA, OK 74106		501C3	0.	46,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POWER CONNECTION 115 REPUBLIC AVE JOLIET, IL 60435		501C3	0.	45,422.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COAL CITY FOOD PANTRY 6805 E MCARDLE ROAD COAL CITY, IL 60416		501C3	0.	45,345.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVENUE MONROE, LA 71203		501C3	0.	44,973.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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AMITY SOCIETY OF FREEPORT LEARNING CENTER - 511 S. LIBERTY AVENUE - FREEPORT, IL 61032		501C3	0.	44,568.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE COMMUNITY FOOD PANTRY 205 E. MAIN, P.O. BOX 66 FORRESTON, IL 61030		501C3	0.	44,141.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109		501C3	0.	43,578.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF JOY - YOUTH PROGRAM 2000 WESTERN AVE. WAUKEGAN, IL 60085		501C3	0.	43,406.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEANERS COMM' FOOD BANK OF SOUTHEASTERN MICHIGAN - DETROIT DISTRIBUTION CENTER - DETROIT, MI 48207		501C3	0.	41,747.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA - KENTUCKY'S HEARTLAND - 313 PETERSON DRIVE - ELIZABETHTOWN, KY 42701		501C3	0.	40,787.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032		501C3	0.	39,993.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE LINE FOOD PANTRY 503 S WATER STREET JOLIET, IL 60433		501C3	0.	39,659.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PHILABUNDANCE FOOD BANK 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		501C3	0.	39,444.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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**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
INDIAN OAKS ACADEMY 101 N BRAMBLE STREET MANTENO, IL 60950		501C3	0.	37,494.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MO 63801-0190		501C3	0.	37,151.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REFORMERS UNANIMOUS WOMEN'S HOME 310 ARNOLD STREET ROCKFORD, IL 61104		501C3	20,900.	36,787.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085		501C3	0.	36,645.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY LIGHTHOUSE 14409 E. HEMSTOCK ROAD ROCHELLE, IL 61068		501C3	0.	36,032.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE MINISTRIES 412 N. CHURCH STREET ROCKFORD, IL 61103		501C3	0.	35,110.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436		501C3	0.	34,728.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DELIVERANCE OUTREACH CENTER 104 7TH STREET ROCKFORD, IL 61104		501C3	0.	34,467.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BHS CENTER - ELGIN LSSI 675 VARSITY DR. ELGIN, IL 60120-8176		501C3	0.	34,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST. VINCENT DEPAUL SOCIETY - MCHENRY - 5211 BULL VALLEY ROAD - MCHENRY, IL 60050		501C3	0.	33,151.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION FOOD PANTRY - 213 WATER STREET (SITE) - WAUKEGAN, IL 60085		501C3	0.	32,908.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE UMMA CENTER 221 WASHINGTON STREET WAUKEGAN, IL 60085		501C3	0.	32,780.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRO DE INFORMACION 1885 LIN LOR LANE ELGIN, IL 60123		501C3	0.	32,672.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 2911 W. EVERGREEN DRIVE APPLETON, WI 54913		501C3	0.	32,471.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB CITY MANOR 680 HAISH BOULEVARD DEKALB, IL 60115		501C3	0.	32,220.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FUMC SOUP KITCHEN - ELGIN 216 E. HIGHLAND AVENUE ELGIN, IL 60120		501C3	0.	32,109.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MILTON TOWNSHIP PANTRY 1492 N. MAIN STREET WHEATON, IL 60187		501C3	0.	31,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOLINGBROOK 7TH DAY ADVENTIST CHURCH FOOD PANTRY - 301 EAST BOUGHTON ROAD - BOLINGBROOK, IL 60440		501C3	0.	31,335.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SENIOR SERVICES ASSOC., INC 101 S. GROVE AVENUE ELGIN, IL 60120-6477		501C3	0.	30,973.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HINCKLEY AREA FOOD PANTRY 324 W MCKINLEY STREET HINCKLEY, IL 60520		501C3	0.	30,251.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY CRYSTAL LAKE 290 W. CRYSTAL LAKE AVE. CRYSTAL LAKE, IL 60014		501C3	0.	30,022.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BLESSING BENCH PANTRY 55 W BENTON STREET JOLIET, IL 60432		501C3	0.	29,803.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563		501C3	0.	29,578.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED COMMUNITY CONCERNS ASSOCIATION - 125 W. CHURCH STREET - ELMHURST, IL 60126		501C3	0.	29,289.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HAND & HAND FOOD PANTRY - HARVARD EVANG - 206 W. ST. CHARLES ROAD - VILLA PARK, IL 60181		501C3	0.	29,144.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH OF LW-MANNA FOOD MINISTRY - 1501 SOUTH GOUGAR ROAD - NEW LENOX, IL 60451		501C3	0.	28,213.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TOLEDO NORTHWESTERN OHIO FOOD BANK 24 E. WOODRUFF AVENUE TOLEDO, OH 43604		501C3	0.	28,091.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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VILLAGE BAPTIST CHURCH 515 S. FRONTENAC ROAD AURORA, IL 60504		501C3	0.	27,394.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 60552-0912		501C3	0.	26,752.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LITTLE CITY FOUNDATION 1760 W. ALGONQUIN ROAD PALATINE, IL 60067		501C3	0.	26,558.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SVDP - ST. MARCELLINE CHURCH 822 S. SPRINGINSGUTH ROAD SCHAUMBURG, IL 60193		501C3	0.	26,516.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY CARE CENTER 501 HILLSIDE AVENUE GLEN ELLYN, IL 60137		501C3	0.	26,304.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHEPHERD OF THE LAKES LUTHERAN 285 E. WASHINGTON STREET GRAYSLAKE, IL 60030		501C3	0.	26,233.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH - 103 S. MAPLE STREET - STILLMAN VALLEY, IL 61084		501C3	0.	25,667.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121		501C3	0.	25,171.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTH ELGIN FOOD PANTRY 400 W. SPRING STREET SOUTH ELGIN, IL 60177		501C3	0.	24,760.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WILL COUNTY CENTER - COMMUNITY CONCERNS - 2455 GLENWOOD AVENUE - JOLIET, IL 60432		501C3	0.	24,532.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GUARDIAN ANGEL COMM SERVICES 168 N OTTAWA ST JOLIET, IL 60432		501C3	0.	24,406.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436		501C3	0.	23,498.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE CHURCH 500 S. GOUGAR ROAD NEW LENOX, IL 60451		501C3	0.	22,637.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEBRON COMMUNITY FOOD PANTRY 10206 SEAMAN ROAD HEBRON, IL 60034		501C3	0.	22,190.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE HAVEN 1145 RUSHMOORE DR DEKALB, IL 60115		501C3	0.	21,528.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR LADY OF MOUNT CARMEL FOOD PANTRY - 8404 CASS AVE. - DARIEN, IL 60561		501C3	0.	21,479.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 317 N. 4TH STREET DEKALB, IL 60115		501C3	0.	19,826.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST CHURCH COMMUNITY MEAL 410 GRAND AVENUE WAUKEGAN, IL 60085		501C3	0.	19,447.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LOCKPORT WOMEN'S CLUB PO BOX 256 LOCKPORT, IL 60441		501C3	0.	18,951.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP 1727 27TH STREET ZION, IL 60099		501C3	0.	18,856.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF THE BRETHREN 783 W. HIGHLAND AVENUE ELGIN, IL 60123		501C3	0.	18,422.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 18101 W. OAK AVENUE LOCKPORT, IL 60441		501C3	0.	18,319.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101		501C3	0.	17,985.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOVE FELLOWSHIP BAPTIST CHURCH 730 N. INDEPENDENCE BLVD. ROMEDEVILLE, IL 60446		501C3	0.	17,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMACULATE CONCEPTION FOOD PANTRY 134 ARTHUR STREET ELMHURST, IL 60126		501C3	0.	17,343.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR LADY OF HUMILITY FOOD PANTRY 10655 WADSWORTH ROAD ZION, IL 60099		501C3	0.	16,799.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085		501C3	0.	16,453.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195		501C3	0.	16,243.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST TEMPLE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433		501C3	0.	16,012.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WHEELING TOWNSHIP FOOD PANTRY 1616 N. ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004		501C3	0.	15,868.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CRISIS CENTER 783 W. HIGHLAND AVENUE ELGIN, IL 60123		501C3	0.	15,548.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH SERVICES NETWORK/MELD 107 NORTH 3RD STREET ROCKFORD, IL 61107		501C3	0.	15,152.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHESDA C.O.G.I.C. 457 FREEMONT STREET ELGIN, IL 60120		501C3	0.	15,117.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BURLINGTON-HAMPSHIRE AREA FOOD PANTRY - 147 MILL AVE - HAMPSHIRE, IL 60140		501C3	0.	15,033.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOD'S GLORY FOOD PANTRY 1250 SOUTH PERRYVILLE RD (CHURCH) ROCKFORD, IL 61105		501C3	0.	14,967.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LSSI SPRING RIDGE SENIOR HOUSING 6645 FINCHAM DRIVE ROCKFORD, IL 61108		501C3	0.	14,347.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMAUS HOUSE 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047		501C3	0.	13,759.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068		501C3	0.	13,707.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORMAN SLEEZER YOUTH HOME 1401 S. SLEEZER ROAD FREEPORT, IL 61032		501C3	0.	13,618.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOR TOMORROW 479 N LAKE ST AURORA, IL 60506		501C3	0.	13,416.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH FOOD PANTRY 4 EAST IROQUOIS FREEPORT, IL 61032		501C3	0.	13,307.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY MEAL PROGRAM 105 E GROVE STREET POPLAR GROVE, IL 61065		501C3	0.	13,096.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMAZING GRACE SHARING CENTER 255 N. QUENTIN ROAD LAKE ZURICH, IL 60047		501C3	0.	12,973.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY COMMUNITY CARE FOOD PANTRY 1221 W. MAPLE AVENUE MUNDELEIN, IL 60060		501C3	0.	12,778.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF CHRIST FOOD PANTRY 350 E. JAMES AVENUE WEST CHICAGO, IL 60185		501C3	0.	12,663.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GROW MOBILE 1330 E LINCOLN HWY KIRKLAND, IL 60115		501C3	50.	12,484.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY CARE CLOSET - NORTH CHICAGO COMM PARTNERS - NORTH CHICAGO COMMUNITY HIGH SCHOOL - NORTH CHICAGO, IL 60064		501C3	0.	12,480.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
A SAFE PLACE 2710 17TH STREET ZION, IL 60099		501C3	0.	12,470.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EPISCOPAL CHURCH OF THE REDEEMER 40 CENTER STREET ELGIN, IL 60120		501C3	0.	12,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YMCA OF ROCK RIVER VALLEY 5596 E. RIVERSIDE BLVD. LOVES PARK, IL 61111		501C3	0.	12,464.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH PANTRY - ADDISON 330 E. FULLERTON AVENUE ADDISON, IL 60101		501C3	0.	12,434.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOYS & GIRLS CLUB OF FREEPORT & STEPHENSON COUNTY - 511 SOUTH LIBERTY AVENUE - FREEPORT, IL 61032		501C3	0.	12,349.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SAFE PASSAGE INC PO BOX 621 DEKALB, IL 60115		501C3	0.	12,282.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSISI HOMES OF GURNEE 3495 W. GRAND AVENUE GURNEE, IL 60031		501C3	0.	12,214.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ELMHURST WIM SNACK PROGRAM 355 WEST SAINT CHARLES RD (SITE) DO ELMHURST, IL 60126		501C3	0.	12,184.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049		501C3	0.	11,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - ELGIN 1000 N RANDALL ROAD ELGIN, IL 60123		501C3	0.	11,915.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELGIN EVANGELICAL FREE CHURCH 1900 BIG TIMBER ROAD ELGIN, IL 60123		501C3	0.	11,826.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VOLUNTARY ACTION CENTER 1606 BETHANY ROAD SYCAMORE, IL 60178		501C3	0.	11,555.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
360 YOUTH SERVICES 1305 W OSWEGO RD NAPERVILLE, IL 60540		501C3	0.	11,478.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REFORMERS UNANIMOUS MEN'S HOME 4419 SAFFORD RD. ROCKFORD, IL 61111		501C3	2,999.	11,372.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087		501C3	0.	11,330.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH SHORE CHURCH OF CHRIST SOUP KITCHEN - 326 JULIAN STREET - WAUKEGAN, IL 60085		501C3	0.	11,327.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOX VALLEY CHRISTIAN ACTION 35W701 RIVERWOODS LN. ST. CHARLES, IL 60174		501C3	0.	11,245.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY KANKAKEE 148 N. HARRISON AVENUE KANKAKEE, IL 60901		501C3	0.	11,125.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST CONGREGATIONAL UCC SOUP KITCHEN - 256 E. CHICAGO ST. - ELGIN, IL 60120		501C3	0.	11,085.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVE. NORTH CHICAGO, IL 60064		501C3	0.	11,030.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MIN SOUP KITCHEN - 402 SINGLETON PLACE - JOLIET, IL 60436		501C3	0.	10,070.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LINCOLN MANOR - LSSI 615 N. LINCOLN HWY. ROCHELLE, IL 61068		501C3	0.	9,840.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MCHENRY CO. PADS DAY SHELTER 14411 KISHWAUKEE VALLEY ROAD WOODSTOCK, IL 60098		501C3	0.	9,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ACTION: LOVE PANTRY 6370 EMERALD PARKWAY MONEE, IL 60449		501C3	0.	9,377.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER OF HOPE - SENIOR PROGRAM 395 N. SCHUYLER AVE KANKAKEE, IL 60901		501C3	0.	9,338.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039		501C3	0.	9,319.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. MARY OF GOSTYN - SVDP 444 WILSON STREET DOWNERS GROVE, IL 60515		501C3	0.	9,144.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GENOA-KINGSTON FOOD PANTRY 325 S. STOTT ST. GENOA, IL 60135		501C3	0.	9,066.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY- SNR 42 EAST STREET CRYSTAL LAKE, IL 60039-1071		501C3	0.	9,036.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK CATHOLIC CHURCH 15000 W. WADSWORTH ROAD WADSWORTH, IL 60083		501C3	0.	8,989.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SOUP KITCHEN 103 S. MAPLE STREET STILLMAN VALLEY, IL 61084		501C3	0.	8,923.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE VILLA TOWNSHIP FOOD PANTRY 37908 N. FAIRFIELD ROAD LAKE VILLA, IL 60046		501C3	0.	8,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK'S FOOD PANTRY 710 W MARION STREET JOLIET, IL 60436		501C3	0.	8,351.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRANT TOWNSHIP FOOD PANTRY 26725 W. MOLIDOR ROAD INGLESIDE, IL 60041		501C3	0.	8,138.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
YWCA OF ELGIN - SACC DAYCARE 220 E. CHICAGO STREET ELGIN, IL 60120		501C3	0.	8,076.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115		501C3	0.	8,070.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN TOWNSHIP 17801 W. WASHINGTON STREET GURNEE, IL 60031		501C3	0.	8,011.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE LUTHERAN CHURCH (MP) 343 GRAND AVENUE LOVES PARK, IL 61111		501C3	0.	7,765.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSISI HOMES BATAVIA APTS 1259 E. WILSON STREET BATAVIA, IL 60510		501C3	0.	7,747.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE CENTER CROSS 203 CENTER CROSS STREET SYCAMORE, IL 60178		501C3	0.	7,642.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY LUTHERAN - ROSELLE 405 S. RUSH ST. ROSELLE, IL 60172		501C3	0.	7,623.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST SOUP KITCHEN - 128 N MARTIN LUTHER KING JR AV - WAUKEGAN, IL 60085		501C3	0.	7,482.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS - P.A.D.S. 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061		501C3	0.	7,264.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187		501C3	0.	7,256.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S CHURCH 112 N. MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		501C3	0.	7,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK HOUSE KIDS 1321 7TH STREET ROCKFORD, IL 61104		501C3	0.	7,092.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH SOUP KITCHEN 800 S. GENESEE ST. WAUKEGAN, IL 60085		501C3	0.	7,057.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUPERTINO HOME 125 S SEMINARY AVE WHEATON, IL 60187		501C3	0.	7,006.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER SENIOR PROGRAM - 201 S. NAPERVILLE ROAD - WHEATON, IL 60187		501C3	0.	7,000.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARPENTER'S PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104		501C3	0.	6,761.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH CONSERVATION CORPS 1020 W. GREENWOOD AVE WAUKEGAN, IL 60085		501C3	0.	6,521.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JAMES CHURCH FOOD PANTRY 134 NORTH AVENUE HIGHWOOD, IL 60040		501C3	0.	6,272.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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
ST. ELIZABETH'S CENTER SOUP KITCHEN - 1505 S. MAIN STREET - ROCKFORD, IL 61102		501C3	0.	6,124.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOODSTOCK BIBLE SOUP KITCHEN 770 E. KIMBALL AVE. WOODSTOCK, IL 60098		501C3	0.	6,116.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
QUEEN OF PEACE 24955 N. US HIGHWAY 12 LAKE ZURICH, IL 60047		501C3	0.	5,887.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY TABLE-1ST CH LOMBARD 220 S. MAIN STREET LOMBARD, IL 60148		501C3	0.	5,599.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER FOR DISABILITY SERVICES 311 SOUTH REED STREET JOLIET, IL 60436		501C3	0.	5,370.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSECRANCE/WARE CENTER 2704 N MAIN STREET ROCKFORD, IL 61103		501C3	0.	5,212.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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

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

SCHEDULE I, PART 1, LINE 2:

EACH MEMBER AGENCY IS MONITORED AT LEAST EVERY OTHER YEAR. 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.

FOR CAPACITY BUILDING GRANTS, WE USE AN APPLICATION PROCESS TO AWARD FUNDS FOR EQUIPMENT AND OTHER CAPACITY BUILDING PROJECTS OR INCLUDE



**Part IV** Supplemental Information

AGENCY NEEDS IN GRANT APPLICATIONS. IF THE AGENCY RECEIVES AN AWARD, IT  
MUST SUBMIT PROOF OF PAYMENT FOR PURCHASES APPROVED BY THE GRANT TO  
RECEIVE REIMBURSEMENT. EXCEPTIONS CAN BE MADE IN EXTRAORDINARY  
CIRCUMSTANCES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

<input 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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE YURKO PRESIDENT & CEO	(i)	189,204.	53,482.	0.	7,925.	17,416.	268,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 5:

THE INCENTIVE PLAN FOR THE CEO IS BASED ON MEETING ANNUAL REVENUE, EXPENSE  
AND FOOD DISTRIBUTION TARGETS FOR THE ORGANIZATION.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(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 A COUNTY, ILLINOIS	36-6005893	NONEAVAIL	11/02/10	12000000.	FINANCE A PORTION OF THE CONSTRUCTI		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired .....	5,292,694.									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	12,000,000.									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....										
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	12,000,000.									
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2011									
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X								
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

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

<b>Part III Private Business Use</b>		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						
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 government .....		%		%		%		%
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 government .....		%		%		%		%
6	Total of lines 4 and 5 .....		%		%		%		%
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							

<b>Part IV Arbitrage</b>		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3	Is the bond issue a variable rate issue? .....	X							

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> 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 isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** 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

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	142,713.	FAIR MARKET VALUE
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		113,305,381.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SUPPLIES AND )	X	0	49,967.	FAIR MARKET VALUE
26 Other ▶ ( AUCTION ITEMS )	X	0	43,698.	FAIR MARKET VALUE
27 Other ▶ ( AUCTION FOOD )	X	0	39,624.	FAIR MARKET VALUE
28 Other ▶ ( OTHER DONATED )	X	0	6,514.	FAIR MARKET VALUE

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**

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



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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED. FOR LINES 19 - 28, THE ORGANIZATION RECEIVED NUMEROUS CONTRIBUTIONS OF THESE TYPES OF PROPERTY

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED AN AUCTIONEER FOR THE SALE OF DONATED GOODS AT AN EVENT.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

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

NORTHERN ILLINOIS COUNTIES.

IN FISCAL YEAR 2019, THE FOOD BANK DISTRIBUTED APPROXIMATELY 81 MILLION

POUNDS OF FOOD, EQUIVALENT TO

69.1 MILLION MEALS, AND RECEIVED 37 MILLION POUNDS OF RESCUED FOOD FROM

LOCAL RETAILERS AND GROCERS.

THERE WERE 451 MOBILE PANTRY VISITS THAT DISTRIBUTED 2.7 MILLION POUNDS

OF FOOD, THE EQUIVALENT OF MORE

THAN 2.2 MILLION MEALS, TO 46,992 HOUSEHOLDS.

THE FOOD BANK PROVIDED 1.6 MILLION MEALS TO CHILDREN THROUGH THE

BACKPACK, AFTERSCHOOL, AND SUMMER

MEAL PROGRAMS. THE FOOD BANK ALSO PROVIDED MORE THAN 290,000 MEALS TO

SENIORS THROUGH ITS SENIOR

BOX, SENIOR MOBILES AND SENIOR GROCERY MARKET PROGRAMS DURING THE

FISCAL YEAR. THROUGH CONTINUED

COLLABORATION EFFORTS WITH LOCAL DAIRIES AND GENEROUS DONORS, THE FOOD

BANK DISTRIBUTED 172,025 GALLONS

OF FRESH 1% MILK TO OUR NETWORK PARTNERS. ADDITIONALLY, THE FOOD BANK'S

SNAP OUTREACH TEAM ASSISTED

1,521 HOUSEHOLDS IN APPLYING FOR BENEFITS, RESULTING IN 1.29 MILLION

MEALS.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

THE FOOD BANK PROVIDED ALSO DISTRIBUTED 1.2 MILLION MEALS THROUGH ITS WINNEBAGO COMMUNITY MARKET PROGRAM IN ROCKFORD, AND DISTRIBUTED 73,000 MEALS BY FULFILLING MORE THAN 1,300 ORDERS THROUGH ITS MY PANTRY EXPRESS ONLINE FOOD PANTRY PROGRAM.

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

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 15A:

FOR THE CEO - THE PERFORMANCE AND COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE INDEPENDENT BOARD EXECUTIVE COMMITTEE. THE COMMITTEE USES DATA FROM OTHER COMPARATIVE FOOD BANKS AND OTHER NON-PROFIT COMPENSATION SURVEYS ALONG WITH CURRENT MARKET DATA. THIS IS THEN RECORDED AND DOCUMENTED BY THE HEAD OF HUMAN RESOURCES.

A SIMILAR PROCESS IS USED FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THEY ARE REVIEWED AND APPROVED ANNUALLY BY THE CEO. THE CEO

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SIGNS THE APPROVED SALARY SPREADSHEET AND IT IS RECORDED AND KEPT BY THE HEAD OF HUMAN RESOURCES.

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

FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.