See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049001464

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EASTERN ILLINOIS FOODBANK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2405 NORTH SHORE DRIVE

City or town, state or country, and ZIP + 4
URBANA, IL 61802

D Employer identification number
37-1130252

E Telephone number
(217) 328-3663

G Gross receipts $ 13,310,384

F Name and address of principal officer
JAMES P HIRES
2405 NORTH SHORE DRIVE
URBANA,IL 61802

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW EIFOODBANK ORG/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1983 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EASTERN ILLINOIS FOODBANK EXISTS TO ALLEVIATE HUNGER IN EASTERN ILLINOIS BY PROVIDING A RELIABLE SOURCE OF FOOD FOR THE HUNGRY THROUGH COOPERATION WITH A NETWORK OF FOOD PANTRIES AND AGENCIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	21
6	Total number of volunteers (estimate if necessary)	**6**	1,295
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,114,900	12,744,670
9	Program service revenue (Part VIII, line 2g)	474,049	468,857
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,697	40,782
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,211	99
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,619,857	13,254,408
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,264,316	10,823,929
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	812,754	875,293
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶342,590		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	618,157	665,160
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,695,227	12,364,382
19	Revenue less expenses Subtract line 18 from line 12	-75,370	890,026

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,545,189	6,701,922
21	Total liabilities (Part X, line 26)	165,501	341,238
22	Net assets or fund balances Subtract line 21 from line 20	5,379,688	6,360,684

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-02-18
Signature of officer | Date

JAMES P HIRES EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JIM EISENMENGER CPA				P00083589

Firm's name ▶ MARTIN HOOD FRIESE & ASSOC LLC | Firm's EIN ▶ 37-1119790

Firm's address ▶ 2507 SOUTH NEIL STREET
CHAMPAIGN, IL 61820 | Phone no (217) 351-2000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

EASTERN ILLINOIS FOODBANK EXISTS TO ALLEVIATE HUNGER IN EASTERN ILLINOIS BY PROVIDING A RELIABLE SOURCE OF FOOD FOR THE HUNGRY THROUGH COOPERATION WITH A NETWORK OF FOOD PANTRIES AND AGENCIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 11,824,594 including grants of $ 10,823,929) (Revenue $ 468,956)

FOOD DISTRIBUTION PROGRAM TO SERVE THE NEEDS OF HUNGRY PEOPLE IN THE FOLLOWING EAST CENTRAL ILLINOIS COUNTIES CHAMPAIGN, CLAY, CLARK, COLES, CRAWFORD, CUMBERLAND, DOUGLAS, EDGAR, FORD, IROGUOIS, JASPER, MOULTRIE, PIATT & VERMILLION

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,824,594

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	13		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ KELLY DALY 2405 NORTH SHORE DRIVE URBANA, IL (217) 328-3663

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY SILKWOOD BOARD MEMBER	50	X						0	0	0
(2) TEOLA TROWBRIDGE IMMEDIATE PAST PRESIDENT	50	X		X				0	0	0
(3) RENEE OSTERBUR TREASURER	50	X		X				0	0	0
(4) DEBORAH DAY BOARD MEMBER	50	X						0	0	0
(5) JAN SIMON BOARD MEMBER	50	X						0	0	0
(6) KEVIN YONCE PRESIDENT	50	X		X				0	0	0
(7) RICHARD KOCH BOARD MEMBER	50	X						0	0	0
(8) JOHN LAMKIN BOARD MEMBER	50	X						0	0	0
(9) TRACI NALLY VICE PRESIDENT	50	X		X				0	0	0
(10) BARB DALY BOARD MEMBER	50	X						0	0	0
(11) COBY COOPER BOARD MEMBER	50	X						0	0	0
(12) LAURA WEIS BOARD MEMBER	50	X						0	0	0
(13) JOAN ZERNICH SECRETARY	50	X		X				0	0	0
(14) CHAD BARRINGER BOARD MEMBER	50	X						0	0	0
(15) ELON ZEIGLER BOARD MEMBER	50	X						0	0	0
(16) JAMES HIRES EXECUTIVE DIRECTOR/CEO	40 00			X				87,573	0	8,079
(17) KELLY DALY DIRECTOR OF OPERATIONS	40 00			X				65,819	0	6,792

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								153,392	0	14,871

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 ▶0

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 175,709				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 2,536,853				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,032,108				
	g	Noncash contributions included in lines 1a-1f $	11,122,304				
	h	**Total.** Add lines 1a-1f	▶	12,744,670			
Program Service Revenue			Business Code				
	2a	FOOD DISTRIBUTION	624210	468,857	468,857		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	468,857			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	34,936			34,936
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	61,822				
	b	Less cost or other basis and sales expenses	55,976				
	c	Gain or (loss)	5,846				
	d	Net gain or (loss)	▶	5,846			5,846
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANOUS INCOME	624210	99	99		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	99			
	12	**Total revenue.** See Instructions	▶	13,254,408	468,956	0	40,782

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,707,491	10,707,491		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	116,438	116,438		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,631	37,547	136,084	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	559,149	421,727	11,148	126,274
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,410	6,152	177	2,081
9 Other employee benefits	77,703	54,914	6,953	15,836
10 Payroll taxes	56,400	35,838	10,631	9,931
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	54,330	33,183	3,966	17,181
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	11,920		11,920	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	54,783	8,098	2,183	44,502
14 Information technology				
15 Royalties . .				
16 Occupancy	9,921	9,691	185	45
17 Travel	14,563	9,930	1,648	2,985
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,158	3,206	63	3,889
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,872	114,457	2,569	1,846
23 Insurance	45,779	44,694	874	211
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING AND PUBLICATIO	114,063	2,726	32	111,305
b UTILITIES	65,717	64,177	1,241	299
c FUEL	48,137	48,137		
d AGENCY CAPACITY BUILDIN	30,781	30,781		
e All other expenses	89,136	75,407	7,524	6,205
25 **Total functional expenses.** Add lines 1 through 24e	12,364,382	11,824,594	197,198	342,590
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,262,391	1	993,405
	2	Savings and temporary cash investments		605,771	2	610,284
	3	Pledges and grants receivable, net		1,250	3	1,250
	4	Accounts receivable, net		45,380	4	30,198
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,016,769	8	1,848,988
	9	Prepaid expenses and deferred charges		22,681	9	27,061
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,808,656			
	b	Less accumulated depreciation	10b 774,608	1,547,349	10c	2,034,048
	11	Investments—publicly traded securities		1,043,598	11	1,156,688
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,545,189	16	6,701,922
Liabilities	17	Accounts payable and accrued expenses		37,338	17	144,227
	18	Grants payable			18	
	19	Deferred revenue		69,691	19	50,854
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	75,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		58,472	25	71,157
	26	**Total liabilities.** Add lines 17 through 25		165,501	26	341,238
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,154,596	27	5,441,438
	28	Temporarily restricted net assets		225,092	28	919,246
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,379,688	33	6,360,684
	34	Total liabilities and net assets/fund balances		5,545,189	34	6,701,922

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,254,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,364,382
3	Revenue less expenses Subtract line 2 from line 1	3	890,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,379,688
5	Net unrealized gains (losses) on investments	5	90,970
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,360,684

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049001464

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,443,445	8,693,613	11,640,060	11,114,900	12,744,670	51,636,688
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,443,445	8,693,613	11,640,060	11,114,900	12,744,670	51,636,688
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						51,636,688

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,443,445	8,693,613	11,640,060	11,114,900	12,744,670	51,636,688
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		16,668	48,726	29,697		95,091
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,154	1,872	169	1,211	99	4,505
11 **Total support** (Add lines 7 through 10)						51,736,284

12 Gross receipts from related activities, etc (see instructions)	12	2,065,802

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 810 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 750 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049001464

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,043,598	1,070,975			
b Contributions			1,039,444		
c Net investment earnings, gains, and losses	112,840	-27,377	31,531		
d Grants or scholarships					
e Other expenditures for facilities and programs	31,300				
f Administrative expenses					
g End of year balance	1,125,138	1,043,598	1,070,975		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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		105,000		105,000
b Buildings		1,629,938	341,827	1,288,111
c Leasehold improvements				
d Equipment		1,073,718	432,781	640,937
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,034,048

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACRRUED WAGES AND PAYROLL TAXES	39,200
ACCRUED VACATION	31,957
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	71,157

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

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

1	Total revenue, gains, and other support per audited financial statements			1	13,213,626
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	13,213,626
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	40,782		
c	Add lines **4a** and **4b**			4c	40,782
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,254,408

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

1	Total expenses and losses per audited financial statements			1	12,352,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	12,352,462
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	11,920		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	11,920
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,364,382

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE DESIGNATED FOR AGENCY CAPACITY BUILDING TO INCLUDE, BUT NOT LIMITED TO, INFRASTRUCTURE PROJECTS SUCH AS EXPANSION OF SPACE OF COLD STORAGE
PART XI, LINE 4B - OTHER ADJUSTMENTS		DIVIDENDS 34,936 REALIZED GAIN ON INVESTMENTS 5,846

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049001464

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 101

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FOOD ASSISTANCE - BACKPACK PROGRAM	939		116,438	FAIR MARKET VALUE	PROVIDE FOOD FOR NEEDY CHILDREN EACH WEEEKND DURING THE SCHOOL YEAR

Part IV **Supplemental Information.**

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 37-1130252
Name: EASTERN ILLINOIS FOODBANK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALT AND LIGHT1512 W ANTHONY DRIVE CHAMPAIGN,IL 61821	32-0074485	501C(3)		865,616	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON COMMUNITY FOOD CENTER600 MOULTRIE AVENUE MATTOON,IL 61938	37-1199188	501C(3)		371,176	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORNINGSTAR MINISTRIES201 N CHICAGO STREET ROSSVILLE,IL 60963	32-0101114	501C(3)	3,645	764,526	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RESTORATION URBAN MINISTRIES1213 PARKLAND COURT CHAMPAIGN,IL 61821	37-1328431	501C(3)		205,011	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLAY COUNTY MINISTERIAL ASSOCIATIONPO BOX 501 FLORA,IL 62839	37-1271643	501C(3)		429,355	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMPASSIONATE FOOD MINISTRIESPO BOX 481 PARIS,IL 61944	37-1276687	501C(3)		283,190	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT DEPAUL-URBANA708 W MAIN STREET URBANA,IL 61801	37-0684973	501C(3)		216,535	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
STONE CREEK FOOD PANTRY2502 S RACE STREET URBANA,IL 61801	37-0907983	501C(3)		347,772	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY PANTRY - CHAMPAIGNPO BOX 618 CHAMPAIGN,IL 61824	36-2167910	501C(3)		545,828	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WUMC EVENING PANTRY 1203 W GREEN STREET URBANA,IL 61801	37-1353238	501C(3)		132,981	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PALESTINE COMMUNITY FOOD PANTRY803 W MARKET STREET PALESTINE,IL 62451	37-1190183	501C(3)	4,132	208,210	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE VINEYARD FOOD PANTRY1500 N LINCOLN AVENUE URBANA,IL 61801	51-0225214	501C(3)		172,321	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CSCNCC520 E WABASH SUITE 1 RANTOUL,IL 61866	37-0950247	501C(3)		94,392	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHARLESTON FOOD PANTRYPO BOX 411 CHARLESTON,IL 61920	37-1183083	501C(3)		166,391	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JAMES FOOD PANTRY 504 N VERMILLION DANVILLE,IL 61832	37-0662571	501C(3)		252,354	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GRACE LUTHERAN CHURCH313 S PROSPECT AVENUE CHAMPAIGN,IL 61820	37-0843737	501C(3)		125,668	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOD'S LITTLE FOOD PANTRY425 W NORTH STREET WATSEKA,IL 60970	36-4003390	501C(3)		165,448	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DAILY BREAD SOUP KITCHENPO BOX 648 CHAMPAIGN,IL 61824	27-0935172	501C(3)		192,496	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARCOLA FOOD PANTRY 126 S LOCUST ARCOLA,IL 61910	37-0684493	501C(3)		123,894	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ROBINSON FOOD PANTRY 602 E PINE ROBINSON,IL 62454	37-1246443	501C(3)		77,806	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OAKWOOD AREA FOOD PANTRYPO BOX 236 OAKWOOD,IL 61858	37-1142176	501C(3)		28,706	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MT ZION MISSIONARY BAPTIST FELLOWSHIP1535 E FAIRCHILD DANVILLE,IL 61832	37-1288364	501C(3)	297	499,623	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOTRE DAME DE LASALETTE5065 OLIVET ROAD GEORGETOWN,IL 61846	80-0112843	501C(3)		192,695	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ANTIOCH MISSION FOOD PANTRY311 N COLLETT STREET DANVILLE,IL 61832	37-1288810	501C(3)		182,816	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR SENIORS48 MAIN STREET CHAMPAIGN,IL 61820	37-1333210	501C(3)	3,700	86,352	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARSHALL FOOD DISBURSEMENT PROGRAM PO BOX 402 MARSHALL,IL 62441	37-1307380	501C(3)		131,857	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVARY BAPTIST FOOD PANTRY1632 GEORGETOWN ROAD DANVILLE,IL 61832	37-0767046	501C(3)		106,217	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SHELDON AREA FOOD PANTRY208 LYLE STREET DONOVAN,IL 60931	37-1146740	501C(3)	5,975	57,533	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER COMMUNITY AIDS PROJECTPO BOX 713 CHAMPAIGN,IL 61824	37-1189518	501C(3)		81,309	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARTINSVILLE COMMUNITY PANTRY17 NORTH YORK STREET MARTINSVILLE,IL 62442	26-1620258	501C(3)		72,858	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANVILLE RESCUE MISSION834 BOWMAN AVENUE DANVILLE,IL 61832	37-1069752	501C(3)		87,294	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WILLOW HILL FOOD PANTRY104 S MAIN STREET PALESTINE,IL 62451	37-1150725	501C(3)		109,678	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRIST'S PANTRYPO BOX 61 LOVINGTON,IL 61937	81-0178040	501C(3)		74,330	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MAHOMET HELPING HANDS804 S MARKET STREET MAHOMET,IL 61853	37-1294616	501C(3)		49,629	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY - MATTOONPO BOX 671 MATTOON,IL 61938	22-2408433	501C(3)		114,117	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
EMBARRAS RIVER BASIN AGENCY400 W PLEASANT GREENUP,IL 62428	37-0890281	501C(3)		82,070	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAM FOOD PANTRY901 N PRAIRIE TUSCOLA,IL 61953	23-7073918	501C(3)		35,836	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMMUNITY ELEMENTS 1801 FOX DRIVE CHAMPAIGN,IL 61820	37-0913985	501C(3)		88,914	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE FOOD PANTRY227 W HARRISON STREET HIDALGO,IL 62432	37-1211464	501C(3)	197	52,311	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
POTOMAC FOOD PANTRY PO BOX 358 POTOMAC,IL 61865	35-1729164	501C(3)		46,419	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ACTION FOOD PANTRY125 W LAFAYETTE MONTICELLO,IL 61856	37-0895679	501C(3)		46,064	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RURAL GRACE FOOD PANTRY1185 N CO ROAD 1600 E VILLA GROVE,IL 61956	23-7073918	501C(3)		29,570	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ONARGA ACADEMY110 N LOCUST STREET ONARGA,IL 60955	41-1419064	501C(3)		49,970	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW LIFE TABERNACLEPO BOX 11 SULLIVAN,IL 61951	37-1102875	501C(3)		28,924	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATSEKA AREA FOOD PANTRY301 S 4TH STREET WATSEKA,IL 60970	37-0681823	501C(3)		34,238	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GRANT TOWNSHIP FOOD CUPBOARD525 S MARKET STREET HOOPESTON,IL 60942	37-1162097	501C(3)		32,556	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER HOLY TEMPLE FOOD PANTRY1409 W DUBLIN STREET URBANA,IL 61801	37-1193756	501C(3)		30,476	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULTIVADORES PANTRY 555 S MAPLEWOOD RANTOUL,IL 61866	51-0526534	501C(3)		47,381	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGAPE FOOD PANTRY617 W MADISON DANVILLE,IL 61832	56-2467893	501C(3)		233,354	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PIPER CITY AREA FOOD PANTRYPO BOX 444 PIPER CITY,IL 60959	23-6393377	501C(3)		15,496	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUDLOW UMC FOOD PANTRYPO BOX 185 LUDLOW,IL 60949	37-0696739	501C(3)		22,066	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HUNT CITY FOOD PANTRY 305 E MORGAN STREET NEWTON,IL 62448	37-1297241	501C(3)		12,604	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEOGA COMMUNITY FOOD PANTRYPO BOX 272 NEOGA,IL 62447	41-2108123	501C(3)		63,728	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE ROCK FOOD PANTRY 20 POLAND ROAD DANVILLE,IL 61832	23-7444909	501C(3)		35,689	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROADLANDS FOOD PANTRYPO BOX 79 BROADLANDS,IL 61816	37-1172888	501C(3)		10,360	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CEADC HOUR HOUSE635 DIVISION STREET CHARLESTON,IL 61920	23-7241004	501C(3)		13,645	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LUKE FOOD PANTRY809 N 5TH STREET CHAMPAIGN,IL 61820	37-1154535	501C(3)	3,848	29,680	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PROJECT SUCCESS VERMILLION COUNTY 15019 CATLIN-TILTON ROAD DANVILLE,IL 61834	37-1376973	501C(3)		52,158	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLIFTON COMMUNITY FOOD PANTRY1447 EAST 2900 NORTH ROAD CLIFTON,IL 60927	34-4201080	501C(3)		20,915	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BRADLEY LEARNING CENTER1311 E FLORIDA AVENUE URBANA,IL 61801	37-0921980	501C(3)		18,629	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFELINE RESIDENTIAL REHAB2107 HIGHCROSS ROAD URBANA,IL 61802	20-5141694	501C(3)		11,664	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HOOPESTON MULTI AGENCY206 S FIRST AVENUE HOOPESTON,IL 60942	37-0963093	501C(3)		24,023	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW LIFE FAITH CHRISTIAN FELLOWSHIP 309 IRA STREET URBANA,IL 61802	73-1045170	501C(3)		11,609	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BLESSINGS FOOD PANTRY 4217 DEWITT AVENUE MATTOON,IL 61938	37-0661499	501C(3)		24,948	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LORD'S STOREHOUSEPO BOX 229 LAPLACE,IL 61936	37-1143241	501C(3)		15,060	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CENTER FOR WOMEN IN TRANSITION508 E CHURCH STREET CHAMPAIGN,IL 61820	37-1346397	501C(3)		8,193	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST CHURCH OF CHRIST FELLOWSHIP503 N MAIN STREET GEORGETOWN,IL 61846	37-0753049	501C(3)		14,407	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW COVENANT FELLOWSHIP124 W WHITE STREET CHAMPAIGN,IL 61820	37-1071452	501C(3)		11,473	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITTLE LAMBS' DAYCARE 311 E US ROUTE 150 OAKWOOD,IL 61858	51-0149346	501C(3)		21,921	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT DEPAUL-CHAMPAIGN405 W CLARK STREET CHAMPAIGN,IL 61821	27-0904106	501C(3)		16,520	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTHA'S CUPBOARD200 E ILLINOIS STREET MANSFIELD,IL 61854	37-0812712	501C(3)		21,578	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARTHUR SOUTHERN BAPTIST PANTRY530 N VINE ARTHUR,IL 61911	37-1137062	501C(3)		8,987	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CUNNINGHAM CHILDREN'S HOMEPO BOX 878 URBANA,IL 61801	37-0662521	501C(3)		12,296	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST UNITED METHODIST CHURCH FELLOWSHIP210 W CHURCH STREET CHAMPAIGN,IL 61820	23-7073918	501C(3)		2,985	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OGDEN CC FOOD PANTRY PO BOX 37 OGDEN,IL 61859	37-2258582	501C(3)		16,427	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SADORUS COMMUNITY FOOD PANTRY477 COUNTY ROAD 300N SADORUS,IL 61872	11-3777175	501C(3)		13,233	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST BAPTIST OF MARTINSVILLE5 TROTTER LANE MARTINSVILLE,IL 62442	37-1142990	501C(3)		4,773	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHURCH OF THE BRETHREN 1210 N NEIL STREET CHAMPAIGN,IL 61820	37-1147888	501C(3)		7,602	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SWANN SPECIAL CARE CENTER109 KENWOOD DRIVE CHAMPAIGN,IL 61821	31-1262572	501C(3)		19,634	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MAHOMET AREA YOUTH CLUB601 E FRANKLIN MAHOMET,IL 61853	81-0615577	501C(3)		11,044	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CCS AFTER SCHOOL PROGRAM702 N LOGAN DANVILLE,IL 61832	37-0716057	501C(3)		6,579	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PRAIRIELAND COUNCIL BOY SCOUTPO BOX 6267 CHAMPAIGN,IL 618266267	22-1576300	501C(3)		9,111	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRAIRIELAND ANTI CRUELTY PROGRAM2173 CO ROAD 750E CHAMPAIGN,IL 61822	37-1375106	501C(3)		8,697	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ICCS TEEN REACH510 APPLE ORCHARD ROAD SPRINGFIELD,IL 62703	37-1203458	501C(3)		10,145	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOLEDO CHRISTIAN CHURCH501 S MARYLAND STREET TOLEDO,IL 62468	37-1129148	501C(3)	3,988	5,056	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GOD'S FOOD PANTRY116 N THOMAS STREET GILMAN,IL 60938	41-1568277	501C(3)		9,983	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTINTON COMMUNITY FP213 THOMAS STREET MARTINTON,IL 60951	53-0196617	501C(3)		18,311	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHARLESTON HIGH SCHOOL PANTRY1615 LINCOLN AVENUE CHARLESTON,IL 61920	37-1130252	501C(3)		10,022	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASHMORE FOOD PANTRY 212 NORTH OAKLAND ROAD ASHMORE,IL 61912	86-1031386	501C(3)		11,506	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON CHRISTIAN CHURCH FB221 N 9TH MATTOON MATTOON,IL 61938	37-1104408	501C(3)	118	8,884	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHAMPAIGN COB FOOD PANTRY1210 N NEIL STREET CHAMPAIGN,IL 61820	36-2167026	501C(3)		12,031	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY DANVILLE FP855 E FAIRCHILD DANVILLE,IL 61832	36-2167910	501C(3)		2,445	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WE CARE CENTER123 1/2 N GARRARD RANTOUL,IL 61866	37-1177786	501C(3)		3,649	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LIGHTHOUSE RESTORATION CENTER1 HENSON PLACE SUITE 10 CHAMPAIGN,IL 61820	92-0194365	501C(3)	377	8,693	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINDSOR ROAD CHRISTIAN CHURCH2501 WINDSOR ROAD CHAMPAIGN,IL 61820	37-0976900	501C(3)		6,689	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CCS TEENS MOMS PROGRAM702 N LOGAN DANVILLE,IL 61832	37-0716057	501C(3)		8,318	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOD'S LIFELINE104 E CARTER CERRO GORDO,IL 61818	36-2167731	501C(3)		7,534	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GENERATIONS SNACK PROGRAM1601 FAIRWAY DR RANTOUL,IL 61866	36-3528945	501C(3)		6,020	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANSAS UMC FOOD PANTRY200 E BUENA VISTA KANSAS,IL 61933	37-1146552	501C(3)		4,239	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SOAR - RANTOUL HS200 S SHELDON STREET RANTOUL,IL 61866	37-1128073	501C(3)		5,276	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANDING STONE COMMUNITY CENTER201 N 6TH STREET CHARLESTON,IL 61920	45-5350012	501C(3)		4,827	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493049001464

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	115	11,013,461	6,516,841 LBS OF FOOD
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	3	2,853	FAIR MARKET VALUE
26	Other ▶ (ADVERTISING)	X	2	7,455	FAIR MARKET VALUE
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to 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.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493049001464

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS TO REVIEW FOR ANY CHANGES/QUESTIONS BEFORE THE RETURN IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF DIRECTORS HAVE TO SIGN AN ANNUAL DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTERESTS THAT MAY OCCUR
	FORM 990, PART VI, SECTION B, LINE 15A	REVIEWED DATA FROM FEEDING AMERICA AND COMPARE OUR COMPENSATION TO FOODBANK OF SIMILAR SIZE AND REGION SALARY RANGES ARE REVIEWED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S MAKES IT FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XI, LINE 2C	NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR