

# Public Disclosure Copy

## Form 990

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<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>189,833,059.</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 PROVIDE NUTRITIOUS FOOD AND RESOURCES FOR OUR NEIGHBORS, WITH DIGNITY, EQUITY AND CONVENIENCE,</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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>227</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21249</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, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>162,832,350.</b>	<b>161,531,280.</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>707,634.</b>	<b>-183,519.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-12,545,463.</b>	<b>-14,352,675.</b>
			<b>150,994,521.</b>	<b>146,995,086.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>126,302,951.</b>	<b>128,863,066.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,315,552.</b>	<b>12,129,378.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>686,951.</b>	<b>870,200.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>3,166,321.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,295,810.</b>	<b>8,318,226.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>146,601,264.</b>	<b>150,180,870.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,393,257.</b>	<b>-3,185,784.</b>
<b>Net Assets or Fund Balances</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>70,648,201.</b>	<b>72,123,928.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>8,579,518.</b>	<b>10,519,380.</b>
			<b>62,068,683.</b>	<b>61,604,548.</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>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID LOWENTHAL</b>	Preparer's signature <b>DAVID LOWENTHAL</b>
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Date <b>05/10/24</b>
	Firm's address <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00378651</b>
		Firm's EIN <b>38-1357951</b>
		Phone no. <b>(312) 207-1040</b>

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: WITH THE SUPPORT OF OUR COMMUNITY, WE PROVIDE OVER 80 MILLION MEALS ANNUALLY THROUGH OUR NETWORK OF OVER 900 MEMBER FOOD PANTRIES AND PROGRAMS ACROSS THIRTEEN COUNTIES, CURRENTLY REACHING OVER A HALF MILLION INDIVIDUALS EACH MONTH WITH INCREASED ACCESS TO NUTRITIOUS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 144,303,312. including grants of \$ 128,863,066. ) (Revenue \$ 7,386,815. ) LIKE MOST ORGANIZATIONS WE'VE FACED MANY CHALLENGES THIS PAST YEAR. FROM INFLATION AND RISING FOOD PRICES TO SUPPLY CHAIN CHALLENGES AND GREAT ECONOMIC UNCERTAINTY. BUT THROUGH IT ALL, OUR TEAM AT THE FOOD BANK HAS FOCUSED ON EVOLVING, ADAPTING AND GROWING TO BETTER SERVE OUR COMMUNITY BY LIVING OUT OUR STRATEGIC PLAN UNITE.

WE'RE EMPOWERING OUR NEIGHBORS EXPERIENCING FOOD INSECURITY BY DESIGNING WITH THEM FOR BETTER CHOICE, BETTER ACCESS AND LESS STIGMA. FOR YEARS IT'S BEEN IMPORTANT TO PROVIDE FOOD CHOICES TO OUR NEIGHBORS, ALLOWING THEM THE DIGNITY TO SHOP FOR THEIR GROCERIES AS WE ALL DO. NOW, AS WE THINK ABOUT CHOICE AND EMPOWERMENT, WE STRIVE TO PROVIDE CHOICE IN HOW NEIGHBORS MIGHT ACCESS FOOD AS WELL. THROUGH OUR SPECTRUM

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

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

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

4e Total program service expenses 144,303,312.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 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 on 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 on Schedule O.		
	1a	25	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	25	
<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, 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>7a</b>			X
<b>7b</b>			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>8a</b>		X	
<b>8b</b>		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 on 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?		
<b>10b</b>			
<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 on 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>12b</b>		X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		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>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>15b</b>			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?		
<b>16b</b>			

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
RON HAUSNER - (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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE YURKO PRESIDENT & CEO	40.00 0.00			X				323,709.	0.	30,563.
(2) MOLLY VANDERLOO CFO THRU 5/2023	40.00 0.00			X				191,936.	0.	17,197.
(3) MAEVEN SIPES CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				172,849.	0.	24,610.
(4) CHRISTOPHER WHITE CHIEF OPERATIONS OFFICER	40.00 0.00			X				161,004.	0.	27,068.
(5) JENNIFER LAMPLOUGH CHIEF IMPACT OFFICER	40.00 0.00			X				126,203.	0.	15,006.
(6) HEATHER BERNARD DIRECTOR OF ANALYTICAL REPORTING THR	40.00 0.00					X		113,096.	0.	4,300.
(7) DOUGLAS ECKROTE CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) NATE CARDEN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) BILL CONNELL TREASURER	1.00 0.00	X		X				0.	0.	0.
(10) MAYDENE MOORE VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) KIM HOLMES DEI CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) STACEY BARSEMA DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) COREY BERENDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) DAVID BREARTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MICHAEL GURIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MOSES HERRING, SR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JUDY HSU DIRECTOR	1.00 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LELA JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) CATHY LANG DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JUSTIN MASSA DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) BRIAN MCCASKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JOHN MILLNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) NADINE MOORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) CAROL PETERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) KEVIN POORTEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) DALE RICHARDSON DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,088,797.	0.	118,744.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,088,797.	0.	118,744.

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 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ONE AND ALL P.O. BOX 641114, PITTSBURGH, PA 15264	FUNDRAISING	358,321.
RAM MECHANICAL SERVICES, 258 SOUTH WESTGATE DRIVE, CAROL STREAM, IL 60188	FREEZER INSTALLATION	305,452.
PLATIVE INC 524 BROADWAY, NEW YORK, NY 10012	IT CONSULTING	263,500.
IDEO LP 2525 16TH ST, SAN FRANCISCO, CA 64103	PROGRAMS CONSULTATION	194,500.
YOUTECH 1011 WARRENVILLE RD, LISLE, IL 60532	IT AND MARKETING STRATEGY	162,500.

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 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like PAUL RODRIGUEZ, SANDY RODRIGUEZ, CRAIG SESEMANN, ANTHONY SUGGS, and WILBUR YOU.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	235,539.				
	<b>1 b</b>	Membership dues .....					
	<b>1 c</b>	Fundraising events .....	738,220.				
	<b>1 d</b>	Related organizations .....					
	<b>1 e</b>	Government grants (contributions) .....	7,483,079.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	153,074,442.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 129,826,958.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f .....		161531280.			
Program Service Revenue	<b>2 a</b>	_____					
	<b>2 b</b>	_____					
	<b>2 c</b>	_____					
	<b>2 d</b>	_____					
	<b>2 e</b>	_____					
	<b>2 f</b>	All other program service revenue .....					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		686,477.		686,477.	
	<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>6 b</b>	Less: rental expenses ...					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	19,913,875.	3,787.		
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses .....	20,781,348.	6,310.			
	<b>7 c</b>	Gain or (loss) .....	-867,473.	-2,523.			
<b>7 d</b>	Net gain or (loss) .....		-869,996.		-869,996.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 738,220. of contributions reported on line 1c). See Part IV, line 18 .....		262,068.				
			223,751.				
<b>8 b</b>	Less: direct expenses .....						
<b>8 c</b>	Net income or (loss) from fundraising events .....		38,317.		38,317.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....		45,896.				
			6,259.				
<b>9 b</b>	Less: direct expenses .....						
<b>9 c</b>	Net income or (loss) from gaming activities .....		39,637.		39,637.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		7,386,815.				
			21,820,305.				
<b>10 b</b>	Less: cost of goods sold .....						
<b>10 c</b>	Net income or (loss) from sales of inventory .....		-14433490.	-14433490.			
Miscellaneous Revenue	<b>11 a</b>	RECYCLING INCOME	900099	2,861.		2,861.	
	<b>11 b</b>	_____					
	<b>11 c</b>	_____					
	<b>11 d</b>	All other revenue .....					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d .....		2,861.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		146995086.	-14433490.	0.	-102,704.	

**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	128,863,066.	128,863,066.		
<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	1,171,078.		885,806.	285,272.
<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	9,033,389.	7,040,040.	1,046,232.	947,117.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,438.	163,982.	31,747.	50,709.
<b>9</b> Other employee benefits	1,334,963.	1,102,152.	61,893.	170,918.
<b>10</b> Payroll taxes	343,510.	540,120.	-293,493.	96,883.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	25,011.	718.	22,175.	2,118.
<b>c</b> Accounting	169,000.		169,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	870,200.			870,200.
<b>f</b> Investment management fees	177,754.		177,754.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	978,355.	720,595.	152,380.	105,380.
<b>12</b> Advertising and promotion	740,824.	537,709.	1,707.	201,408.
<b>13</b> Office expenses	381,767.	364,157.	12,281.	5,329.
<b>14</b> Information technology	184,966.	144,823.	1,170.	38,973.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,188,826.	1,188,626.	200.	
<b>17</b> Travel	103,985.	91,419.	2,932.	9,634.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	103,885.	62,205.	35,164.	6,516.
<b>20</b> Interest	163,534.		163,534.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,686,502.	1,679,086.	7,416.	
<b>23</b> Insurance	387,444.	299,074.	85,853.	2,517.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>TRANSPORTATION</b>	1,040,362.	1,040,362.		
<b>b</b> <b>DUES AND SUBSCRIPTIONS</b>	430,027.	293,652.	27,268.	109,107.
<b>c</b> <b>STAFFING DEVELOPMENT</b>	207,596.	207,195.	401.	
<b>d</b> <b>FEEDING AMERICA/IL FEE</b>	75,092.	38,925.	36,167.	
<b>e</b> All other expenses	273,296.	-74,594.	83,650.	264,240.
<b>25</b> Total functional expenses. Add lines 1 through 24e	150,180,870.	144,303,312.	2,711,237.	3,166,321.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,483,839.	<b>1</b>	9,505,012.
	<b>2</b> Savings and temporary cash investments .....	7,861,346.	<b>2</b>	530,802.
	<b>3</b> Pledges and grants receivable, net .....	5,955,010.	<b>3</b>	4,679,629.
	<b>4</b> Accounts receivable, net .....	328,740.	<b>4</b>	282,329.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,879,233.	<b>8</b>	7,014,534.
	<b>9</b> Prepaid expenses and deferred charges .....	104,593.	<b>9</b>	146,722.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 32,038,967.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,113,492.	<b>10c</b>	19,925,475.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	21,597,999.	<b>12</b>	28,002,536.
	<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 .....	83,882.	<b>15</b>	2,036,889.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	70,648,201.	<b>16</b>	72,123,928.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,165,375.	<b>17</b>	3,359,587.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	5,414,143.	<b>20</b>	5,027,821.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	0.	<b>25</b>	2,131,972.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,579,518.	<b>26</b>	10,519,380.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	54,731,407.	<b>27</b>	57,125,098.
	<b>28</b> Net assets with donor restrictions .....	7,337,276.	<b>28</b>	4,479,450.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,068,683.	<b>32</b>	61,604,548.
	<b>33</b> Total liabilities and net assets/fund balances .....	70,648,201.	<b>33</b>	72,123,928.

**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	146,995,086.
2	Total expenses (must equal Part IX, column (A), line 25)	2	150,180,870.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,185,784.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,068,683.
5	Net unrealized gains (losses) on investments	5	2,721,649.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,604,548.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> NORTHERN ILLINOIS FOOD BANK	<b>Employer identification number</b> 36-3203648
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	131354497	178467544	215144788	162832350	161531280	849330459
<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 .....	131354497	178467544	215144788	162832350	161531280	849330459
<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) .....						180163088
<b>6 Public support.</b> Subtract line 5 from line 4.						669167371

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	131354497	178467544	215144788	162832350	161531280	849330459
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	312,277.	319,663.	354,978.	467,454.	686,477.	2140849.
<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.) .....	9,769.	19,474.	363,281.	34,125.	2,861.	429,510.
<b>11 Total support.</b> Add lines 7 through 10						851900818
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	25,538,322.
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	78.55 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	78.53 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 line 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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

2018 AMOUNT: \$ 9,769.

2019 AMOUNT: \$ 19,474.

2020 AMOUNT: \$ 363,281.

2021 AMOUNT: \$ 34,125.

2022 AMOUNT: \$ 2,861.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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	<hr/> <hr/> <hr/>	\$ <u>16,295,614.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>15,880,335.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>14,089,637.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>7,631,961.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>6,809,081.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>6,433,724.</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>6,325,587.</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>5,873,527.</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>5,303,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>4,898,612.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>3,474,560.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>3,298,522.</u>	Person <input 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 II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FOOD DONATIONS _____ _____ _____	\$ <u>16,224,364.</u>	<u>06/30/23</u>
<u>2</u>	FOOD DONATIONS _____ _____ _____	\$ <u>15,880,335.</u>	<u>06/30/23</u>
<u>3</u>	FOOD DONATIONS _____ _____ _____	\$ <u>14,088,707.</u>	<u>06/30/23</u>
<u>4</u>	FOOD DONATIONS _____ _____ _____	\$ <u>7,631,961.</u>	<u>06/30/23</u>
<u>5</u>	FOOD DONATIONS _____ _____ _____	\$ <u>6,809,081.</u>	<u>06/30/23</u>
<u>6</u>	FOOD DONATIONS _____ _____ _____	\$ <u>6,432,426.</u>	<u>06/30/23</u>

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	FOOD DONATIONS _____ _____ _____	\$ <u>6,318,087.</u>	<u>06/30/23</u>
8	FOOD DONATIONS _____ _____ _____	\$ <u>5,854,968.</u>	<u>06/30/23</u>
9	FOOD DONATIONS _____ _____ _____	\$ <u>5,298,522.</u>	<u>06/30/23</u>
10	FOOD DONATIONS _____ _____ _____	\$ <u>4,853,346.</u>	<u>06/30/23</u>
11	FOOD DONATIONS _____ _____ _____	\$ <u>3,472,560.</u>	<u>06/30/23</u>
12	FOOD DONATIONS _____ _____ _____	\$ <u>3,298,522.</u>	<u>06/30/23</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.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**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>
--	---

**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) 2022**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots 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="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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		36,741.
<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 .....			36,741.
<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 expenditures 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 FY23, SEVERAL FOOD BANK STAFF MEMBERS LOBBIED IN-PERSON WITH MEMBERS

**Part IV** Supplemental Information (continued)

OF CONGRESS IN WASHINGTON DC (MAY 9) AS PART OF THE NATIONAL ANTI-HUNGER POLICY CONFERENCE. THEY MET WITH 13 FEDERAL OFFICIALS AND/OR THEIR STAFF TO DISCUSS THE IMPORTANCE OF STRONG PUBLIC-PRIVATE PARTNERSHIP IN SOLVING HUNGER ACROSS NORTHERN ILLINOIS AS WELL AS THE 2023 FARM BILL.

IN ADDITION TO THE ANTI HUNGER POLICY CONFERENCE LOBBY DAY, FOOD BANK STAFF MET WITH A NUMBER OF STATE AND FEDERAL ELECTED OFFICIALS AND/OR THEIR STAFF, EITHER VIRTUALLY OR IN PERSON. DURING THESE VISITS AND MEETINGS, THE FOOD BANK CONTINUED TO INFORM OUR ELECTED REPRESENTATIVES OR THEIR STAFF ABOUT THE CONTINUING NEED IN OUR COMMUNITIES FROM THE LAST IMPACTS OF THE COVID-19 PANDEMIC, THE END TO EMERGENCY SNAP ALLOTMENTS AND CONTINUED INFLATION. FOOD BANK STAFF ALSO DISCUSSED IMPORTANT BILLS SUCH AS THE FARM BILL ON THE FEDERAL LEVEL AND FARM TO FOOD BANK ON THE STATE LEVEL IN AN EFFORT TO GAIN SUPPORT.

NORTHERN ILLINOIS FOOD BANK ALSO SEND BI-MONTHLY "ADVOCACY ALERTS" VIA MAILCHIMP WHICH INTERNAL AND EXTERNAL STAKEHOLDERS ARE ENCOURAGED TO REACH OUT TO THEIR ELECTED OFFICIALS REGARDING A PARTICULAR POLICY ACTION. ADDITIONALLY, IN THE FACE OF A LOOMING GOVERNMENT SHUTDOWN IN NOVEMBER, THE FOOD BANK PROVIDED SIGN-ON SHEETS AT EACH OF OUR DISTRIBUTION CENTERS FOR VOLUNTEERS TO SIGN ONTO URGING THEIR ELECTED OFFICIALS TO AVOID A GOVERNMENT SHUTDOWN. THESE SHEETS WERE THEN MAILED TO THE RESPECTED FEDERAL REPRESENTATIVE.



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

2022

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 regarding 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, acquired after 2006), 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 art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	4,106,941.	3,051,867.	899,067.	721,458.	468,012.
b Contributions	1,106,068.	1,736,818.	1,624,200.	151,605.	216,819.
c Net investment earnings, gains, and losses	437,432.	-653,629.	545,422.	31,380.	40,489.
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	0.				
f Administrative expenses	30,786.	28,115.	16,822.	5,376.	3,862.
g End of year balance	5,619,655.	4,106,941.	3,051,867.	899,067.	721,458.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment .0000 %
  - c Term endowment .0000 %
- 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		17,885,931.	4,958,900.	12,927,031.
c Leasehold improvements		2,118,716.	610,524.	1,508,192.
d Equipment		4,331,575.	3,242,441.	1,089,134.
e Other		5,364,072.	3,301,627.	2,062,445.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,925,475.

**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	581,881.	END-OF-YEAR MARKET VALUE
(B) EXCHANGE-TRADED AND		
(C) CLOSED-END FUNDS	6,341,967.	END-OF-YEAR MARKET VALUE
(D) MUNICIPAL SECURITIES	4,253,138.	END-OF-YEAR MARKET VALUE
(E) MUTUAL FUNDS	5,051,679.	END-OF-YEAR MARKET VALUE
(F) NEGOTIABLE CERTIFICATES		
(G) OF DEPOSIT	236,416.	END-OF-YEAR MARKET VALUE
(H) STOCKS	10,338,233.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	28,002,536.	

**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) RIGHT OF USE OPERATING LEASE	
(3) LIABILITY	2,131,972.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,131,972.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	171,630,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,721,649.	
b	Donated services and use of facilities	2b	40,975.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	22,050,315.	
e	Add lines 2a through 2d	2e		24,812,939.
3	Subtract line 2e from line 1	3		146,817,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,754.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		177,754.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		146,995,086.

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

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

1	Total expenses and losses per audited financial statements		1	172,094,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,975.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	22,050,315.	
e	Add lines 2a through 2d	2e		22,091,290.
3	Subtract line 2e from line 1	3		150,003,116.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,754.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		177,754.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		150,180,870.

**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:**

NIFB HAS NO ENDOWMENT FUNDS. NO PERMANENTLY RESTRICTED FUNDS EVER. THE FOOD BANK DOES HAVE A BOARD DESIGNATED FUND OF \$5,619,655

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

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	21,820,305.
EXPENSES RELATED TO FUNDRAISING	230,010.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	22,050,315.

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

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	21,820,305.
EXPENSES RELATED TO FUNDRAISING	230,010.

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

TOTAL TO SCHEDULE D, PART XII, LINE 2D 22,050,315.

Multiple horizontal lines for supplemental information.



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ONE AND ALL - 2 NORTH LAKE AVE SUITE 600, PASADENA, CA	DIGITAL MEDIA AND SERVICES		X	2,187,189.	351,265.	1,835,924.
ALLEGIANCE GROUP - 4840 AMBER VALLEY PARKWAY, FARGO, ND	DIGITAL MEDIA AND SERVICES		X	732,018.	380,211.	351,807.
EPSILON - 1240 W NORTH AVENUE, WEST CHICAGO, IL	DIRECT MAIL PRINT & MAILING SERVICES		X	538,409.	86,395.	452,014.
GATEWAY COMMUNICATIONS - 16805 NE MASON COURT,	PHONE SOLICITATION		X	92,785.	52,329.	40,456.
<b>Total</b>				3,550,401.	870,200.	2,680,201.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL, CA, CO, FL, GA, MA, MI, MN, NC, OH, PA, RI, WA, WI

**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	FIGHT HUNGER 5K/10K	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	392,898.	252,892.	354,498.	1,000,288.
	2	Less: Contributions	314,530.	195,785.	227,905.	738,220.
	3	Gross income (line 1 minus line 2)	78,368.	57,107.	126,593.	262,068.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	8,670.	18,405.	14,326.	41,401.
	6	Rent/facility costs	29,330.	9,725.	31,825.	70,880.
	7	Food and beverages	19,159.	823.	24,642.	44,624.
	8	Entertainment			2,050.	2,050.
	9	Other direct expenses	26,661.	1,636.	42,758.	71,055.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				230,010.
11	Net income summary. Subtract line 10 from line 3, column (d)				32,058.	

**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		45,896.	45,896.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		6,259.	6,259.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 10.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				6,259.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				39,637.

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

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	13a	52.00	%
b An outside facility	13b	48.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name TIFFANY KING

Address 273 DEARBORN CT - GENEVA, IL 60134

- 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 TIFFANY KING

Gaming manager compensation \$ 6,000.

Description of services provided OVERSIGHT OF GAMING ACTIVITIES AS ONE OF THEIR JOB RESPONSIBILITIES

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: ONE AND ALL

(I) ADDRESS OF FUNDRAISER: 2 NORTH LAKE AVE SUITE 600, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: ALLEGIANCE GROUP

(I) ADDRESS OF FUNDRAISER: 4840 AMBER VALLEY PARKWAY, FARGO, ND 58104

(I) NAME OF FUNDRAISER: EPSILON

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 1240 W NORTH AVENUE, WEST CHICAGO, IL 60185

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

(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 THE ORGANIZATIONS REPORTED ON SCHEDULE G, PART I, LINE 2. THE POSTAGE COSTS ARE IDENTIFIED SEPARATE FROM FEES FOR SERVICES FOR ALL THE ENTITIES REPORTED ON SCHEDULE G. THE FOLLOWING AMOUNT OF POSTAGE WAS PAID IN ADDITION TO THE FEES FOR SERVICES REPORTED ON PART I, LINE 2, COLUMN (V):

ONE AND ALL - \$177,855

ALLEGIANCE GROUP - \$41,710

EPSILON - \$30,639

GATEWAY COMMUNICATIONS - \$1,684

**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

**2022**

**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 noncash 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	36-3786777	501C3	2,000.	7,032,215.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGE TOWNSHIP 719 PARKWOOD AVE ROMEDEVILLE, IL 60446	36-4036304	501C3	0.	5,308,972.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AURORA AREA INTERFAITH FOOD PANTRY 1110 JERICHO ROAD AURORA, IL 60506	36-3206531	501C3	5,890.	4,538,040.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123	27-4409282	501C3	9,266.	4,430,737.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER SOUTHEAST - WESTMONT - 104 CHESTNUT AVENUE - WESTMONT, IL 60559	36-3157600	501C3	0.	2,725,173.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DRIVE #118 WOODRIDGE, IL 60517	36-3857072	501C3	500.	2,709,719.	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 **369.**
- 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) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENDALL COUNTY COMMUNITY FOOD PANTRY - 208 BEAVER STREET - YORKVILLE, IL 60560	81-3156995	501C3	39,053.	2,478,863.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY 42 EAST STREET CRYSTAL LAKE, IL 60014	36-3242915	501C3	2,175.	2,365,770.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FREMONT 123 FREMONT ST WEST CHICAGO, IL 60185	36-4301829	501C3	500.	2,330,981.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER - WHEATON 201 S. NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501C3	4,000.	2,082,047.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER OF THE CHAPEL - 25270 WEST HWY 60 - GRAYSLAKE, IL 60030	36-3963071	501C3	0.	2,013,094.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
4 KIDS SAKE INC. FOOD PANTRY 339 REMINGTON BLVD. BOLINGBROOK, IL 60440	46-3379182	501C3	0.	1,551,830.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE OUTREACH HOUSE 805 S. MAIN STREET LOMBARD, IL 60148	20-0545709	501C3	3,500.	1,539,817.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH PANTRY OF CARPENTERSVILLE 150 S. KENNEDY DRIVE; UNIT 8B -11A CARPENTERSVILLE, IL 60110	23-7180110	501C3	5,500.	1,510,264.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAINFIELD AREA INTERFAITH FP 22525 W LOCKPORT ST. PLAINFIELD, IL 60544	51-0595110	501C3	0.	1,502,479.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

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MARIE WILKINSON FOOD PANTRY 834 NORTH HIGHLAND AVENUE AURORA, IL 60506	65-1169439	501C3	32,740.	1,410,166.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FRANKFORT TOWNSHIP 11000 W. LINCOLN HIGHWAY FRANKFORT, IL 60423	46-2232580	501C3	500.	1,390,708.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH ACRES FOUNDATION FOOD PANTRY 225 EAST STATE RD ISLAND LAKE, IL 60042	20-5891871	501C3	0.	1,319,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501C3	0.	1,250,768.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF MCHENRY 3515 N. RICHMOND ROAD MCHENRY, IL 60051	36-3313155	501C3	500.	1,236,740.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER FOOD PANTRY 1505 S. MAIN STREET ROCKFORD, IL 61102	53-0196617	501C3	0.	1,204,176.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER OF HOPE 395 N SCHUYLER AVE. KANKAKEE, IL 60901	36-4427193	501C3	2,749.	1,181,740.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE GIVING POINT @ NORTH POINT CHURCH - 900 N. LEWIS AVENUE - WINTHROP HARBOR, IL 60096	36-3800814	501C3	0.	1,164,010.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COOL FOOD PANTRY - EAST 800 W. GLEN FLORA AVENUE WAUKEGAN, IL 60085	36-3310492	501C3	2,749.	1,156,259.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435	41-1568278	501C3	6,174.	1,152,660.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY 421 S. ROCKTON AVENUE ROCKFORD, IL 61102	36-3135643	501C3	325.	1,116,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AVON CARES FOOD PANTRY 25519 ROUTE 134 INGLESIDE, IL 60041	82-2119450	501C3	0.	1,094,794.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ST. CHARLES 1710 S. 7TH AVENUE ST. CHARLES, IL 60174	36-2167910	501C3	0.	1,053,447.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532	26-2321497	501C3	0.	1,049,982.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST YORKFIELD FOOD PANTRY 1083 S. YORK STREET ELMHURST, IL 60126	46-0622495	501C3	0.	1,046,573.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIVERSIDE FOOD PANTRY 4242 W RIVERSIDE BLVD ROCKFORD, IL 61101	44-0577787	501C3	0.	1,008,337.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMPOWER BOONE FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012	84-1647950	501C3	0.	956,188.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ITASCA FOOD PANTRY 336 W CENTER STREET ITASCA, IL 60143	46-3811868	501C3	0.	913,201.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY OUTREACH PROGRAM, INC. SHIP TO: 2223 PLAINFIELD ROAD CREST HILL, IL 60403	36-4270767	501C3	0.	880,677.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCKFORD RESCUE MISSION 715 W. STATE ST. ROCKFORD, IL 61102	36-6132381	501C3	0.	848,236.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY 55 N. PARK BLVD GLEN ELLYN, IL 60137	36-3423123	501C3	0.	844,746.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY DEKALB AREA FOOD PANTRY - 830 GROVE STREET - DEKALB, IL 60115	36-2167910	501C3	0.	804,084.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441	36-3823181	501C3	0.	790,484.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
H.E.A.L RIVERWALK FOOD PANTRY 350 NORTH BROADWAY JOLIET, IL 60435	01-0908221	501C3	6,442.	768,557.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BATAVIA INTERFAITH FOOD PANTRY 431 RADDANT ROAD BATAVIA, IL 60510	40-0001099	501C3	500.	746,032.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES FOOD PANTRY - 2929 BETHEL BOULEVARD - ZION, IL 60099	44-0577787	501C3	0.	741,604.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133	36-3205350	501C3	2,000.	734,103.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENSENVILLE-WOOD DALE PANTRY 192 S. CENTER STREET BENSENVILLE, IL 60106	83-1481619	501C3	3,000.	724,925.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES - HINSDALE 19 E. CHICAGO AVENUE HINSDALE, IL 60521	36-2174821	501C3	0.	704,875.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
ACOM (AGAPE COMMUNITY OUTREACH MISSION) - 196 S. HARRISON AVENUE - KANKAKEE, IL 60901	81-3528623	501C3	10,666.	684,534.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION FOOD PANTRY - 213 WATER STREET (SITE) - WAUKEGAN, IL 60085	36-2580774	501C3	2,749.	690,608.	AVG WHOLESale VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HOLY ANGELS PANTRY 204 S. RUSSELL AVE AURORA, IL 60506-4969	53-0196617	501C3	5,851.	680,377.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHRISTIAN FOOD PANTRY 770 W. LINCOLN AVE. ROCHELLE, IL 61068	36-3265265	501C3	2,749.	679,178.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
FIRST CHURCH FOOD MINISTRY 1809 RT. 31 MCHENRY, IL 60050	36-2681127	501C3	0.	656,835.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555	36-4301829	501C3	0.	619,649.	AVG WHOLESale VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
RAHMAH INTERFAITH FOOD PANTRY 134 W. MONAVILLE RD LAKE VILLA, IL 60046	81-2598956	501C3	7,000.	609,501.	AVG WHOLESale VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING MANNA FOOD MINISTRY 25124 S FRYER ST CHANNAHON, IL 60410	37-0755264	501C3	0.	609,312.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALPINE CHAPEL DBA HOPE COLLECTIVE 23153 W. MILLER ROAD LAKE ZURICH, IL 60047	36-3205726	501C3	0.	603,858.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MIDWEST VETERAN'S CLOSET 2323 GREEN BAY RD NORTH CHICAGO, IL 60064	47-2126427	501C3	2,749.	598,002.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHAREFEST WILL COUNTY 21715 MONI DR NEW LENOX, IL 60451	86-1285304	501C3	0.	587,491.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALGONQUIN/LAKE IN THE HILLS FOOD PANTRY - SITE: 1113 PYOTT ROAD - LAKE IN THE HILLS, IL 60156	36-4303681	501C3	0.	568,695.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE TABERNACLE 5400 REIMER DR ROSCOE, IL 61073	43-0679185	501C3	0.	558,199.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON EAST COMM F.P. (@ EAST AURORA H.S.) - 500 TOMCAT LANE (SCHOOL) DLVY SITE: 801 ZIEGLER - AURORA, IL 60505	65-1169439	501C3	0.	556,220.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142	74-3189566	501C3	2,749.	552,634.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S CHURCH 112 N. MILWAUKEE AVENUE LIBERTYVILLE, IL 60048	36-2174828	501C3	0.	537,891.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436	13-5563018	501C3	5,609.	523,891.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN SHARPE COMMUNITY CENTER 454 S. JOLIET STREET JOLIET, IL 60436	36-3724298	501C3	0.	516,253.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CLUB APASEO EL ALTO 1220 GRAND AVE WAUKEGAN, IL 60085	46-2992155	501C3	5,749.	494,477.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ICNA RELIEF FOOD PANTRY 1781 N. BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	04-3810161	501C3	0.	494,974.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT LCM 580 N. KUHN ROAD CAROL STREAM, IL 60188	36-4301829	501C3	0.	485,916.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 60185-5122	41-2132599	501C3	0.	478,327.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184	36-4301829	501C3	500.	475,154.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LENOX TOWNSHIP FOOD PANTRY 1100 S. CEDAR ROAD NEW LENOX, IL 60451	36-4304406	501C3	0.	471,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT ST. JOSEPH 24955 N. US HIGHWAY 12 LAKE ZURICH, IL 60047	36-2639774	501C3	0.	467,564.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DEPAUL SOCIETY - MCHENRY - 5211 BULL VALLEY ROAD - MCHENRY, IL 60050	06-1640220	501C3	0.	461,500.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHEPHERD'S HEART FOOD PANTRY 2300 SOUTH STREET GENEVA, IL 60134	36-2817169	501C3	0.	460,340.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARY GROVE FOOD PANTRY 8901 S. CARY-ALGONQUIN ROAD CARY, IL 60013	36-3711072	501C3	2,500.	453,732.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORNINGSTAR MISSION 350 E. WASHINGTON JOLIET, IL 60433	36-2422510	501C3	62,665.	387,740.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSELLE UMC COMMUNITY PANTRY 206 RUSH STREET ROSELLE, IL 60172	83-0579587	501C3	0.	448,089.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
D300 FOOD PANTRY 100 CLEVELAND AVENUE CARPENTERSVILLE, IL 60110	47-5540004	501C3	500.	435,161.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
B1 FOOD PANTRY 1105 7TH AVENUE BELVIDERE, IL 61008	36-3739781	501C3	0.	427,640.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432	36-2679658	501C3	500.	425,751.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JAMES CHURCH FOOD PANTRY 140 NORTH AVENUE HIGHWOOD, IL 60040	53-0196617	501C3	0.	418,871.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CATHOLIC CHARITIES LAKE CO. FOOD PANTRY - 671 S. LEWIS AVENUE - WAUKEGAN, IL 60085	53-0196617	501C3	2,749.	399,704.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL ST. FRANCIS 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047	13-5562362	501C3	0.	401,745.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN THE BAPTIST FOOD PANTRY 260 WEST DIVISION STREET JOLIET, IL 60435	53-0196617	501C3	0.	400,199.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PUENTE LATINO 2415 N. BUTRICK WAUKEGAN, IL 60087	56-2635134	501C3	2,749.	393,026.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPEN ARMS MISSION 1548 S. MAIN STREET ANTIOCH, IL 60002	59-3775399	501C3	0.	389,328.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANOVER TOWNSHIP FOOD PANTRY 7431 ASTOR AVE HANOVER PARK, IL 60133	36-4093508	501C3	11,000.	377,524.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107	41-1568278	501C3	0.	386,686.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF GRUNDY COUNTY, INC. 530 BEDFORD RD. MORRIS, IL 60450	36-3040908	501C3	2,749.	376,902.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085	53-0196617	501C3	21,757.	354,603.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WESLEY'S TABLE FOOD PANTRY 500 N. CLEVELAND AVENUE BRADLEY, IL 60915	36-2614818	501C3	2,749.	363,715.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN UNION FOOD PANTRY 1705 KILBURN AVE. ROCKFORD, IL 61101	80-0820742	501C3	1,500.	359,366.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHLEHEM FEED MY SHEEP 1915 N 1ST ST DEKALB, IL 60115	41-1568278	501C3	0.	358,910.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - CRYSTAL LAKE - 580 TRACY TRAIL - CRYSTAL LAKE, IL 60014	36-3590027	501C3	0.	355,426.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433	36-2167910	501C3	1,200.	352,292.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF THE HOLY SPIRIT-LF 400 E. WESTMINSTER ROAD LAKE FOREST, IL 60045	36-2167029	501C3	0.	345,498.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	53-0196617	501C3	2,749.	342,365.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART 900 E GARDEN DEKALB, IL 60115	46-3613866	501C3	3,500.	338,993.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CASA DE VIDA 4513 FRONT ROYAL DRIVE MCHENRY, IL 60050	27-2015790	501C3	23,295.	316,975.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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GROW MOBILE 2280 BETHANY ROAD DEKALB, IL 60115	46-3681206	501C3	4,249.	332,487.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435	13-5563018	501C3	0.	328,982.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501C3	2,749.	318,887.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY BELVIDERE 422 S. MAIN STREET BELVIDERE, IL 61008-3740	13-5562351	501C3	0.	320,577.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KUZMA CARE COTTAGE 635 S MAIN STREET WILMINGTON, IL 60481	53-0196617	501C3	5,079.	313,575.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS RD HARVARD, IL 60033	27-3503107	501C3	2,749.	314,916.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DAYBREAK SHEPHERD'S TABLE 611 E CASS STREET JOLIET, IL 60432	53-0196617	501C3	0.	314,439.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE UMMA CENTER 841 GRAND AVE, UNIT A WAUKEGAN, IL 60085	20-0332804	501C3	2,749.	311,323.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES - WILLOWBROOK 16W631 91ST STREET WILLOWBROOK, IL 60527	36-2174821	501C3	0.	313,165.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LOCKPORT FISH FOOD PANTRY 1463 S. FARRELL ROAD LOCKPORT, IL 60441	36-1294153	501C3	0.	308,211.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES FOOD PANTRY ROUND LAKE - 101 N. CEDAR LAKE RD. - ROUND LAKE, IL 60073	53-0196617	501C3	0.	304,379.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
M.O.R.E. CENTER 829 GREENLEE ST. MARENGO, IL 60152-0564	36-4377608	501C3	500.	291,018.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KANKAKEE CATHOLIC FOOD PANTRY 341 N. ST JOSEPH AVENUE KANKAKEE, IL 60901	53-0196617	501C3	2,749.	286,438.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DISCIPLES FOOD PANTRY 1336 S. VILLA AVENUE VILLA PARK, IL 60181	35-0868116	501C3	0.	286,312.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	36-4301829	501C3	0.	281,805.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD'S LAMBS MINISTRY 13449 EAST CENTRAL AVE PEMBROKE TOWNSHIP, IL 60958	71-1031041	501C3	4,249.	277,381.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROMEOVILLE COMMUNITY PANTRY NFP, INC. - 2 BELMONT DRIVE - ROMEOVILLE, IL 60446	88-0888664	501C3	0.	281,599.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FAITH MOVERS CHURCH 425 EXCHANGE ST. UNIVERSITY PARK, IL 60484	45-2285833	501C3	8,246.	260,376.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073	44-0577787	501C3	0.	265,916.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FREEPORT FOOD PANTRY - 106 W. EXCHANGE STREET - FREEPORT, IL 61032	36-2167910	501C3	3,249.	260,847.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
VIRTUAL PANTRY - WEST SUBURBAN COMM. PANTRY INC - 6809 HOBSON VALLEY DR. #118 - WOODRIDGE, IL 60517	36-3857072	501C3	0.	262,368.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES SOUP KITCHEN - 2929 BETHEL BOULEVARD - ZION, IL 60099	44-0577787	501C3	0.	259,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE TO SHARE 25 FOREST AVE FOX LAKE, IL 60020	20-5891871	501C3	0.	259,120.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178	36-2277376	501C3	0.	251,153.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NHBW PROJECT 100 - LABOR OF LOVE 1705 RICHARDS STREET JOLIET, IL 60433	90-0295111	501C3	0.	243,470.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501C3	0.	236,684.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PASOANS FIGHTING HUNGER FOOD BANK - 9541 PLAZA CIRCLE - EL PASO, TX 79927	45-2893839	501C3	0.	233,727.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NORTHWEST ARKANSAS FOOD BANK 1378 JUNE SELF DRIVE SPRINGDALE, AR 72764	71-0680830	501C3	0.	233,314.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTHERN ILLINOIS HELPING HANDS FOOD PANTRY - 2020 US RT 12 - SPRING GROVE, IL 60081	56-2420923	501C3	2,749.	224,011.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE KING 115 EAST 15TH ST. LOMBARD, IL 60148	36-2583624	501C3	0.	226,548.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLES RESOURCE CENTER ST. ANDREWS - 155 N. PRINCE CROSSING RD. - WEST CHICAGO, IL 60185	36-3157600	501C3	0.	223,181.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181	36-2167910	501C3	0.	220,342.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOSPEL OUTREACH OF FREEPORT 209 W. SPRING STREET FREEPORT, IL 61032	35-2167117	501C3	1,000.	217,052.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098	36-3711449	501C3	2,749.	214,453.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MISSION BIBLE CHURCH 412 N WABENA AVENUE MINOOKA, IL 60447	31-3214205	501C3	2,749.	213,218.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.E. 346 S COUNTY LINE ROAD LEE, IL 60530	36-4067899	501C3	0.	204,869.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SOUL'S HARBOR FOOD PANTRY 2802 - 11TH STREET ROCKFORD, IL 61109	26-3280163	501C3	12,163.	186,284.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START - AURORA 1661 LANDMARK ROAD AURORA, IL 60506	36-6128783	501C3	0.	198,421.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOOD DALE FOOD PANTRY 206 N WOOD DALE RD WOOD DALE, IL 60191	46-3811868	501C3	0.	195,132.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BIG TABLE SHARING CENTER 26238 N. IL ROUTE 59 WAUCONDA, IL 60084	20-5891871	501C3	0.	194,095.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - PEOTONE 202 NORTH FIRST STREET PEOTONE, IL 60468	23-6393377	501C3	2,749.	188,347.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START - ELGIN 418 AIRPORT ROAD ELGIN, IL 60123	36-6128783	501C3	0.	178,839.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS FOOD PANTRY 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061	53-0196617	501C3	0.	178,446.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHERN INDIANA, INC. - 702 S. CHAPIN STREET - SOUTH BEND, IN 46601	35-1898055	501C3	0.	176,150.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE - 657 E COURT STREET - KANKAKEE, IL 60901	36-3478633	501C3	3,249.	168,797.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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JACKSON CREEK FELLOWSHIP CHURCH 25800 SOUTH CENTER ROAD MONEE, IL 60449	26-1892423	501C3	0.	171,660.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY SOUP KITCHEN KANKAKEE - 148 N. HARRISON AVENUE - KANKAKEE, IL 60901	36-2167910	501C3	844.	168,763.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048	26-4321877	501C3	0.	169,050.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING CENTER FP - 21007 MCGUIRE ROAD - HARVARD, IL 60033	36-4345259	501C3	0.	168,669.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLORY TABERNACLE CHURCH 459 N OTTAWA ST JOLIET, IL 60432	36-3856470	501C3	0.	167,550.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408	20-0940023	501C3	2,749.	157,567.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIDGEWOOD UNITED COMM PANTRY 409 LEACH AVE JOLIET, IL 60432	31-1813333	501C3	334.	157,243.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD OF GLORY FOOD PANTRY 607 W. BELVIDERE ROAD GRAYSLAKE, IL 60030	36-4200768	501C3	0.	157,325.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRAL ILLINOIS FOODBANK 1937 E. COOK STREET SPRINGFIELD, IL 62703	37-1106465	501C3	0.	155,670.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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VOICES OF INSPIRATION 3112 N. ROCKTON AVE ROCKFORD, IL 61107	83-1566858	501C3	500.	153,264.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES & FISHES COMMUNITY SERVICES EXCHANGE COURT - 580 EXCHANGE COURT - AURORA, IL 60504	36-3786777	501C3	0.	151,594.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMPASS CHURCH GROCERY - LOAVES & FISHES - 151 E. BRIARCLIFF RD. - BOLINGBROOK, IL 60440	36-3786777	501C3	0.	148,109.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEGO TOGETHER COMMUNITY MARKET 238 E. HAZEL STREET WEST CHICAGO, IL 60185	36-3157600	501C3	0.	146,175.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554	27-0334698	501C3	937.	143,304.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120	36-2167910	501C3	0.	144,009.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E. WONDER LAKE RD. (SITE) WONDER LAKE, IL 60097	41-1568278	501C3	0.	143,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YORK TOWNSHIP PANTRY 1502 S. MEYERS ROAD LOMBARD, IL 60148	36-4614086	501C3	0.	141,663.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYSIDE CROSS MINISTRIES	36-2167950	501C3	0.	138,385.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ALL PEOPLES INTERFAITH FOOD PANTRY 256 E. CHICAGO STREET ELGIN, IL 60120-6509	20-1514199	501C3	0.	137,892.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE HOPE CENTER 1000 N RANDALL ROAD ELGIN, IL 60123	36-3590027	501C3	3,000.	125,537.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HIGHLAND AVENUE CHURCH OF THE BRETHREN - 783 W. HIGHLAND AVENUE - ELGIN, IL 60123	36-2167025	501C3	500.	127,892.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178	36-2317623	501C3	0.	128,192.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COAL CITY FOOD PANTRY 6805 E MCARDLE ROAD COAL CITY, IL 60416	37-1565493	501C3	2,749.	124,099.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MT. MORIAH CHRISTIAN CENTER FOOD PANTRY - 523 10TH STREET - NORTH CHICAGO, IL 60064	36-3925621	501C3	2,749.	123,107.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BLOOMINGDALE TOWNSHIP FOOD PANTRY, INC. - 123 N ROSEDALE AVE. - BLOOMINGDALE, IL 60188	83-0796663	501C3	0.	120,117.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195	36-4118688	501C3	0.	116,230.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BLESSING BENCH PANTRY 55 W BENTON STREET JOLIET, IL 60432	41-1568278	501C3	0.	115,550.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH OF DOWNERS GROVE 4341 SARATOGA STREET DOWNERS GROVE, IL 60515	36-3691414	501C3	0.	109,588.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S. GENESEE ST. WAUKEGAN, IL 60085	36-6448332	501C3	3,249.	105,103.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511-1084	31-0979404	501C3	0.	108,066.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST NEW BEGINNINGS FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543	36-2310475	501C3	0.	106,840.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JOSEPH'S PANTRY 406 S. ADAMS AVE. FREEPORT, IL 61032	27-1510381	501C3	2,749.	103,785.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432	36-3954996	501C3	0.	106,307.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033	36-4345259	501C3	500.	105,186.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SUDANESE AMERICAN CHARITY OF ILLINOIS - 944 E. ROOSEVELT RD. - WEST CHICAGO, IL 60185	82-4866915	501C3	0.	105,044.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD 500 SOUTH ROCKFORD AVE. ROCKFORD, IL 61110	36-2167910	501C3	0.	104,940.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NORTHEAST IOWA FOOD BANK 1605 LAFAYETTE STREET WATERLOO, IA 50703	42-1169648	501C3	0.	104,169.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON TOWNSHIP PANTRY 50 EAST OAK STREET ADDISON, IL 60101	31-1755124	501C3	0.	102,094.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CURT'S CAFE 1766 2ND STREET HIGHLAND PARK, IL 60035	45-3934105	501C3	0.	101,909.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GENOA AREA COMMUNITY FOOD HUB 415 W. MAIN STREET GENOA, IL 60135	46-3681206	501C3	12,633.	88,670.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501C3	12,000.	88,868.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORAINES TOWNSHIP FOOD PANTRY 800 CENTRAL AVENUE HIGHLAND PARK, IL 60035	26-4269258	501C3	0.	99,630.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES + FISH FOOD PANTRY 409 W. BRAYTON ROAD MT. MORRIS, IL 61054	45-2828186	501C3	3,249.	96,200.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
STONE SOUP SHARING CENTER 119 EAST WASHINGTON ST MARENGO, IL 60152	20-5891871	501C3	0.	98,282.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE @ FAITHBRIDGE CHURCH 347 JEFFERSON ST. WINFIELD, IL 60190	44-0577787	501C3	0.	95,029.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109	44-0577787	501C3	0.	92,419.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVENUE MONROE, LA 71203	72-1333809	501C3	0.	90,889.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MANTENO FOOD PANTRY 205 N. LOCUST (RT.50) MANTENO, IL 60950	13-4347602	501C3	2,749.	87,196.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - WESTOSHA LAKES 24823 74TH STREET PADDOCK LAKE, WI 53168	20-5383516	501C3	0.	89,901.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE STORE AT HARVEST CHAPEL 725 S. COUNTY LINE ROAD SANDWICH, IL 60548	44-0577787	501C3	2,749.	86,409.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER COMMUNITY FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134	36-2481174	501C3	500.	88,562.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FELLOWSHIP BIBLE CHURCH - JOLIET 122 MORRIS STREET JOLIET, IL 60436	36-2997683	501C3	0.	88,659.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
12 BASKETS SHARING CENTER 5906 S. ROUTE 31 CRYSTAL LAKE, IL 60014	20-5891871	501C3	0.	87,268.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP - LOGAN AVE. 620 LOGAN AVENUE EAST - SIDE BELVIDERE, IL 61008	36-2740242	501C3	0.	82,412.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FAITH BAPTIST CHURCH 1280 ARMOUR ROAD BOURBONNAIS, IL 60914	36-2919421	501C3	2,749.	79,562.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS FOOD PANTRY - MACHESNEY PARK - 7620 ELM AVENUE - MACHESNEY PARK, IL 61115	27-3480499	501C3	0.	80,902.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446	53-0196617	501C3	0.	80,799.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
STONE SOUP SOCIAL 119 EAST WASHINGTON ST MARENGO, IL 60152	20-5891871	501C3	0.	79,996.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP P.O. BOX 855 WAUKEGAN, IL 60085	36-4133372	501C3	2,749.	76,497.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VERNON TOWNSHIP FOOD PANTRY, INC 3050 N. MAIN STREET BUFFALO GROVE, IL 60089	37-1801039	501C3	0.	77,664.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANTA MARIA DEL POPOLO - SVDPS 116 N. LAKE STREET MUNDELEIN, IL 60060	53-0196617	501C3	0.	75,825.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SPARTAN FOOD PANTRY 520 N. MAPLE STREET SYCAMORE, IL 60178	83-2295841	501C3	0.	73,880.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY ST. DAVIS, IL 61019	36-2947825	501C3	2,749.	71,115.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BOLINGBROOK 7TH DAY ADVENTIST CHURCH FOOD PANTRY - 301 EAST BOUGHTON ROAD - BOLINGBROOK, IL 60440	36-2277365	501C3	0.	72,538.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POLO LIFELINE 113 N. GREEN AVE., SUITE A POLO, IL 61064	36-3266881	501C3	2,749.	69,416.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501C3	0.	71,176.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRSTBORN MINISTRIES FOOD PANTRY 8213 N. ALPINE ROAD MACHESNEY PARK, IL 61115	36-3427335	501C3	0.	71,141.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY SHARING SPOT 2065 HALF DAY RD DEERFIELD, IL 60015	20-5891871	501C3	0.	71,034.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALL FAITHS FOOD BANK 8171 BLAIKIE CT. SARASOTA, FL 34240	65-0115814	501C3	0.	70,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SHARING CENTER 750 HIGHVIEW DR ANTIOCH, IL 60002	20-5891871	501C3	0.	70,016.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFELINE FOOD & SELF HELP PROJECT 201 N. 3RD STREET, STE 6 OREGON, IL 61061-1400	36-3274967	501C3	2,749.	66,661.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY CRYSTAL LAKE 290 W. CRYSTAL LAKE AVE. CRYSTAL LAKE, IL 60014	13-5562351	501C3	0.	67,528.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501C3	0.	67,478.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST PRESBYTERIAN CHURCH 219 W. MAPLE AVENUE LIBERTYVILLE, IL 60048	36-2195472	501C3	0.	67,401.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104	36-2167910	501C3	0.	67,262.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030	23-6393377	501C3	0.	66,243.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
R.E.A.C.H. MINISTRIES INC. 4300 YACKLEY AVENUE LISLE, IL 60532	36-4350516	501C3	500.	63,966.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FIRST BAPTIST CHURCH OF LAKE FOREST - 673 OAKWOOD AVE - LAKE FOREST, IL 60045	20-5329969	501C3	0.	63,341.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF THE ROCKIES 10975 E. 45TH AVENUE DENVER, CO 80239	84-0772672	501C3	0.	63,005.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228	62-1049447	501C3	0.	62,650.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	36-3536903	501C3	0.	62,390.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVENUE INDIANAPOLIS, IN 46241	35-1483868	501C3	0.	61,229.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548	36-3364650	501C3	2,749.	58,260.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. BRIDGET'S CHURCH 704 CLIFFORD AVENUE LOVES PARK, IL 61111	36-2427759	501C3	0.	60,972.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541	36-2332044	501C3	500.	60,257.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MT 63801-0190	43-1395863	501C3	0.	59,911.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MID-SOUTH FOOD BANK 2865 SOUTH PERKINS BOULEVARD MEMPHIS, TN 38118	62-1340755	501C3	0.	59,597.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PECATONICA COMMUNITY FOOD PANTRY 527 MAIN STREET PECATONICA, IL 61063	84-2110744	501C3	0.	59,238.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IRENE KING ELEMENTARY SCHOOL PANTRY	36-3857072	501C3	0.	58,135.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ARKANSAS FOODBANK 4301 W. 65TH STREET LITTLE ROCK, AR 72209	71-0596734	501C3	0.	57,948.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KIRKLAND FOOD PANTRY 510 W. SOUTH STREET (SITE) KIRKLAND, IL 60146	41-1568278	501C3	0.	57,901.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY PANTRY - PLANO 200 NORTH CENTER ST. PLANO, IL 60545	81-3156995	501C3	2,749.	54,047.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085	36-3776225	501C3	844.	55,789.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOOD DISTRIBUTION SERVICES NFP - 125 W. CHURCH STREET - LIBERTYVILLE, IL 60048	47-2396639	501C3	0.	56,285.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST. JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515	53-0196617	501C3	0.	55,763.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DELIVERANCE OUTREACH FOOD PANTRY 910 2ND AVE. ROCKFORD, IL 61103	81-3544635	501C3	0.	54,264.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOOD PANTRY- SENIOR - 834 N. HIGHLAND AVENUE - AURORA, IL 60506	65-1169439	501C3	0.	52,835.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF CONTRA COSTA AND SOLANO - 2370 N WATNEY WAY - FAIRFIELD, CA 94533	94-2418054	501C3	0.	52,822.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718	39-1490691	501C3	0.	50,987.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501C3	0.	50,497.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COUNTRYSIDE FOOD PANTRY, INC. 525 N. MAIN STREET ELBURN, IL 60119	36-3502269	501C3	2,749.	47,364.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LENA-WINSLOW FOOD PANTRY SITE: 130-1/2 W. MAIN STREET LENA, IL 61048	41-1568278	501C3	2,749.	46,907.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
TRI-STATE FOODBANK 801 E. MICHIGAN AVENUE EVANSVILLE, IN 47711	35-1539870	501C3	0.	48,492.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BLVD. SOUTH BELOIT, IL 61080	06-1640220	501C3	250.	46,896.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205	38-1384593	501C3	0.	47,051.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563	36-3314260	501C3	0.	46,955.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE COMMUNITY FOOD PANTRY 11627 WEST IL RT. 72 FORRESTON, IL 61030	36-3039274	501C3	3,249.	43,605.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE MINISTRIES 413 N COURT STREET ROCKFORD, IL 61103	36-3374370	501C3	0.	46,305.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TRINITY DAYCARE 215 N. 1ST ST. ROCKFORD, IL 61107	41-1568278	501C3	0.	41,865.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY MEAL AT ZION LUTHERAN CHURCH - 1300 PEARL STREET - BELVIDERE, IL 61008	41-1568278	501C3	0.	41,398.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI- CAP FOOD PANTRY 367 S SCHUYLER AVE KANKAKEE, IL 60901	36-3478633	501C3	2,749.	38,623.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VILLAGE BAPTIST CHURCH 515 S. FRONTENAC ROAD AURORA, IL 60504	36-3679192	501C3	500.	40,641.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE FOOD PANTRY - 36455 N. WILSON ROAD - INGLESIDE, IL 60041	36-3195567	501C3	0.	39,723.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SVDP - ST. MARCELLINE CHURCH 822 S. SPRINGINSGUTH ROAD SCHAUMBURG, IL 60193	13-5562362	501C3	0.	39,536.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB CITY SHOP 900 E. GARDEN DEKALB, IL 60115	46-3613866	501C3	0.	38,972.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST TEMPLE HOPE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433	38-6152811	501C3	0.	38,625.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436	36-3339124	501C3	500.	38,025.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KENDALL COUNTY COMMUNITY FOOD PANTRY -OSWEGO - 61 FRANKLIN ST. DOOR 8 - OSWEGO, IL 60543	81-3156995	501C3	0.	38,214.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEARTS THAT CARE, INC. 420 CHALLENGE ST. FREEPORT, IL 61032	38-3763449	501C3	4,249.	33,941.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
VETERANS PATH TO HOPE 805 S MCHENRY AVE SUITE D CRYSTAL LAKE, IL 60014	36-4104887	501C3	0.	36,958.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT FOOD PANTRY - 511 S. LIBERTY AVENUE - FREEPORT, IL 61032	36-2193600	501C3	2,749.	33,502.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVELY HOPE CHURCH OF GOD 308 N. MIDLAND AVE. JOLIET, IL 60435	36-4325953	501C3	0.	36,223.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087	36-3704794	501C3	2,749.	33,314.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169	36-2235147	501C3	0.	34,668.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW TESTAMENT FELLOWSHIP 515 N SCOTT JOLIET, IL 60432	36-3225843	501C3	0.	34,052.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST'S MISSION CHURCH 22811 S CEDAR ROAD MANHATTAN, IL 60442	36-3094449	501C3	0.	34,041.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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ACTION: LOVE FOOD PANTRY 25655 S. GOVERNORS HIGHWAY, UNIT A MONEE, IL 60449	81-2878780	501C3	0.	33,920.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SACRED HEART - FAMILY TABLE SOUP KITCHEN - 329 S OTTAWA STREET - JOLIET, IL 60436	53-0196617	501C3	5,220.	28,577.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.A.A. - FREEPORT 524 W. STEPHENSON ST. FREEPORT, IL 61032	36-2598679	501C3	0.	33,793.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501C3	3,844.	29,934.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121	41-2258779	501C3	0.	33,203.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY BROADWAY - 1100 BROADWAY - ROCKFORD, IL 61104	36-3135643	501C3	0.	32,939.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MILTON TOWNSHIP PANTRY 1492 N. MAIN STREET WHEATON, IL 60187	27-0007268	501C3	0.	32,342.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUPERTINO HOME	36-2778655	501C3	0.	31,763.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE LINE FOOD PANTRY 503 S WATER STREET JOLIET, IL 60433	30-0051571	501C3	0.	31,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MALTA ELEMENTARY FOOD PANTRY 900 E. GARDEN DEKALB, IL 60150	46-3613866	501C3	0.	30,783.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT 511 S. LIBERTY AVENUE FREEPORT, IL 61032	36-2193600	501C3	0.	30,670.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY AURORA 550 REDWOOD DRIVE AURORA, IL 60506	36-2167910	501C3	0.	30,338.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE CHURCH 500 S. GOUGAR ROAD NEW LENOX, IL 60451	38-2501351	501C3	0.	30,240.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED COMMUNITY CONCERNS ASSOCIATION	36-3371125	501C3	0.	30,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY - 1201 TWOMBLY ROAD - DEKALB, IL 60115	13-5563018	501C3	0.	28,788.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT PEOPLE'S RESOURCE CENTER - WHEATON - 201 S. NAPERVILLE ROAD - WHEATON, IL 60187	36-3157600	501C3	0.	28,009.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516	36-3751493	501C3	0.	27,891.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PIONEER CENTER PADS DAY SHELTER 1805 SOUTH IL RT 31 MCHENRY, IL 60050	36-2480845	501C3	0.	27,847.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK OF IOWA 2220 E. 17TH STREET DES MOINES, IA 50316	42-1177880	501C3	0.	27,779.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF LARIMER COUNTY 5706 WRIGHT DRIVE LOVELAND, CO 80538	74-2336171	501C3	0.	27,298.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SARATOGA TOWER 1700 NEWTON PLACE MORRIS, IL 60450	36-4104384	501C3	0.	26,708.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501C3	0.	26,676.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SENIOR SERVICES ASSOC., INC 101 S. GROVE AVENUE ELGIN, IL 60120-6477	36-2775102	501C3	0.	26,591.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DURAND AREA FOOD PANTRY 408 N CENTER STREET DURAND, IL 61024	85-3950953	501C3	2,749.	23,749.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT SINAI BAPTIST CHURCH FOOD PANTRY - 2401 ARGONNE DRIVE - NORTH CHICAGO, IL 60064	36-3312786	501C3	2,749.	22,837.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 18101 W. OAK AVENUE LOCKPORT, IL 60441	36-2679786	501C3	0.	25,055.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404	36-3340037	501C3	0.	24,076.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FAMILY CARE CLOSET - NORTH CHICAGO COMM PARTNERS - 1717 17TH STREET - NORTH CHICAGO, IL 60064	36-4398556	501C3	2,749.	20,921.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT PEOPLE'S RESOURCE CENTER - WESTMONT - 104 CHESTNUT AVE. - WESTMONT, IL 60559	36-3157600	501C3	0.	22,569.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES FOOD PANTRY ROUND LAKE - 101 N. CEDAR LAKE RD. - ROUND LAKE, IL 60073	53-0196617	501C3	310.	22,150.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH - 103 S. MAPLE STREET - STILLMAN VALLEY, IL 61084	36-2167730	501C3	2,749.	19,507.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH OF LW-MANNA FOOD MINISTRY - 1501 SOUTH GOUGAR ROAD - NEW LENOX, IL 60451	20-4209519	501C3	0.	22,010.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH PANTRY 800 THORNTON STREET LOCKPORT, IL 60441	37-0951634	501C3	0.	21,174.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOVE FELLOWSHIP BAPTIST CHURCH 730 N. INDEPENDENCE BLVD. ROMEovILLE, IL 60446	92-0193347	501C3	0.	20,807.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101	36-2947739	501C3	0.	20,349.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HINCKLEY AREA FOOD PANTRY 190 W. LINCOLN HWY. WATERMAN, IL 60556	36-4100210	501C3	2,749.	17,481.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 60552-0912	36-4268946	501C3	2,749.	16,908.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039	36-2422176	501C3	3,249.	16,397.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
IGLESIA BETHANIA CHURCH PANTRY 1000 HACKER AVENUE (SITE) JOLIET, IL 60432	36-3989438	501C3	0.	19,519.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVE. ROCKFORD, IL 61104	36-2222681	501C3	0.	19,310.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY CARE CENTER	36-3423123	501C3	0.	18,321.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIBERATION WORSHIP CENTER 164 E OAK ST. KANKAKEE, IL 60901	80-0263702	501C3	2,749.	15,098.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SAFE PASSAGE INC	36-3108372	501C3	0.	17,775.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIVERWOODS APARTMENTS- SENIOR 300 E RIVER ST KANKAKEE, IL 60901	23-7095173	501C3	0.	17,618.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION PARTNERSHIP - 213 WATER STREET (SITE) - WAUKEGAN, IL 60085	36-2580774	501C3	0.	16,823.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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MANNA-FEST MINISTRIES 17435 IL HWY 72 MONROE CENTER, IL 61052	47-4219824	501C3	2,749.	13,873.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER WHEATON- SENIOR - 201 S. NAPERVILLE ROAD - WHEATON, IL 60187	36-3157600	501C3	0.	16,476.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDIAN OAKS ACADEMY	41-1419064	501C3	0.	16,372.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMACULATE CONCEPTION FOOD PANTRY 134 ARTHUR STREET ELMHURST, IL 60126	53-0196617	501C3	0.	16,338.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436	36-2679786	501C3	0.	16,104.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRO DE INFORMACION 1885 LIN LOR LANE, SUITE 200 ELGIN, IL 60123	36-2776988	501C3	0.	16,021.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KITCHEN TABLE INC.	36-4759636	501C3	844.	14,782.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GUARDIAN ANGEL COMM SERVICES	36-2170860	501C3	0.	15,508.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JOSEPH'S PANTRY 406 S. ADAMS AVE. FREEPORT, IL 61032	27-1510381	501C3	0.	15,460.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GARDEN OF PRAYER YOUTH CENTER- GIRLS HOME	36-4047454	501C3	0.	15,274.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH FOOD PANTRY 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501C3	2,749.	12,361.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FORT MYERS, FL 33901	59-2332120	501C3	0.	14,315.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HIS HELPING HANDS 30 TOBEY DRIVE HERSCHER, IL 60941	37-1405536	501C3	2,749.	11,409.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BHS CENTER - ELGIN LSSI	36-2584799	501C3	0.	14,105.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARPENTER'S PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104	36-4352283	501C3	0.	13,633.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOR TOMORROW	36-4481458	501C3	0.	13,334.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CRISIS CENTER	36-2855797	501C3	0.	12,754.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT FAITH MOVERS CHURCH 425 EXCHANGE ST. UNIVERSITY PARK, IL 60484	45-2285833	501C3	0.	12,580.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MERCY HOUSING - ASSISI HOMES OF GURNEE - 3495 GRAND AVENUE - GURNEE, IL 60031	36-3942336	501C3	0.	12,205.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK'S FOOD PANTRY 710 W MARION STREET JOLIET, IL 60436	36-2179773	501C3	0.	12,170.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GIVENKIND 1700 S BUTTERFIELD ROAD MUNDELEIN, IL 60060	46-1191706	501C3	0.	12,161.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ANASTASIA SOUP KITCHEN 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	36-2427693	501C3	844.	10,645.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH SOUP KITCHEN 800 S. GENESEE ST. WAUKEGAN, IL 60085	36-6448332	501C3	844.	10,433.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVE. NORTH CHICAGO, IL 60064	53-0204696	501C3	2,749.	8,484.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY- SENIOR 42 EAST STREET CRYSTAL LAKE, IL 60014	36-3242915	501C3	0.	11,094.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 615 N LONGWOOD ST ROCKFORD, IL 61107	36-3303361	501C3	0.	10,970.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR LADY OF MOUNT CARMEL FOOD PANTRY - 8404 CASS AVE. - DARIEN, IL 60561	53-0196617	501C3	0.	10,837.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MPX WITH H.E.A.L AT USF 500 WILCOX ST. JOLIET, IL 60435	01-0908221	501C3	0.	10,830.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ECKER CENTER	36-2312495	501C3	0.	10,821.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY CENTER - COMMUNITY CONCERNS - 2455 GLENWOOD AVENUE - JOLIET, IL 60432	36-3473739	501C3	0.	10,474.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SERENITY HOUSE COUNSELING SERVICE	36-3350438	501C3	0.	10,135.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY LIGHTHOUSE 14409 E. HEMSTOCK ROAD ROCHELLE, IL 61068	36-3025977	501C3	2,749.	7,327.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUBA TOWNSHIP FOOD PANTRY 28000 W. CUBA ROAD BARRINGTON, IL 60010	61-1442198	501C3	0.	9,987.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF HOPE 202 N MONROE GARDNER, IL 60424	36-2857205	501C3	0.	9,876.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
360 YOUTH SERVICES	36-2936229	501C3	0.	9,826.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED CHURCH OF BYRON 701 W. 2ND ST BYRON, IL 61010	13-1957221	501C3	844.	8,804.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CATHOLIC CHARITIES HOPE HOUSE	36-2170817	501C3	0.	9,523.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEBRON COMMUNITY FOOD PANTRY 10206 SEAMAN ROAD HEBRON, IL 60034	36-3277308	501C3	0.	9,369.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085	36-3542328	501C3	0.	9,149.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT DCCG SANDWICH 340 ARNOLD RD. SANDWICH, IL 60548	46-3681206	501C3	0.	9,134.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOLY TRINITY LUTHERAN SOUP KITCHEN 357 DIVISION STREET ELGIN, IL 60120	41-1568278	501C3	0.	8,550.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORMAN SLEEZER YOUTH HOME 1401 S. SLEEZER ROAD FREEPORT, IL 61032	36-2803988	501C3	0.	8,547.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PECATONICA COMMUNITY FOOD PANTRY- SENIOR - 527 MAIN STREET - PECATONICA, IL 61063	36-3307195	501C3	0.	8,218.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VOLUNTARY ACTION CENTER 1606 BETHANY ROAD SYCAMORE, IL 60178	36-2798257	501C3	0.	7,983.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEST SUBURBAN COMM. PANTRY- SENIOR 6809 HOBSON VALLEY DRIVE WOODRIDGE, IL 60517	36-3857072	501C3	0.	7,903.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FUMC SOUP KITCHEN - ELGIN 216 E. HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501C3	0.	7,418.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068	36-3531683	501C3	0.	7,279.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FOOD PANTRY KANKAKEE - 148 N. HARRISON AVENUE - KANKAKEE, IL 60901	36-2167910	501C3	2,749.	4,036.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
DUPAGE PADS	36-3675494	501C3	0.	6,767.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049	43-0658188	501C3	3,249.	3,331.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARE CUPBOARD OF CC	36-2170821	501C3	0.	6,560.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YWCA OF ELGIN - SACC DAYCARE	36-2171177	501C3	0.	6,427.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST CHURCH COMMUNITY MEAL 410 GRAND AVENUE WAUKEGAN, IL 60085	36-2264409	501C3	844.	5,450.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115	36-2717649	501C3	0.	6,194.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OUR LADY OF HUMILITY FOOD PANTRY 10655 WADSWORTH ROAD ZION, IL 60099	36-2340314	501C3	0.	5,274.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY - 309 N. DIVISION STREET - HARVARD, IL 60033	16-1641601	501C3	0.	5,175.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PIUS - ST. VINCENT DE PAUL FOOD PANTRY - 1025 E MADISON ST - LOMBARD, IL 60148	59-3841484	501C3	0.	5,091.	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.

PART I, LINE 2:

EACH MEMBER AGENCY AND PROGRAM SITE IS MONITORED EVERY OTHER YEAR. THE PURPOSE OF THE MONITORING VISIT IS TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS AND STANDARDS SET FORTH IN THE NIFB AGENCY POLICY AND PROCEDURE MANUAL.

FOR CAPACITY BUILDING GRANTS, WE USE AN APPLICATION PROCESS TO AWARD FUNDS FOR EQUIPMENT AND OTHER CAPACITY BUILDING PROJECTS OR INCLUDE AGENCY NEEDS IN GRANT APPLICATIONS. IF THE AGENCY RECEIVES AN AWARD, IT MUST SHOW PROOF

**Part IV** Supplemental Information

OF PAYMENT FOR PURCHASES APPROVED BY THE GRANT WITHIN 60-90 DAYS OF  
RECEIVING THE GRANT FUNDS. EXCEPTIONS CAN BE MADE IN EXTRAORDINARY  
CIRCUMSTANCES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 .....

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
<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) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE YURKO PRESIDENT & CEO	(i)	260,757.	62,952.	0.	11,955.	18,608.	354,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOLLY VANDERLOO CFO THRU 5/2023	(i)	166,054.	25,882.	0.	7,627.	9,570.	209,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAEVEN SIPES CHIEF PHILANTHROPY OFFICER	(i)	150,307.	22,542.	0.	7,269.	17,341.	197,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER WHITE CHIEF OPERATIONS OFFICER	(i)	139,707.	21,297.	0.	0.	27,068.	188,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 7:

OFFICERS OF THE ORGANIZATION RECEIVED A DISCRETIONARY BONUS BASED ON MEETING ANNUAL INDIVIDUAL AND ORGANIZATION WIDE PERFORMANCE GOALS. THE BONUS FOR THE CEO IS DETERMINED AND APPROVED BY THE BOARD. THE BONUS FOR ALL OTHER EXECUTIVE TEAM MEMBERS IS DETERMINED AND APPROVED BY THE CEO.

**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**

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

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

<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 L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**2022**

Attach to Form 990 or Form 990-EZ.

**Open To Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>												

Total \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CALVIN YURKO	SON OF JULIE YURKO	42,484.	DRIVER		X

**Part V Supplemental Information.**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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	40	765,906.	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	0	128,913,978.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>SUPPLIES AND EQ</u> )	X	0	87,310.	FAIR MARKET VALUE
26 Other ( <u>AUCTION ITEMS</u> )	X	0	56,411.	FAIR MARKET VALUE
27 Other ( <u>AUCTION FOOD AN</u> )	X	0	3,353.	FAIR MARKET VALUE
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2022**

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:

THROUGH PARTNERSHIPS AND INNOVATION.

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

FOOD AND RESOURCES.

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

OF PROGRAMS, NEIGHBORS CAN CHOOSE TO SHOP AT A PANTRY, DRIVE THROUGH  
PICK UP AT A PANTRY OR MOBILE MARKET, ORDER ONLINE FOR PICK-UP OR  
DELIVERY AND CALL, TEXT OR CHAT ONLINE WITH OUR TEAM FOR HELP WITH SNAP  
BENEFITS.

WE'RE EVOLVING THE FOOD BANK, BECOMING STRONGER AND MORE ADAPTABLE  
WHILE GROWING COMMUNITY SUPPORT AND AWARENESS OF FOOD INSECURITY  
THROUGHOUT OUR 13 COUNTIES. THIS YEAR WE WELCOMED 17,000 UNIQUE  
VOLUNTEERS WHO DONATED AN INCREDIBLE 130,000 HOURS OF THEIR TIME. WE  
RAISED \$30M IN CONTRIBUTED REVENUE FROM OUR MANY GENEROUS DONORS TO  
FURTHER OUR MISSION. WE MOVED OUR DISTRIBUTION CENTER FROM PARK CITY TO  
A LARGER FACILITY IN LAKE FOREST TO BETTER SERVE OUR NEIGHBORS, MEMBER  
AGENCIES AND ACCOMMODATE MORE VOLUNTEERS.

WE'RE EMBRACING DIVERSITY, EQUITY AND INCLUSION IN A DEEPER WAY IN ALL  
OUR WORK. WE'RE ADDRESSING INEQUALITIES IN OUR COMMUNITIES AND RAISING  
AWARENESS OF THE DISPROPORTIONATE RATE OF FOOD INSECURITY ON HOUSEHOLDS  
OF COLOR. THIS YEAR WE LAUNCHED AN INTERNAL DEI COMMITTEE AND A BOARD  
DEI COMMITTEE. WE FORMALIZED A DEI STATEMENT TO HELP GUIDE OUR

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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STRATEGIES AND OFFERED MONTHLY TRAININGS. TO FURTHER INCREASE DIVERSITY WITHIN OUR STAKEHOLDER GROUPS WE SURVEYED OUR LEADERSHIP VOLUNTEER COMMITTEES AND SET GOALS AROUND PROACTIVE OUTREACH TO ENGAGE UNDERREPRESENTED DEMOGRAPHICS. WE CONTINUE TO ADD DIVERSE AND DESIRED FOODS TO OUR SHOPPING LIST AND MAKE DECISIONS AROUND WHICH FOODS TO DISTRIBUTE AT MOBILE MARKETS BASED ON THE DEMOGRAPHICS OF THE COMMUNITIES WE SERVE.

WE'RE ENGAGING OUR NETWORK TO INCREASE ACCESS TO FOOD AND ADVANCE NEIGHBOR-CENTRIC PRACTICES WITH OUR 900 AGENCIES AND FEEDING PROGRAMS. THE FOOD BANK SERVED AN AVERAGE OF 375K NEIGHBORS EACH MONTH, BUT WE DIDN'T DO THIS ALONE. IT WAS ACCOMPLISHED TOGETHER, THROUGH THE HARD WORK AND DEDICATION OF OUR NETWORK OF FOOD PANTRIES, SOUP KITCHENS, AND MOBILE MARKET SITES. OUR PARTNERSHIPS WITH CHILD AND SENIOR PROGRAMS ALSO PROVIDED 1.9M MEALS. WORKING TOGETHER WE'RE IMPROVING THE EXPERIENCE FOR OUR NEIGHBORS SEEKING HELP BY CREATING MORE COMMUNITY PARTNERSHIPS, OFFERING TRAINING AND DEVELOPMENT OPPORTUNITIES, AND PROVIDING \$1.2M IN CAPACITY BUILDING GRANTS.

AS WE LOOK AHEAD TO THIS NEXT YEAR, WE KNOW THE CHALLENGES ARE REAL. BUT WE WILL CONTINUE TO INNOVATE AND ADVOCATE TO HELP EVERYONE IN NORTHERN ILLINOIS HAVE ACCESS TO THE FOOD THEY NEED TO THRIVE.

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.

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