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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 private foundations)

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NORTHERN ILLINOIS FOOD BANK

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
273 DEARBORN COURT

City or town, state or province, country, and ZIP or foreign postal code
GENEVA, IL 60134

D Employer identification number
36-3203648

E Telephone number
(630) 443-6910

G Gross receipts $ 224,932,147

F Name and address of principal officer:
JULIE YURKO
273 DEARBORN COURT
GENEVA, IL 60134

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

H(b) Are all subordinates 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://SOLVEHUNGERTODAY.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982

M State of legal domicile: IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	215
6	Total number of volunteers (estimate if necessary)	**6**	15,086
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	178,467,544	215,144,788
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	376,125	718,160
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,326,480	-10,444,881
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,517,189	205,418,067
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	142,759,100	174,193,156
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)	9,373,252	11,146,558
16a	Professional fundraising fees (Part IX, column (A), line 11e)	714,223	705,534
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,248,767		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,126,413	7,357,327
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	158,972,988	193,402,575
19	Revenue less expenses. Subtract line 18 from line 12	15,544,201	12,015,492

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	58,986,408	70,178,062
21	Total liabilities (Part X, line 26)	11,396,185	8,540,603
22	Net assets or fund balances. Subtract line 21 from line 20	47,590,223	61,637,459

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

****** 2022-02-11
Signature of officer Date

JULIE YURKO PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-02-10		P00546491

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR
CHICAGO, IL 60606 — Phone no. (312) 207-1040

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 $ 187,652,738 including grants of $ 174,193,156) (Revenue $ 5,092,437)

See Additional Data

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** ▶ 187,652,738

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	Yes	
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		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
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	Yes	
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	Yes	
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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	Yes	
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 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23		
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		Yes	

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

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**	215		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring 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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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 or note to any line 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	25		
	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	25		
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-A 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, address, and telephone number of the person who possesses the organization's books and records:
▶MOLLY VANDERLOO 273 DEARBORN COURT GENEVA, IL 60134 (630) 443-6910

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								998,045	0	129,915

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

			Yes	No
3	Did the organization list any **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**	Yes	
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
ONE AND ALL 2 NORTH LAKE AVENUE SUITE 600 PASADENA, CA 91101	FUNDRAISING	650,556
EXPRESS SERVICES INC PO BOX 203901 DALLAS, TX 75320	EMPLOYMENT AGENCY	305,612
CHAPPELLROBERTS INC 1600 EAST 8TH AVENUE TAMPA, FL 33605	STRATEGIC DIRECTION & MARKETING	298,881
MANPOWER 421 SULLIVAN RD AURORA, IL 60506	EMPLOYMENT AGENCY	259,034
IDEO LP 780 HIGH STREET PALO ALTO, CA 94301	PROGRAMS CONSULTATION	224,248

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	179,989			
	b Membership dues	1b				
	c Fundraising events	1c	579,942			
	d Related organizations	1d				
	e Government grants (contributions)	1e	14,310,877			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	200,073,980			
	g Noncash contributions included in lines 1a - 1f:$	1g	169,889,459			
	h **Total.** Add lines 1a-1f		215,144,788			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		354,978			354,978
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,848,293	17,900		
	b Less: cost or other basis and sales expenses	7b	3,490,636	12,375		
	c Gain or (loss)	7c	357,657	5,525		
	d Net gain or (loss)			363,182		363,182
	8a Gross income from fundraising events (not including $ 579,942 of contributions reported on line 1c). See Part IV, line 18	8a	84,678			
	b Less: direct expenses	8b	153,198			
	c Net income or (loss) from fundraising events			-68,520		-68,520
	9a Gross income from gaming activities. See Part IV, line 19	9a	25,792			
	b Less: direct expenses	9b	10,135			
	c Net income or (loss) from gaming activities			15,657		15,657
	10a Gross sales of inventory, less returns and allowances	10a	5,092,437			
	b Less: cost of goods sold	10b	15,847,736			
	c Net income or (loss) from sales of inventory			-10,755,299	-10,755,299	
	Miscellaneous Revenue	Business Code				
	11a CFAP LAST MILE REIMBURSEMENT	900099	340,178			340,178
	b RECYCLING INCOME	900099	12,451			12,451
	c FED FUEL EXCISE TAX REFUND	900099	10,652			10,652
	d All other revenue					
	e **Total.** Add lines 11a–11d		363,281			
	12 **Total revenue.** See instructions		205,418,067	-10,755,299	0	1,028,578

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	174,193,156	174,193,156		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,127,959		859,481	268,478
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,256,361	6,340,070	953,741	962,550
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	156,515	109,630	16,718	30,167
9 Other employee benefits	965,318	823,795	25,778	115,745
10 Payroll taxes	640,405	464,508	83,011	92,886
11 Fees for services (non-employees):				
a Management				
b Legal	14,830		14,830	
c Accounting	87,343		87,343	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	705,534			705,534
f Investment management fees	87,699		87,699	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	694,629	419,251	103,494	171,884
12 Advertising and promotion	808,321	479,245	1,293	327,783
13 Office expenses	873,574	607,650	102,775	163,149
14 Information technology	33,286	26,131	3,607	3,548
15 Royalties				
16 Occupancy	1,198,217	1,128,530	36,339	33,348
17 Travel	58,184	48,423	2,064	7,697
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,072	5,061	1,115	2,896
20 Interest	162,713	141,320	14,249	7,144
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,335,765	1,273,098	30,791	31,876
23 Insurance	301,517	287,824	10,364	3,329
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	1,053,984	1,053,984		
b DUES AND SUBSCRIPTIONS	266,112	146,707	19,444	99,961
c STAFFING DEVELOPMENT	64,991	40,694	15,315	8,982
d FEEDING AMERICA/IL FEE	15,160		15,160	
e All other expenses	291,930	63,661	16,459	211,810
25 **Total functional expenses.** Add lines 1 through 24e	193,402,575	187,652,738	2,501,070	3,248,767
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 or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,640,893	1	21,491,082
	2	Savings and temporary cash investments		943,734	2	2,024,560
	3	Pledges and grants receivable, net		937,960	3	3,046,697
	4	Accounts receivable, net		200,134	4	172,706
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,239,481	8	8,739,350
	9	Prepaid expenses and deferred charges		36,460	9	59,917
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,386,887			
	b	Less: accumulated depreciation	10b 10,306,333	17,780,573	10c	19,080,554
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		11,202,173	12	15,558,196
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		5,000	15	5,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		58,986,408	16	70,178,062
Liabilities	17	Accounts payable and accrued expenses		3,977,561	17	2,735,334
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		6,196,394	20	5,805,269
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,222,230	25	0
	26	**Total liabilities.** Add lines 17 through 25		11,396,185	26	8,540,603
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		43,585,305	27	56,903,582
	28	Net assets with donor restrictions		4,004,918	28	4,733,877
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		47,590,223	32	61,637,459
	33	Total liabilities and net assets/fund balances		58,986,408	33	70,178,062

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	205,418,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,402,575
3	Revenue less expenses. Subtract line 2 from line 1	3	12,015,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,590,223
5	Net unrealized gains (losses) on investments	5	2,031,744
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 32, column (B))	10	61,637,459

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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	

Additional Data

Software ID:

Software Version:

EIN: 36-3203648

Name: NORTHERN ILLINOIS FOOD BANK

Form 990 (2020)

Form 990, Part III, Line 4a:

NORTHERN ILLINOIS FOOD BANK LEADS THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING FOOD AND RESOURCES FOR OUR NEIGHBORS, WITH DIGNITY, EQUITY AND CONVENIENCE, THROUGH PARTNERSHIPS AND INNOVATION. WE WORK TIRELESSLY EVERY DAY TO ENSURE OUR NEIGHBORS ACROSS THE 13 COUNTIES WE SERVE HAVE ACCESS TO THE FRESH, NUTRITIOUS GROCERIES THEY NEED AND WANT. THE FOOD BANK HAS DEVELOPED A STRONG FOOD SOLICITATION, ACQUISITION, AND PURCHASING PROGRAM TO ENSURE THAT IT RECEIVES QUALITY FOOD AT THE LOWEST POSSIBLE PRICE, PROVIDING FOOD TO MORE THAN 900 COMMUNITY FOOD PANTRIES AND FEEDING PROGRAMS. FORTY-SEVEN PERCENT OF FOOD DISTRIBUTED IN FISCAL YEAR 2021 WAS DONATED. AS OUR PANDEMIC RESPONSE PLAN CONTINUED INTO 2021, WE IMPROVED ACCESS TO SERVICES, INCREASED OUR RESOURCES TO NEIGHBORS AND ACQUIRED MORE NUTRITIOUS FOOD DESPITE SUPPLY CHAIN OBSTACLES. IN FISCAL YEAR 2021, THE FOOD BANK DISTRIBUTED THE EQUIVALENT TO 100 MILLION MEALS, OR ABOUT 250,000 MEALS A DAY - A 25% INCREASE FROM FY20. THIS INCLUDED AN UNPRECEDENTED 18 MILLION MEALS DISTRIBUTED THROUGH 1000 MOBILE MARKETS, AND 1.7 MILLION MEALS FOR CHILDREN AND SENIORS THROUGH AFTERSCHOOL, SUMMER MEAL PROGRAMS AND SENIOR BOX PROGRAMS DURING 2021. DURING THE HOLIDAYS LAST YEAR, AN ADDITIONAL 1 MILLION MEALS WERE DISTRIBUTED THROUGH OUR HOLIDAY MEAL BOX PROGRAMS.THROUGH OUR ONLINE FOOD PANTRY (MY PANTRY EXPRESS), WE FULFILLED MORE THAN 32,000 ORDERS IN 2021, OR APPROXIMATELY 1.2M MEALS, A 50% INCREASE OVER 2020. AT THE FOOD BANK'S WINNEBAGO COMMUNITY MARKET IN ROCKFORD, WE DISTRIBUTED 3.2 MILLION MEALS IN 2021. ADDITIONALLY, THROUGH CONTINUED COLLABORATION WITH LOCAL DAIRIES AND GENEROUS DONORS, THE FOOD BANK DISTRIBUTED 164K GALLONS OF MILK THROUGH 55 NETWORK AGENCY PARTNERS. IN SUPPORT OF OUR MEMBER AGENCIES, THE FOOD BANK PROVIDED $1.2 MILLION IN GRANTS TO NETWORK MEMBERS IN 2021 TO PROVIDE IMPROVED ACCESS TO FOOD AND OTHER RESOURCES FOR NEIGHBORS IN NEED.OTHER ACCOMPLISHMENTS IN 2021 INCLUDED THE SUCCESS OF THE FOOD BANK'S EXPANDED SNAP OUTREACH TEAM, WHO ASSISTED 2,400 HOUSEHOLDS IN APPLYING FOR SNAP BENEFITS, RESULTING IN 2 MILLION ADDITIONAL MEALS FOR THOSE IN NEED OF ASSISTANCE. THE FOOD BANK ALSO ENGAGED A RECORD 15K VOLUNTEERS IN 2021 FOR A TOTAL OF 130,000 VOLUNTEER HOURS.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JULIE YURKO PRESIDENT & CEO	40.00 0.00	X		X				315,156	0	27,540
TIM HIEBER CHIEF FINANCIAL OFFICER (THRU 05/02/21)	40.00 0.00	X		X				133,677	0	31,676
DIANNE KORIZON CHIEF STRATEGY OFFICER	40.00 0.00	X		X				155,187	0	6,547
BILL CONNELL TREASURER	1.00 0.00	X		X				0	0	0
DIRK LOCASCIO CHAIR	1.00 0.00	X		X				0	0	0
DOUGLAS ECKROTE VICE CHAIR	1.00 0.00	X		X				0	0	0
MOLLY VANDERLOO CHIEF FINANCIAL OFFICER (STARTED 05/03/21)	40.00 0.00	X		X				0	0	0
STACEY BARSEMA SECRETARY	1.00 0.00	X		X				0	0	0
BILL EICH DIRECTOR	1.00 0.00	X						0	0	0
BOYD NELSON DIRECTOR	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BRIAN MCCASKEY DIRECTOR	1.00 0.00	X						0	0	0
CAROL PETERSON DIRECTOR	1.00 0.00	X						0	0	0
CATHY LANG DIRECTOR	1.00 0.00	X						0	0	0
CHRISTINE RELLER DIRECTOR	1.00 0.00	X						0	0	0
COREY BERENDS DIRECTOR	1.00 0.00	X						0	0	0
CRAIG SESEMAN DIRECTOR	1.00 0.00	X						0	0	0
DALE RICHARDSON DIRECTOR	1.00 0.00	X						0	0	0
JOHN MILLNER DIRECTOR	1.00 0.00	X						0	0	0
KEVIN POORTEN DIRECTOR	1.00 0.00	X						0	0	0
KIM HOLMES DIRECTOR	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LELA JOHNSON DIRECTOR	1.00 0.00	X						0	0	0
MAYDENE MOORE DIRECTOR	1.00 0.00	X						0	0	0
MOSES HERRING DIRECTOR	1.00 0.00	X						0	0	0
NADINE MOORE DIRECTOR	1.00 0.00	X						0	0	0
NATE CARDEN DIRECTOR	1.00 0.00	X						0	0	0
PAM DOWNEY DIRECTOR	1.00 0.00	X						0	0	0
PAUL RODRIGUEZ DIRECTOR	1.00 0.00	X						0	0	0
SANDY RODRIQUEZ DIRECTOR	1.00 0.00	X						0	0	0
TOM DANT DIRECTOR	1.00 0.00	X						0	0	0
MAEVEN SIPES CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				142,025	0	19,859

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHRISTOPHER WHITE CHIEF OPERATIONS OFFICER	40.00 0.00			X				134,194	0	22,110
JENNIFER RIIPI CHIEF PEOPLE OFFICER	40.00 0.00			X				117,806	0	22,183

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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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	133,670,203	130,724,147	131,354,497	178,467,544	215,144,788	789,361,179
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	133,670,203	130,724,147	131,354,497	178,467,544	215,144,788	789,361,179
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). .						172,280,868
6 **Public support.** Subtract line 5 from line 4.						617,080,311

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	133,670,203	130,724,147	131,354,497	178,467,544	215,144,788	789,361,179
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	114,664	205,739	312,277	319,663	354,978	1,307,321
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	12,201	10,925	9,769	19,474	363,281	415,650
11 **Total support.** Add lines 7 through 10						791,084,150

12 Gross receipts from related activities, etc. (see instructions) **12** 21,160,740

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	**14**	78.000 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	**15**	73.190 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2016 AMOUNT: $ 12,201. 2017 AMOUNT: $ 10,925. 2018 AMOUNT: $ 9,769. 2019 AMOUNT: $ 19,474. 2020 AMOUNT: $ 363,281.

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		14,598
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			14,598
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	NORTHERN ILLINOIS FOOD BANK AIMS TO INFORM AND EDUCATE LEGISLATORS ON THE WORK AND MISSION OF THE FOOD BANK, AND, WHEN APPROPRIATE, ON LEGISLATION THAT AFFECTS THE FOOD BANK AND/OR OUR HUNGRY NEIGHBORS. IN FY21, SEVERAL FOOD BANK STAFF MEMBERS LOBBIED VIRTUALLY, WITH MEMBERS OF CONGRESS IN WASHINGTON DC (MARCH 18, 2021) AS PART OF THE NATIONAL ANTI-HUNGER POLICY CONFERENCE. THEY MET VIRTUALLY WITH 10 FEDERAL OFFICIALS AND THEIR STAFF TO DISCUSS THE IMPORTANCE OF STRONG PUBLIC-PRIVATE PARTNERSHIP IN SOLVING HUNGER ACROSS NORTHERN ILLINOIS. AT THE ONSET OF THE COVID-19 PANDEMIC, THE FOOD BANK REACHED OUT TO OUR COMMUNITIES TO OFFER ASSISTANCE, INCLUDING TO FEDERAL OFFICIALS TO PROVIDE INSIGHT, COLLABORATE AND PROVIDE FURTHER RELIEF. THROUGHOUT THE PANDEMIC, STAFF SPOKE WITH STATE AND FEDERAL CONGRESSIONAL STAFF INTERMITTENTLY, PROVIDING INSIGHT ON THE PANDEMIC'S IMPACT TO THE FOOD BANK'S NETWORK, COMMUNITY, AND NEIGHBORS, PARTICULARLY PERTAINING TO CFAP AND SNAP IN ADDITION TO SPEAKING WITH CONGRESSIONAL STAFF, FOOD BANK STAFF MET WITH A NUMBER OF STATE AND FEDERAL ELECTED OFFICIALS, EITHER VIRTUALLY OR IN PERSON (SAFETY PROTOCOLS PERMITTING), INCLUDING: STATE REP. MANLEY (7/25/20), STATE SENATOR BUSH AND STATE REP. WEBBER (7/24/20), STATE REP. HERNANDEZ (7/17/20 & 3/3/21), CONGRESSMAN KINZINGER (7/6/20), CONGRESSMAN CASTEN (8/13/20 & 9/26/20), CONGRESSMAN QUIGLEY (9/26/20), CONGRESSWOMAN BUSTOS (10/27/20), CONGRESSWOMAN KELLY (10/17/20), CONGRESSMAN SCHNEIDER (12/12/20), STATE REP. WEST (12/22/20), AND CONGRESSWOMAN UNDERWOOD (3/30/21). DURING THESE VISITS AND MEETINGS, THE FOOD BANK CONTINUED TO INFORM OUR ELECTED OFFICIALS ABOUT THE IMPACT OF COVID-19 ON FOOD SECURITY IN OUR COMMUNITIES, AND ASKED FOR ANY RELIEF THE STATE AND FEDERAL ELECTED OFFICIAL COULD HELP PROVIDE TO OUR NEIGHBORS DURING THIS TIME. ON MAY 18, 2021, FOOD BANK STAFF ALSO PARTICIPATED IN THE ILLINOIS STATE LOBBY DAY TO END HUNGER. THEY MET WITH FOUR STATE OFFICIALS: STATE SENATOR JOHNSON, STATE REP. WEST, STATE REP. MUSSMAN, AND STATE REP. HERNANDEZ. DURING THESE MEETINGS, THE FOOD BANK SHARED THE IMPACT OF COVID-19 ON OUR SERVICE AREA, THE INCREASED NEED, AND OUR RESPONSE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 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" on Form 990, Part IV, line 8.

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	899,067	721,458	468,012	400,000	400,000
b Contributions	1,624,200	151,605	216,819	54,677	
c Net investment earnings, gains, and losses	545,422	31,380	40,489	13,335	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	16,822	5,376	3,862		
g End of year balance	3,051,867	899,067	721,458	468,012	400,000

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

- a Board designated or quasi-endowment ▶ 100.000 %
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,338,673		2,338,673
b Buildings		17,114,759	4,027,786	13,086,973
c Leasehold improvements		1,685,366	739,184	946,182
d Equipment		3,449,915	2,623,475	826,440
e Other		4,798,174	2,915,888	1,882,286
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				19,080,554

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS & NOTES	112,494	F
(B) EXCHANGE-TRADED AND CLOSED-END FUNDS	2,022,424	F
(C) MUNICIPAL SECURITIES	1,613,444	F
(D) MUTUAL FUNDS	3,615,347	F
(E) NEGOTIABLE CERTIFICATES OF DEPOSIT	1,610,618	F
(F) STOCKS	5,859,936	F
(G) GOVERNMENT SECURITIES	723,933	F
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	15,558,196	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	223,422,381
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,031,744		
b	Donated services and use of facilities	2b	49,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	16,011,069		
e	Add lines **2a** through **2d**			2e	18,092,013
3	Subtract line **2e** from line **1**			3	205,330,368
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	87,699		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	87,699
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	205,418,067

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

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

1	Total expenses and losses per audited financial statements			1	209,375,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	49,200		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	16,011,069		
e	Add lines **2a** through **2d**			2e	16,060,269
3	Subtract line **2e** from line **1**			3	193,314,876
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	87,699		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	87,699
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	193,402,575

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3203648
Name: NORTHERN ILLINOIS FOOD BANK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	BOARD DESIGNATED ENDOWMENT FUND OF $3,051,867 TO PROVIDE AN ADDITIONAL SOURCE OF REVENUE T O MEET OUR OPERATING NEEDS. USAGE OF THE BOARD DESIGNATED FUND IS DEFINED IN THE NIFB INVE STMENT POLICY. IN FY 2021 , THE ENDOWMENT FUND IS BEING MANAGED IN ACCORDANCE WITH OUR INV ESTMENT POLICY, AND BY THE BROKERAGE FIRM MORGAN STANLEY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS 15,847,736. EXPENSES RELATED TO FUNDRAISING 163,333.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS 15,847,736. EXPENSES RELATED TO FUNDRAISING 163,333.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
ONE AND ALL 2 NORTH LAKE AVE SUITE 600 PASADENA, CA 91101	DIGITAL MEDIA AND SERVICES		No	5,667,846	650,556	5,017,290
GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND, OR 97230	PHONE SOLICITATION		No	254,082	54,977	199,105
Total . . . . . ▶				5,921,928	705,533	5,216,395

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

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

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

		(a) Event #1 FOODIE 5K'S (event type)	(b) Event #2 TASTE THAT MATTERS (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	209,402	150,675	304,542	664,619
	2 Less: Contributions	210,036	139,127	230,779	579,942
	3 Gross income (line 1 minus line 2)	-634	11,548	73,763	84,677
Direct Expenses	4 Cash prizes		1,825	335	2,160
	5 Noncash prizes	19,039	8,764	46,370	74,173
	6 Rent/facility costs	4,313	4,664	28,141	37,118
	7 Food and beverages	22,853	215	10,303	33,371
	8 Entertainment	131		30	161
	9 Other direct expenses	2,712	1,100	2,402	6,214
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				153,197
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-68,520

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			25,792	25,792
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			10,135	10,135
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				10,135
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				15,657

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

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

b If "No," explain: APPLYING FOR LICENSES BASED ON COUNTY

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	96.000 %
b	An outside facility	**13b**	4.000 %

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

Name ▶ SHELBY JOHNSON

Address ▶ 273 DEARBORN CT GENEVA, IL 60134

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	IN ADDITION TO FEES FOR FUNDRAISING SERVICES, THE ORGANIZATION PAYS POSTAGE COSTS TO ONE AND ALL AND GATEWAY COMMUNICATIONS. POSTAGE IS IDENTIFIED SEPARATELY FOR ONE AND ALL. THE AMOUNT OF POSTAGE TO ONE AND ALL IS $176,106 AND THE FEES FOR SERVICES ARE $650,556. THE AMOUNT OF POSTAGE TO GATEWAY COMMUNICATIONS IS $4,089 AND THE FEES FOR SERVICES ARE $54,977.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 444

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

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

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	**Explanation**
SCHEDULE I, PART 1, LINE 2:	NORMALLY EACH MEMBER AGENCY IS MONITORED AT LEAST EVERY OTHER YEAR. THE PURPOSE OF THE MONITORING VISIT IS TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS AND STANDARDS SET FORTH IN THE NORTHERN ILLINOIS FOOD BANK AGENCY POLICY AND PROCEDURES MANUAL, INCLUDING PROPER FOOD HANDLING AND DISTRIBUTION PROCEDURES. DUE TO SAFETY CONCERNS, THE MONITORING PROCESS WAS LARGELY ON HOLD DURING THE PEAK OF COVID. AS A RESULT, MONITOR VISITS ARE CURRENTLY BEHIND SCHEDULE. FOR CAPACITY BUILDING GRANTS, WE USE AN APPLICATION PROCESS TO AWARD FUNDS FOR EQUIPMENT AND OTHER CAPACITY BUILDING PROJECTS OR INCLUDE AGENCY NEEDS IN GRANT APPLICATIONS. IF THE AGENCY RECEIVES AN AWARD, IT MUST SHOW PROOF OF PAYMENT FOR PURCHASES APPROVED BY THE GRANT WITHIN 60-90 DAYS OF RECEIVING THE GRANT FUNDS. EXCEPTIONS CAN BE MADE IN EXTRAORDINARY CIRCUMSTANCES.

Additional Data

Software ID:
Software Version:
EIN: 36-3203648
Name: NORTHERN ILLINOIS FOOD BANK

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501C3	0	81,710	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NHBW PROJECT 100 - LABOR OF LOVE 1705 RICHARDS STREET JOLIET, IL 60433	90-0295111	501C3	0	43,990	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	87-0212453	501C3	0	58,911	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROADRUNNER FOOD BANK INC 5840 OFFICE BOULEVARD NE ALBUQUERQUE, NM 87109	85-0278525	501C3	0	58,964	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PECATONICA COMMUNITY FOOD PANTRY 527 MAIN STREET PECATONICA, IL 61063	84-2110744	501C3	0	51,076	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT EMPOWER BOONE FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012	84-1647950	501C3	0	3,294	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMPOWER BOONE FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012	84-1647950	501C3	2,000	3,440,849	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FOOD BANK OF THE ROCKIES 10975 E 45TH AVENUE DENVER, CO 80239	84-0772672	501C3	0	252,997	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPARTAN FOOD PANTRY 520 N MAPLE STREET SYCAMORE, IL 60178	83-2295841	501C3	0	79,907	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BENSENVILLE-WOOD DALE PANTRY 192 S CENTER STREET BENSENVILLE, IL 60106	83-1481619	501C3	35,000	1,049,999	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLOOMINGDALE TOWNSHIP FOOD PANTRY INC 123 N ROSEDALE AVE BLOOMINGDALE, IL 60188	83-0796663	501C3	0	44,637	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSELLE UMC COMMUNITY PANTRY 206 RUSH STREET ROSELLE, IL 60172	83-0579587	501C3	0	446,976	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AVON CARES FOOD PANTRY 602 CEDAR LAKE RD ROUND LAKE, IL 60073	82-2119450	501C3	26,292	1,159,617	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DELIVERANCE OUTREACH FOOD PANTRY 910 2ND AVE ROCKFORD, IL 61103	81-3544635	501C3	20,000	31,719	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACOM (AGAPE COMMUNITY OUTREACH MINISTRY) 196 S HARRISON AVENUE KANKAKEE, IL 60901	81-3528623	501C3	8,608	971,363	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
KENDALL COUNTY COMMUNITY FOOD PANTRY -OSWEGO 61 FRANKLIN ST DOOR 8 OSWEGO, IL 60543	81-3156995	501C3	0	18,983	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENDALL COUNTY COMMUNITY FP-PLANO SATELLITE 208 BEAVER ST YORKVILLE, IL 60560	81-3156995	501C3	0	109,240	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY COMMUNITY FOOD PANTRY 208 BEAVER STREET YORKVILLE, IL 60560	81-3156995	501C3	15,000	2,803,383	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION LOVE FOOD PANTRY 25655 S GOVERNORS HIGHWAY MONEE, IL 60449	81-2878780	501C3	0	61,962	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RAHMAH INTERFAITH FOOD PANTRY 134 W MONAVILLE RD LAKE VILLA, IL 60046	81-2598956	501C3	0	316,273	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUKE 311 SHARE CENTER NFP 37510 NORTH FAIRFIELD ROAD LAKE VILLA, IL 60046	81-2375070	501C3	0	282,485	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN UNION FOOD PANTRY 1705 KILBURN AVE ROCKFORD, IL 61101	80-0820742	501C3	0	281,807	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142	74-3189566	501C3	0	468,571	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF LARIMER COUNTY 5706 WRIGHT DRIVE LOVELAND, CO 80538	74-2336171	501C3	0	67,254	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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COMMUNITY FOOD SHARE 650 SOUTH TAYLOR AVENUE SUITE A LOUISVILLE, CO 80027	74-2227731	501C3	0	72,065	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979	501C3	0	61,735	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	501C3	0	132,891	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD'S LAMBS MINISTRY 13449 EAST CENTRAL AVE PEMBROKE TOWNSHIP, IL 60958	71-1031041	501C3	14,600	318,886	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

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ARKANSAS FOODBANK 4301 W 65TH STREET LITTLE ROCK, AR 72209	71-0596734	501C3	0	134,109	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOOD PANTRY 834 NORTH HIGHLAND AVENUE AURORA, IL 60506	65-1169439	501C3	25,000	1,667,010	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

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MARIE WILKINSON EAST COMM FP(EAST AURORA HS) 500 TOMCAT LANE SCHOOL DLVY SITE 801 ZIEGLER AURORA, IL 60505	65-1169439	501C3	25,000	610,583	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUBA TOWNSHIP FOOD PANTRY 28000 W CUBA ROAD BARRINGTON, IL 60010	61-1442198	501C3	0	8,297	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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ST PIUS - ST VINCENT DEPAUL FOOD PANTRY 1025 E MADISON STREET LOMBARD, IL 60148	59-3841484	501C3	0	1,477	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPEN ARMS MISSION 1548 S MAIN STREET ANTIOCH, IL 60002	59-3775399	501C3	28,665	571,858	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EL PUENTE LATINO 2415 N BUTRICK WAUKEGAN, IL 60087	56-2635134	501C3	370	643,736	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
NORTHERN ILLINOIS HELPING HANDS FOOD PANTRY 2502 SPRING RIDGE DRIVE SUITE B SPRING GROVE, IL 60081	56-2420923	501C3	0	552,992	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 3808 TARHEEL DRIVE RALEIGH, NC 27609	56-1283426	501C3	0	226,211	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501C3	0	76,625	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501C3	0	47,303	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVE NORTH CHICAGO, IL 60064	53-0204696	501C3	3,628	17,564	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR LADY OF MOUNT CARMEL FOOD PANTRY 8404 CASS AVE DARIEN, IL 60561	53-0196617	501C3	0	44,042	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446	53-0196617	501C3	0	98,434	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515	53-0196617	501C3	0	66,076	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES LAKE CO FOOD PANTRY 671 S LEWIS AVENUE WAUKEGAN, IL 60085	53-0196617	501C3	0	163,907	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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KANKAKEE CATHOLIC FOOD PANTRY 341 N ST JOSEPH AVENUE KANKAKEE, IL 60901	53-0196617	501C3	0	231,121	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SACRED HEART - FAMILY TABLE SOUP KITCHEN 329 S OTTAWA STREET JOLIET, IL 60436	53-0196617	501C3	0	956	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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MOST BLESSED TRINITY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085	53-0196617	501C3	0	434,398	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST JOHN THE BAPTIST FOOD PANTRY 260 WEST DIVISION STREET JOLIET, IL 60435	53-0196617	501C3	11,000	288,749	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ELIZABETH'S CENTER FOOD PANTRY 1505 S MAIN STREET ROCKFORD, IL 61102	53-0196617	501C3	5,000	969,501	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST ELIZABETH'S CENTER SOUP KITCHEN 1505 S MAIN STREET ROCKFORD, IL 61102	53-0196617	501C3	0	7,648	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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DAYBREAK SHEPHERD'S TABLE 611 E CASS STREET JOLIET, IL 60432	53-0196617	501C3	0	1,427,589	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANTA MARIA DEL POPOLO - SVDPS 116 N LAKE STREET MUNDELEIN, IL 60060	53-0196617	501C3	0	52,151	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMV SHARING HANDS - PADS 236 US HIGHWAY 45 INDIAN CREEK, IL 60061	53-0196617	501C3	0	8,468	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KUZMA CARE COTTAGE 635 S MAIN STREET WILMINGTON, IL 60481	53-0196617	501C3	12,380	400,924	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	53-0196617	501C3	1,488	259,882	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
IMMACULATE CONCEPTION FOOD PANTRY 134 ARTHUR STREET ELMHURST, IL 60126	53-0196617	501C3	0	18,062	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMV SHARING HANDS FOOD PANTRY 236 US HIGHWAY 45 INDIAN CREEK, IL 60061	53-0196617	501C3	0	248,501	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES FOOD PANTRY ROUND LAKE 101 N CEDAR LAKE RD ROUND LAKE, IL 60073	53-0196617	501C3	0	57,683	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY ANGELS PANTRY 204 S RUSSELL AVE AURORA, IL 605064969	53-0196617	501C3	0	669,138	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAINFIELD AREA INTERFAITH FP 22525 W LOCKPORT ST PLAINFIELD, IL 60544	51-0595110	501C3	1,400	1,884,830	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WILLOW CREEK WHEATON CHURCH MAIL TO315 W FRONT STREET 2ND FLOOR FLOOR WHEATON, IL 60187	51-0164942	501C3	0	75,872	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
D300 FOOD PANTRY PO BOX 879 CARPENTERSVILLE, IL 60110	47-5540004	501C3	25,000	573,815	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HOPE FULL FOOD PANTRY 114 E CASS STREET JOLIET, IL 60432	47-4059410	501C3	0	13,892	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOOD DISTRIBUTION SERVICES NFP 125 W CHURCH STREET LIBERTYVILLE, IL 60048	47-2396639	501C3	5,008	57,460	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MIDWEST VETERAN'S FOOD AND NUTRITION RESOURCE CTR 2323 GREEN BAY RD NORTH CHICAGO, IL 60064	47-2126427	501C3	0	481,952	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVENUE NORTH JACKSONVILLE, FL 32254	46-5014769	501C3	0	24,287	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ITASCA FOOD PANTRY 336 W CENTER STREET ITASCA, IL 60143	46-3811868	501C3	0	650,599	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GENOA AREA COMMUNITY FOOD HUB 415 W MAIN STREET GENOA, IL 60135	46-3681206	501C3	9,800	222,246	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GROW MOBILE 2280 BETHANY ROAD DEKALB, IL 60115	46-3681206	501C3	21,874	1,051,854	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART 900 E GARDEN DEKALB, IL 60115	46-3613866	501C3	15,000	476,215	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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4KIDS SAKE INC FOOD PANTRY 684 W BOUGHTON RD SUITE 101 BOLINGBROOK, IL 60490	46-3379182	501C3	25,000	2,664,077	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CLUB APASEO EL ALTO 1220 GRAND AVE WAUKEGAN, IL 60085	46-2992155	501C3	22,526	777,147	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FRANKFORT TOWNSHIP 11000 W LINCOLN HIGHWAY FRANKFORT, IL 60423	46-2232580	501C3	0	1,117,385	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST YORKFIELD FOOD PANTRY 1083 S YORK ROAD ELMHURST, IL 60126	46-0622495	501C3	6,200	894,488	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CURT'S CAFE 1766 2ND STREET HIGHLAND PARK, IL 60035	45-3934105	501C3	0	431,504	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	45-2893839	501C3	0	865,347	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LOAVES FISH FOOD PANTRY 409 W BRAYTON ROAD MT MORRIS, IL 61054	45-2828186	501C3	0	144,489	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH MOVERS CHURCH 425 EXCHANGE ST UNIVERSITY PARK, IL 60484	45-2285833	501C3	19,000	1,697,880	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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THE STORE AT HARVEST CHAPEL 725 S COUNTY LINE ROAD SANDWICH, IL 60548	44-0577787	501C3	5,000	146,771	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073	44-0577787	501C3	0	636,392	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ABIDING LOVE MINISTRIES FOOD PANTRY 2929 BETHEL BOULEVARD ZION, IL 60099	44-0577787	501C3	3,844	729,934	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ABIDING LOVE MINISTRIES SOUP KITCHEN 2929 BETHEL BOULEVARD ZION, IL 60099	44-0577787	501C3	0	114,762	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BREAD OF LIFE FAITH BRIDGE CHURCH 450 E ROOSEVELT ROAD WEST CHICAGO, IL 60185	44-0577787	501C3	0	88,892	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109	44-0577787	501C3	10,500	493,145	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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ST LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501C3	0	1,088,566	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI 2101 VANDIVER DRIVE COLUMBIA, MO 652021938	43-1238934	501C3	0	100,088	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HARVESTERS 3801 TOPPING AVENUE KANSAS CITY, MO 64129	43-1208665	501C3	0	224,228	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE TABERNACLE 5400 REIMER DR ROSCOE, IL 61073	43-0679185	501C3	0	375,126	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049	43-0658188	501C3	0	8,793	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121	41-2258779	501C3	0	33,057	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 601855122	41-2132599	501C3	25,000	526,453	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GPS FAITH COMMUNITY 10714 NORTH SECOND STREET MACHESNEY PARK, IL 61115	41-1568278	501C3	0	31,357	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435	41-1568278	501C3	15,683	1,471,532	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
KIRKLAND FOOD PANTRY 510 W SOUTH STREET SITE KIRKLAND, IL 60146	41-1568278	501C3	0	104,907	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BETHLEHEM FEED MY SHEEP 1915 N 1ST ST DEKALB, IL 60115	41-1568278	501C3	2,925	370,347	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E WONDER LAKE RD SITE WONDER LAKE, IL 60097	41-1568278	501C3	9,000	305,821	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TRINITY DAYCARE 215 N 1ST ST ROCKFORD, IL 61107	41-1568278	501C3	0	36,886	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107	41-1568278	501C3	2,500	312,526	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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BLESSING BENCH PANTRY 55 W BENTON STREET JOLIET, IL 60432	41-1568278	501C3	5,500	46,448	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LENA-WINSLOW FOOD PANTRY 130 1/2 MAIN STREET LENA, IL 61048	41-1568278	501C3	0	86,257	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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INDIAN OAKS ACADEMY 101 BRAMBLE MANTENO, IL 60950	41-1419064	501C3	0	26,392	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BATAVIA INTERFAITH FOOD PANTRY 100 FLINN STREET BATAVIA, IL 60510	40-0001099	501C3	0	594,231	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN 2802 DAIRY DRIVE MADISON, WI 53718	39-1490691	501C3	0	76,999	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST TEMPLE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433	38-6152811	501C3	26,500	123,198	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HEARTS THAT CARE INC 420 CHALLENGE ST FREEPORT, IL 61032	38-3763449	501C3	0	90,801	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOD'S GLORY FOOD PANTRY 1250 SOUTH PERRYVILLE RD CHURCH ROCKFORD, IL 61105	38-2943860	501C3	0	6,074	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	38-2926476	501C3	0	304,202	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE CHURCH 500 S GOUGAR ROAD NEW LENOX, IL 60451	38-2501351	501C3	0	49,024	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER ROAD FLINT, MI 48503	38-2379678	501C3	0	669,292	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 2911 W EVERGREEN DRIVE APPLETON, WI 54913	38-1384593	501C3	0	19,454	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FEEDING AMERICA EASTERN WISCONSIN 1700 W FOND DU LAC AVENUE MILWAUKEE, WI 53205	38-1384593	501C3	0	51,679	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VERNON TOWNSHIP FOOD PANTRY INC 3050 N MAIN STREET BUFFALO GROVE, IL 60089	37-1801039	501C3	0	71,782	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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COAL CITY FOOD PANTRY 6805 E MCARDLE ROAD COAL CITY, IL 60416	37-1565493	501C3	0	112,805	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501C3	0	2,477,204	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FIRST BAPTIST CHURCH PANTRY 800 THORNTON LOCKPORT, IL 60441	37-0951634	501C3	0	58,137	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOVE FELLOWSHIP BAPTIST CHURCH 730 N INDEPENDENCE BLVD ROMEOVILLE, IL 60446	37-0755264	501C3	4,500	12,618	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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LIVING MANNA FOOD MINISTRY SITE 25124 S FRYER ST CHANNAHON, IL 60410	37-0755264	501C3	0	587,167	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANDWICH BOARD 218 E BENTON STREET AURORA, IL 60505	36-9004041	501C3	0	3,000	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101	36-7947739	501C3	0	7,945	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S GENESEE ST WAUKEGAN, IL 60085	36-6448332	501C3	3,493	206,676	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SHILOH BAPTIST CHURCH FOOD PANTRY 800 S GENESEE ST WAUKEGAN, IL 60085	36-6448332	501C3	0	8,043	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH SOUP KITCHEN 800 S GENESEE ST WAUKEGAN, IL 60085	36-6448332	501C3	0	7,254	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCKFORD RESCUE MISSION 715 W STATE ST ROCKFORD, IL 61102	36-6132381	501C3	0	844,198	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START - AURORA 1661 LANDMARK ROAD AURORA, IL 60506	36-6128783	501C3	0	463,518	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TWO RIVERS HEAD START - ELGIN 418 AIRPORT ROAD ELGIN, IL 60123	36-6128783	501C3	0	197,627	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KITCHEN TABLE INC 7034 SOUTH KLONDIKE ROAD ROCHELLE, IL 61068	36-4759636	501C3	0	2,208	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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YORK TOWNSHIP PANTRY 1502 S MEYERS ROAD LOMBARD, IL 60148	36-4614086	501C3	18,000	134,912	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOR TOMORROW 469 N LAKE ST AURORA, IL 60506	36-4481458	501C3	0	48	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HOPE FOR TOMORROW 469 N LAKE ST AURORA, IL 60506	36-4481458	501C3	0	14,970	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NETWORK OF NATIONS 530 W STATE ST DEKALB, IL 60178	36-4457221	501C3	0	6,916	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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CENTER OF HOPE 200 UNIVERSITY AVENUE BOURBONNAIS, IL 60914	36-4427193	501C3	0	1,290,723	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REFORMERS UNANIMOUS MEN'S HOME 4419 SAFFORD RD ROCKFORD, IL 61111	36-4404153	501C3	0	8,763	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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REFORMERS UNANIMOUS WOMEN'S HOME 310 ARNOLD STREET ROCKFORD, IL 61104	36-4404153	501C3	0	10,124	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY CARE CLOSET - NORTH CHICAGO COMM PARTNERS NORTH CHICAGO COMMUNITY HIGH SCHOOL NORTH CHICAGO, IL 60064	36-4398556	501C3	15,025	183,186	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MORE CENTER 829 GREENLEE ST MARENGO, IL 601520564	36-4377608	501C3	2,500	233,756	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARPENTER'S PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104	36-4352283	501C3	0	1,945	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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REACH MINISTRIES INC 4324 YACKLEY AVENUE LISLE, IL 60532	36-4350516	501C3	0	57,404	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033	36-4345259	501C3	2,000	87,176	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BROWN BEAR DAY CARE & LEARNING CENTER FP 21007 MCGUIRE ROAD HARVARD, IL 60033	36-4345259	501C3	0	439,887	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MIDWEST SHELTER FOR HOMELESS VETERANS 433 S CARLTON AVE WHEATON, IL 60187	36-4337985	501C3	0	6,211	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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COMMUNITY CHRISTIAN CHURCH FOOD PANTRY 1400 YORKHOUSE ROAD WAUKEGAN, IL 60087	36-4333140	501C3	1,766	173,434	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
UNITY IN THE COMMUNITY (LIVING WORD MINISTRIES) 4426 VIRGINIA AVENUE ROCKFORD, IL 61102	36-4330563	501C3	0	2,214	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIVELY HOPE CHURCH OF GOD 308 N MIDLAND AVE JOLIET, IL 60435	36-4325953	501C3	0	54,541	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LENOX TOWNSHIP FOOD PANTRY 1100 S CEDAR ROAD NEW LENOX, IL 60451	36-4304406	501C3	7,000	728,024	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ALGONQUINLAKE IN THE HILLS FOOD PANTRY SITE 1113 PYOTT ROAD LAKE IN THE HILLS, IL 60156	36-4303681	501C3	0	525,756	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT LCM 580 N KUHN ROAD CAROL STREAM, IL 60188	36-4301829	501C3	3,750	567,940	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555	36-4301829	501C3	16,200	696,302	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	36-4301829	501C3	0	243,063	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT FREMONT 123 FREMONT ST WEST CHICAGO, IL 60185	36-4301829	501C3	0	1,920,513	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184	36-4301829	501C3	0	503,125	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT ST ANDREWS 250 NORTH GARY AVENUE CAROL STREAM, IL 60188	36-4301829	501C3	0	8,704	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY OUTREACH PROGRAM INC SHIP TO 2223 PLAINFIELD ROAD CREST HILL, IL 60403	36-4270767	501C3	8,480	884,720	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 605520912	36-4268946	501C3	0	26,984	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH SHORE CHURCH OF CHRIST SOUP KITCHEN 326 JULIAN STREET WAUKEGAN, IL 60085	36-4212089	501C3	0	4,090	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LORD OF GLORY FOOD PANTRY 607 W BELVIDERE ROAD GRAYSLAKE, IL 60030	36-4200768	501C3	1,300	180,924	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF JOY - YOUTHMEAL PROGRAM 2000 WESTERN AVE WAUKEGAN, IL 60085	36-4184410	501C3	0	1,903	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHURCH OF JOY - FSS 2000 WESTERN AVE WAUKEGAN, IL 60085	36-4184410	501C3	0	1,811	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP-GURNEE 228 N COUNTY STREET WAUKEGAN, IL 60085	36-4133372	501C3	6,084	152,216	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195	36-4118688	501C3	0	118,002	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PROJECT HOPE 320 EAST FRANKLIN BARRINGTON, IL 60010	36-4108515	501C3	0	120,686	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TRANSITIONAL LIVING SERVICE - DROP IN PANTRY 5330 W ELM STREET MCHENRY, IL 60050	36-4104887	501C3	0	186,759	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SARATOGA TOWER 1700 NEWTON PLACE MORRIS, IL 60450	36-4104384	501C3	0	80,576	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HINCKLEY AREA FOOD PANTRY 324 W MCKINLEY STREET HINCKLEY, IL 60520	36-4100210	501C3	563	35,356	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANOVER TOWNSHIP PANTRY 7431 ASTOR AVE HANOVER PARK, IL 60133	36-4093508	501C3	8,000	175,376	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WHEELING TOWNSHIP FOOD PANTRY 1616 N ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004	36-4090507	501C3	0	11,742	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BURLINGTON-HAMPSHIRE AREA FOOD PANTRY 147 MILL AVE HAMPSHIRE, IL 60140	36-4074647	501C3	0	7,023	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NICE 346 S COUNTY LINE ROAD LEE, IL 60530	36-4067899	501C3	0	203,228	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PATRIOT'S GATEWAY 615 SOUTH 5TH STREET ROCKFORD, IL 61104	36-4048431	501C3	0	309,645	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GARDEN OF PRAYER YOUTH CENTER 16424 E STATE RT 114 MOMENCE, IL 60954	36-4047454	501C3	0	20,456	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGE TOWNSHIP 719 PARKWOOD AVE ROMEOVILLE, IL 60446	36-4036304	501C3	4,940	3,591,643	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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YOUTH CONSERVATION CORPS 1020 W GREENWOOD AVE WAUKEGAN, IL 60085	36-3993578	501C3	0	4,004	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IGLESIA BETHANIA CHURCH PANTRY 1000 HACKER AVENUE SITE JOLIET, IL 60432	36-3989438	501C3	4,500	101,930	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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COMMU CARE CTR OF THE CHAPEL 25270 WEST HWY 60 GRAYSLAKE, IL 60030	36-3963071	501C3	0	3,176,972	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432	36-3954996	501C3	2,350	130,548	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ASSISI HOMES OF GURNEE 3495 GRAND AVENUE GURNEE, IL 60031	36-3942336	501C3	0	25,091	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LINCOLN MANOR - LSSI 615 N LINCOLN HWY ROCHELLE, IL 61068	36-3936045	501C3	0	1,933	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WARREN TOWNSHIP 17801 W WASHINGTON STREET GURNEE, IL 60031	36-3927154	501C3	0	215	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRANT TOWNSHIP FOOD PANTRY 26725 W MOLIDOR ROAD INGLESIDE, IL 60041	36-3927154	501C3	0	260,769	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MT MORIAH CHRISTIAN CENTER FOOD PANTRY 523 10TH STREET NORTH CHICAGO, IL 60064	36-3925621	501C3	0	48,909	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSISI HOMES BATAVIA APTS 1259 E WILSON ST BATAVIA, IL 60510	36-3914084	501C3	0	29,703	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501C3	4,710	1,124,528	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
EMMANUEL FAITH BIBLE SOUP KITCHEN 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501C3	0	12,981	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DRIVE 118 WOODRIDGE, IL 60517	36-3857072	501C3	2,000	1,510,606	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEST SUBURBAN COMM PANTRY - SENIOR PROGRAM 6809 HOBSON VALLEY DRIVE WOODRIDGE, IL 60517	36-3857072	501C3	0	8,279	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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IRENE KING ELEMENTARY SCHOOL PANTRY 301 EATON AVE ROMEOVILLE, IL 60446	36-3857072	501C3	0	20,516	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLORY TABERNACLE CHURCH 459 N OTTAWA ST JOLIET, IL 60432	36-3856470	501C3	2,400	107,712	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441	36-3823181	501C3	2,400	1,183,452	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH POINT CHURCH FOOD PANTRY 900 N LEWIS AVENUE WINTHROP HARBOR, IL 60096	36-3800814	501C3	9,800	2,021,527	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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COMPASS CHURCH GROCERY - LOAVES & FISHES 1871 HIGH GROVE LANE NAPERVILLE, IL 60440	36-3786777	501C3	0	115,981	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-3786777	501C3	17,000	6,134,086	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOST BLESSED TRINITY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085	36-3776225	501C3	0	39,905	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516	36-3751493	501C3	0	57,313	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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B1 FOOD PANTRY 1105 7TH AVENUE BELVIDERE, IL 61008	36-3739781	501C3	0	651,440	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN SHARPE COMMUNITY CENTER 454 S JOLIET STREET JOLIET, IL 60436	36-3724298	501C3	25,406	499,091	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098	36-3711449	501C3	0	231,080	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARY GROVE FOOD PANTRY 8901 S CARY-ALGONQUIN ROAD CARY, IL 60013	36-3711072	501C3	0	446,698	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087	36-3704794	501C3	6,000	245,485	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF DOWNERS GROVE 4341 SARATOGA DOWNERS GROVE, IL 60515	36-3691414	501C3	24,750	61,035	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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VILLAGE BAPTIST CHURCH 515 S FRONTENAC ROAD AURORA, IL 60504	36-3679192	501C3	0	58,678	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGEPADS 601 WEST LIBERTY WHEATON, IL 60187	36-3675494	501C3	0	5,775	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST GEORGE COPTIC ORTHODOX CHURCH 4601 W PAULING ROAD MONEE, IL 60449	36-3611685	501C3	0	2,349	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - ELGIN 1000 N RANDALL ROAD ELGIN, IL 60123	36-3590027	501C3	0	67,200	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HARVEST BIBLE CHAPEL - CRYSTAL LAKE 580 TRACY TRAIL CRYSTAL LAKE, IL 60014	36-3590027	501C3	0	244,290	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085	36-3542328	501C3	0	17,246	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HOPE HAVEN 1145 RUSHMOORE DR DEKALB, IL 60115	36-3537762	501C3	0	2,637	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INTERFAITH FOOD PANTRY 345 S PRESIDENT STREET CAROL STREAM, IL 60188	36-3536903	501C3	0	50,927	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068	36-3531683	501C3	0	3,124	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COUNTRYSIDE FOOD PANTRY INC 525 N MAIN STREET ELBURN, IL 60119	36-3502269	501C3	0	45,457	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE 657 E COURT STREET KANKAKEE, IL 60901	36-3478633	501C3	0	131,050	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI-KANKAKEE CO COMMUNITY SRVC - SENIORS 657 E COURT STREET KANKAKEE, IL 60901	36-3478600	501C3	0	13,897	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WILL COUNTY CENTER - COMMUNITY CONCERNS 2455 GLENWOOD AVENUE JOLIET, IL 60432	36-3473739	501C3	0	17,004	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRSTBORN MINISTRIES FOOD PANTRY 8213 N ALPINE ROAD MACHESNEY PARK, IL 61115	36-3427335	501C3	0	363,751	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GLEN ELLYN FOOD PANTRY CARE CENTER 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501C3	0	42,752	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501C3	0	766,270	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SHELTER CARE MINISTRIES 412 N CHURCH STREET ROCKFORD, IL 61103	36-3374370	501C3	0	79,712	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED COMMUNITY CONCERNS ASSOCIATION 125 W CHURCH STREET ELMHURST, IL 60126	36-3371125	501C3	0	127,858	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548	36-3364650	501C3	0	227,545	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SERENITY HOUSE COUNSELING SERVICE 891 S ROUTE 53 ADDISON, IL 60101	36-3350438	501C3	0	15,430	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404	36-3340037	501C3	0	35,335	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436	36-3339124	501C3	3,000	58,447	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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ST THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563	36-3314260	501C3	0	42,243	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF MCHENRY 3515 N RICHMOND ROAD SITE MCHENRY, IL 60051	36-3313155	501C3	0	1,156,866	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MOUNT SINAI BAPTIST CHURCH FOOD PANTRY 2401 ARGONNE DRIVE NORTH CHICAGO, IL 60064	36-3312786	501C3	214	72,701	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
COOL FOOD PANTRY - EAST 800 W GLEN FLORA AVENUE WAUKEGAN, IL 60085	36-3310492	501C3	0	862,902	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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PECATONICA COMMUNITY FOOD PANTRY SENIOR PROGRAM 527 MAIN STREET PECATONICA, IL 61063	36-3307195	501C3	0	7,939	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501C3	0	13,975	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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YOUTH SERVICES NETWORKMELD 620 KISHWAUKEE STREET ROCKFORD, IL 61107	36-3297042	501C3	0	6,563	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE BRIDGE 405 S 4TH STREET ROCKFORD, IL 61104	36-3297042	501C3	0	1,099	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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DISCOVERY CENTER MUSEUM 711 N MAIN STREET ROCKFORD, IL 61103	36-3292135	501C3	0	354	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEBRON COMMUNITY FOOD PANTRY 10206 SEAMAN ROAD HEBRON, IL 60034	36-3277308	501C3	0	16,337	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIFELINE FOOD & SELF HELP PROJECT 201 N 3RD STREET STE 6 OREGON, IL 610611400	36-3274967	501C3	0	65,541	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POLO LIFELINE 113 N GREEN AVE SUITE A POLO, IL 61064	36-3266881	501C3	0	72,655	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCHELLE CHRISTIAN FOOD PANTRY 770 W LINCOLN AVE ROCHELLE, IL 61068	36-3265265	501C3	25,000	507,720	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHEPHERD OF THE LAKES LUTHERAN 285 E WASHINGTON STREET GRAYSLAKE, IL 60030	36-3261572	501C3	0	413,262	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CRYSTAL LAKE FOOD PANTRY 42 EAST STREET CRYSTAL LAKE, IL 60014	36-3242915	501C3	0	2,255,708	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY-SNR 42 EAST STREET CRYSTAL LAKE, IL 600391071	36-3242915	501C3	0	10,994	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEW TESTAMENT FELLOWSHIP 515 N SCOTT JOLIET, IL 60432	36-3225843	501C3	0	142,626	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MINOOKA BIBLE CHURCH 412 N WABENA AVENUE MINOOKA, IL 60447	36-3214205	501C3	0	308,619	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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AURORA INTERFAITH FOOD PANTRY PO BOX 2602 AURORA, IL 60506	36-3206531	501C3	0	4,188,729	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ALPINE CHAPEL DBA HOPE COLLECTIVE 23153 W MILLER ROAD LAKE ZURICH, IL 60047	36-3205726	501C3	17,000	701,622	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133	36-3205350	501C3	0	998,570	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST VINCENT DE PAUL ST BEDE SOUP KITCHEN 36455 N WILSON ROAD INGLESIDE, IL 60041	36-3195567	501C3	0	3,060	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST VINCENT DE PAUL ST BEDE FOOD PANTRY 36455 N WILSON ROAD INGLESIDE, IL 60041	36-3195567	501C3	0	115,639	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501C3	0	110,260	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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PEOPLES RESOURCE CENTER ST ANDREWS 122 PRINCE CROSSING RD WEST CHICAGO CHICAGO WHEATON, IL 60187	36-3157600	501C3	0	214,191	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WEGO TOGETHER COMMUNITY MARKET 238 E HAZEL STREET WEST CHICAGO, IL 60185	36-3157600	501C3	0	195,822	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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PEOPLE'S RESOURCE CENTER SOUTHEAST - WESTMONT 104 CHESTNUT AVENUE SITE WESTMONT, IL 60559	36-3157600	501C3	0	2,515,044	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER SENIOR PROGRAM 201 S NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501C3	0	11,520	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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PEOPLE'S RESOURCE CENTER - WHEATON 201 S NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501C3	5,060	1,935,388	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT PEOPLE'S RESOURCE CENTER - WHEATON 201 S NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501C3	0	488	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCK RIVER VALLEY FOOD PANTRY 421 S ROCKTON AVENUE ROCKFORD, IL 61102	36-3135643	501C3	0	1,030,191	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY BROADWAY 1100 BROADWAY ROCKFORD, IL 61104	36-3135643	501C3	0	36,898	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHURCH OF CHRIST FOOD PANTRY 350 E JAMES AVENUE WEST CHICAGO, IL 60185	36-3120419	501C3	0	22,317	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SAFE PASSAGE INC PO BOX 621 DEKALB, IL 60115	36-3108372	501C3	4,700	15,571	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHRIST'S MISSION CHURCH 22811 S CEDAR ROAD MANHATTAN, IL 60442	36-3094449	501C3	0	114,889	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF GRUNDY COUNTY INC 530 BEDFORD RD MORRIS, IL 60450	36-3040908	501C3	2,000	182,328	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEW LIFE COMMUNITY FOOD PANTRY 11627 WEST IL RT 72 FORRESTON, IL 61030	36-3039274	501C3	3,600	28,715	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY LIGHTHOUSE 14409 E HEMSTOCK ROAD ROCHELLE, IL 61068	36-3025977	501C3	0	14,048	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOCKPORT WOMEN'S CLUB PO BOX 256 LOCKPORT, IL 60441	36-3009320	501C3	0	3,934	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FELLOWSHIP BIBLE CHURCH - JOLIET 122 MORRIS STREET JOLIET, IL 60436	36-2997683	501C3	1,220	194,641	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

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GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501C3	0	477,727	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY ST DAVIS, IL 61019	36-2947825	501C3	0	129,153	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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360 YOUTH SERVICES 1305 W OSWEGO RD NAPERVILLE, IL 60540	36-2936229	501C3	0	7,665	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH BAPTIST CHURCH 1280 ARMOUR DRIVE BOURBONNAIS, IL 60914	36-2919421	501C3	0	89,581	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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FOX VALLEY CHRISTIAN ACTION 35W624 RIVERWOODS LN ST CHARLES, IL 60174	36-2911588	501C3	0	9,187	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WOODSTOCK BIBLE CHURCH FOOD PANTRY 770 E KIMBALL AVE WOODSTOCK, IL 60098	36-2904441	501C3	0	166,263	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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HEALING HUNGER WEEK END BACKPACK PROGRAM 40W150 MAIN ST BATAVIA, IL 60510	36-2887116	501C3	0	5,311	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187	36-2883552	501C3	0	9,323	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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CHURCH OF HOPE 202 N MONROE GARDNER, IL 60424	36-2857205	501C3	0	7,286	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CRISIS CENTER PO BOX 1390 ELGIN, IL 601211390	36-2855797	501C3	0	10,862	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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FIRST BAPTIST CHURCH 401 N CLINTON STREET DWIGHT, IL 60420	36-2839405	501C3	0	88,730	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHEPHERD'S HEART FOOD PANTRY 2300 SOUTH STREET GENEVA, IL 60134	36-2817169	501C3	0	237,127	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORMAN SLEEZER YOUTH HOME 1401 S SLEEZER ROAD FREEPORT, IL 61032	36-2803988	501C3	0	16,786	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VOLUNTARY ACTION CENTER 1606 BETHANY ROAD SYCAMORE, IL 60178	36-2798257	501C3	0	39,826	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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CUPERTINO HOME 35570 WARREN AVE WARRENVILLE, IL 60555	36-2778655	501C3	0	3,616	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRO DE INFORMACION 1885 LIN LOR LANE ELGIN, IL 60123	36-2776988	501C3	0	12,860	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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SENIOR SERVICES ASSOC INC 101 S GROVE AVENUE ELGIN, IL 601206477	36-2775102	501C3	0	30,860	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP - LOGAN AVE 620 LOGAN AVENUE EAST - SIDE BELVIDERE, IL 61008	36-2740242	501C3	0	120,337	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115	36-2717649	501C3	0	6,805	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 1809 RT 31 MCHENRY, IL 60050	36-2681127	501C3	20,703	1,079,669	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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SHILOH BAPTIST CHURCH FOOD PANTRY 18101 W OAK AVENUE LOCKPORT, IL 60441	36-2679786	501C3	26,496	72,369	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST LAYMEN MIN SOUP KITCHEN 402 SINGLETON PLACE JOLIET, IL 60436	36-2679786	501C3	0	12,681	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

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LEBANON DIST LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436	36-2679786	501C3	0	89,805	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432	36-2679658	501C3	7,400	747,913	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

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CALVARY COMMUNITY CARE FOOD PANTRY 1221 W MAPLE AVENUE MUNDELEIN, IL 60060	36-2679319	501C3	0	12,295	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GATEWAY FOUNDATION AURORA 400 MERCY LANE AURORA, IL 60506	36-2670036	501C3	0	2,026	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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QUEEN OF PEACE 24955 N US HIGHWAY 12 LAKE ZURICH, IL 60047	36-2639774	501C3	0	22,930	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT ST JOSEPH 24955 N US HIGHWAY 12 LAKE ZURICH, IL 60047	36-2639774	501C3	0	368,845	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WESLEY'S TABLE FOOD PANTRY 500 N CLEVELAND AVENUE BRADLEY, IL 60915	36-2614818	501C3	0	230,986	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NICAA - FREEPORT 524 W STEPHENSON ST FREEPORT, IL 61032	36-2598679	501C3	0	34,039	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LSSI SPRING RIDGE SENIOR HOUSING 6645 FINCHAM DRIVE ROCKFORD, IL 61108	36-2584799	501C3	0	823	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BHS CENTER - ELGIN LSSI 675 VARSITY DR ELGIN, IL 601208176	36-2584799	501C3	0	31,909	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHRIST THE KING 115 EAST 15TH ST LOMBARD, IL 60148	36-2583624	501C3	0	220,754	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION FOOD PANTRY 213 WATER STREET SITE WAUKEGAN, IL 60085	36-2580774	501C3	0	375,579	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TEMPLE JEREMIAH BACKPACK PROGRAM 937 HAPP ROAD NORTHFIELD, IL 60093	36-2555525	501C3	0	5,624	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HAND & HAND FOOD PANTRY - HARVARD EVANG 206 W ST CHARLES ROAD VILLA PARK, IL 60181	36-2522934	501C3	0	1,237	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST PETER COMMUNITY FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134	36-2481174	501C3	0	270,354	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE CLF MAPLE ST 350 N MAPLE STREET SYCAMORE, IL 60178	36-2476231	501C3	0	667	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPPORTUNITY HOUSE BRIAN 342 BRIAN ST SYCAMORE, IL 60178	36-2476231	501C3	0	761	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE RICH ROAD 10235 RICH ROAD DEKALB, IL 60115	36-2476231	501C3	0	161	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPPORTUNITY HOUSE LINDEN 630 LINDEN PLACE DEKALB, IL 60115	36-2476231	501C3	0	1,067	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE MANOR 109 MANOR DRIVE DEKALB, IL 60115	36-2476231	501C3	0	1,853	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPPORTUNITY HOUSE ALDEN PLACE 331 W ALDEN PLACE DEKALB, IL 60115	36-2476231	501C3	0	2,254	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE MAPLEWOOD 65 EAST MAPLEWOOD SYCAMORE, IL 60178	36-2476231	501C3	0	2,331	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPPORTUNITY HOUSE CENTER CROSS 203 CENTER CROSS STREET SYCAMORE, IL 60178	36-2476231	501C3	0	537	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE SACRAMENTO 342 SACRAMENTO ST SYCAMORE, IL 60178	36-2476231	501C3	0	501	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ASSOCIATION FOR INDIVIDUAL DEVELOPMENT 1135 BOWES RD ELGIN, IL 60177	36-2472748	501C3	0	6,072	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSOC FOR INDIVIDUAL DEVELOPMENT 309 NEW INDIAN TRAIL COURT AURORA, IL 60506	36-2472748	501C3	0	59,587	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501C3	0	51,475	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTH ELGIN FOOD PANTRY 400 W SPRING STREET SOUTH ELGIN, IL 60177	36-2439733	501C3	0	4,458	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LITTLE CITY FOUNDATION 1760 W ALGONQUIN ROAD PALATINE, IL 60067	36-2434562	501C3	0	22,448	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST BRIDGET'S CHURCH 704 CLIFFORD AVENUE LOVES PARK, IL 61111	36-2427759	501C3	0	91,095	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST ANASTASIA SOUP KITCHEN 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	36-2427693	501C3	0	12,834	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORNINGSTAR MISSION 350 E WASHINGTON JOLIET, IL 60433	36-2422510	501C3	15,000	496,026	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039	36-2422176	501C3	0	24,323	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY LUTHERAN - ROSELLE 405 RUSH ST ROSELLE, IL 60172	36-2415161	501C3	0	4,979	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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YMCA CHILD CARE CENTER 1010 N 15TH ST ROCHELLE, IL 61068	36-2379643	501C3	0	617	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR LADY OF HUMILITY FOOD PANTRY 10655 WADSWORTH ROAD ZION, IL 60099	36-2340314	501C3	0	8,877	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541	36-2332044	501C3	0	54,190	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178	36-2317623	501C3	0	131,153	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ECKER CENTER 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501C3	0	18,911	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST NEW BEGINNINGS FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543	36-2310475	501C3	0	259,434	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178	36-2277376	501C3	0	283,907	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOLINGBROOK 7TH DAY ADVENTIST CHURCH FOOD PANTRY 301 EAST BOUGHTON ROAD BOLINGBROOK, IL 60440	36-2277365	501C3	0	248,069	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHRIST CHURCH COMMUNITY MEAL 410 GRAND AVENUE WAUKEGAN, IL 60085	36-2264409	501C3	0	55,705	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSECRANCEWARE CENTER 2704 N MAIN STREET ROCKFORD, IL 61103	36-2235167	501C3	0	1,901	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST UNITED METHODIST SOUP KITCHEN 128 N MARTIN LUTHER KING JR AV WAUKEGAN, IL 60085	36-2235149	501C3	0	2,685	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169	36-2235147	501C3	0	26,940	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVE ROCKFORD, IL 61104	36-2222681	501C3	5,000	37,629	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
KEN-ROCK COMMUNITY CENTER 625 ADAMS STREET ROCKFORD, IL 61107	36-2204841	501C3	0	3,761	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FIRST PRESBYTERIAN CHURCH 219 W MAPLE AVENUE LIBERTYVILLE, IL 60048	36-2195472	501C3	0	136,842	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT FOOD PANTRY 511 S LIBERTY AVENUE FREEPORT, IL 61032	36-2193600	501C3	0	40,615	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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AMITY SOCIETY OF FREEPORT LEARNING CENTER 511 S LIBERTY AVENUE FREEPORT, IL 61032	36-2193600	501C3	0	54,801	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST CONGREGATIONAL UCC SOUP KITCHEN 256 E CHICAGO ST ELGIN, IL 60120	36-2182012	501C3	0	4,236	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST PATRICK'S FOOD PANTRY 710 W MARION STREET JOLIET, IL 60436	36-2179773	501C3	0	7,368	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST JOSEPH'S CHURCH 112 N MILWAUKEE AVENUE LIBERTYVILLE, IL 60048	36-2174828	501C3	0	329,047	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HCS FAMILY SERVICES - WILLOWBROOK 16W631 91ST STREET WILLOWBROOK, IL 60527	36-2174821	501C3	0	370,733	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES - HINSDALE 19 E CHICAGO AVENUE HINSDALE, IL 60521	36-2174821	501C3	25,000	722,061	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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YWCA OF ELGIN - SACC DAYCARE 220 E CHICAGO ST ELGIN, IL 60120	36-2171177	501C3	0	3,086	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST PATRICK CATHOLIC CHURCH 15000 W WADSWORTH ROAD WADSWORTH, IL 60083	36-2171103	501C3	0	5,677	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ST JAMES CHURCH FOOD PANTRY 134 NORTH AVENUE HIGHWOOD, IL 60040	36-2171024	501C3	0	139,818	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
GUARDIAN ANGEL COMM SERVICES 168 NORTH OTTOWA ST JOLIET, IL 60432	36-2170860	501C3	0	8,926	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CATHOLIC CHARITIES HOPE HOUSE 424 W DIVISION ST VILLA PARK, IL 60181	36-2170817	501C3	0	5,259	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYSIDE CROSS MINISTRIES 215 E NEW YORK ST AURORA, IL 60505	36-2167950	501C3	0	41,755	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SALVATION ARMY ST CHARLES 1710 S 7TH AVENUE ST CHARLES, IL 60174	36-2167910	501C3	0	784,081	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433	36-2167910	501C3	19,000	1,073,066	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181	36-2167910	501C3	0	259,935	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120	36-2167910	501C3	23,500	303,031	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104	36-2167910	501C3	0	123,194	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY DEKALB AREA FOOD PANTRY 830 GROVE STREET DEKALB, IL 60115	36-2167910	501C3	5,379	801,602	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SALVATION ARMY SOUP KITCHEN KANKAKEE 148 N HARRISON AVENUE KANKAKEE, IL 60901	36-2167910	501C3	0	173,836	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD 416 S MADISON PO BOX 4159 ROCKFORD, IL 61110	36-2167910	501C3	24,350	1,976,161	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SALVATION ARMY AURORA 550 REDWOOD DRIVE AURORA, IL 60506	36-2167910	501C3	0	50,416	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FREEPORT FOOD PANTRY 106 W EXCHANGE STREET FREEPORT, IL 61032	36-2167910	501C3	0	314,732	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BOYS & GIRLS CLUB - FLODIN 1000 MILL ROAD ROCKFORD, IL 61110	36-2167840	501C3	0	298	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOTHERHOUSE CRISIS NURSERY 1603 SOUTH 4TH ST ROCKFORD, IL 61104	36-2167743	501C3	0	1,042	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH 103 S MAPLE STREET STILLMAN VALLEY, IL 61084	36-2167730	501C3	0	54,939	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SOUP KITCHEN 103 S MAPLE STREET STILLMAN VALLEY, IL 61084	36-2167730	501C3	0	12,850	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FUMC SOUP KITCHEN - ELGIN 216 E HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501C3	0	14,208	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF THE HOLY SPIRIT-LF 400 E WESTMINSTER ROAD LAKE FOREST, IL 60045	36-2167029	501C3	0	125,218	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHURCH OF THE BRETHREN 783 W HIGHLAND AVENUE ELGIN, IL 60123	36-2167025	501C3	5,000	259,499	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOCKPORT FISH FOOD PANTRY 1463 S FARRELL ROAD LOCKPORT, IL 60441	36-1294153	501C3	0	356,651	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BOYS & GIRLS CLUB OF FREEPORT & STEPHENSON COUNTY 511 SOUTH LIBERTY AVENUE FREEPORT, IL 61032	35-2313105	501C3	0	111,988	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOSPEL OUTREACH OF FREEPORT 209 W SPRING STREET FREEPORT, IL 61032	35-2167117	501C3	8,000	314,104	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK OF NORTHERN INDIANA INC 702 S CHAPIN STREET SOUTH BEND, IN 46601	35-1898055	501C3	0	57,858	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRI-STATE FOODBANK 801 E MICHIGAN AVENUE EVANSVILLE, IN 47711	35-1539870	501C3	0	18,324	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOOD BANK OF NORTHWEST INDIANA 6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501C3	0	77,700	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DISCIPLES FOOD PANTRY 1336 S VILLA AVENUE VILLA PARK, IL 60181	35-0868116	501C3	0	339,172	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501C3	0	79,505	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 317 N 4TH STREET DEKALB, IL 60115	31-1813333	501C3	0	4,580	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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RIDGEWOOD UNITED COMM PANTRY 301 FAIRBANKS AVE JOLIET, IL 60432	31-1813333	501C3	0	300,080	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ADDISON TOWNSHIP PANTRY 50 EAST OAK STREET ADDISON TOWNSHIP TOWNSHIP ADDISON, IL 60101	31-1755124	501C3	15,000	1,338,785	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501C3	0	54,362	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE LINE FOOD PANTRY 503 S WATER STREET JOLIET, IL 60433	30-0051571	501C3	2,200	41,228	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123	27-4409282	501C3	0	4,991,601	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS RD HARVARD, IL 60033	27-3503107	501C3	0	217,229	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HELPING HANDS FOOD PANTRY - MACHESNEY PARK 7620 ELM AVENUE MACHESNEY PARK, IL 61115	27-3480499	501C3	0	103,636	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH FOOD PANTRY 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501C3	3,309	27,995	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501C3	0	6,707	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CASA DE VIDA 4513 FRONT ROYAL DRIVE MCHENRY, IL 60050	27-2015790	501C3	16,660	222,768	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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JOSEPH'S PANTRY 406 ADAMS FREEPORT, IL 61032	27-1510381	501C3	0	197,726	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST MARY OF GOSTYN - SVDP 444 WILSON STREET DOWNERS GROVE, IL 60515	27-0400858	501C3	0	1,607	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554	27-0334698	501C3	0	169,301	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MILTON TOWNSHIP PANTRY 1492 N MAIN STREET WHEATON, IL 60187	27-0007268	501C3	0	41,219	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048	26-4321877	501C3	0	92,426	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORAINE TOWNSHIP FOOD PANTRY 800 CENTRAL AVENUE HIGHLAND PARK, IL 60035	26-4269258	501C3	0	137,941	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SOUL'S HARBOR FOOD PANTRY 2802 - 11TH STREET ROCKFORD, IL 61109	26-3280163	501C3	0	242,908	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532	26-2321497	501C3	0	670,986	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCK HOUSE KIDS 1321 7TH STREET ROCKFORD, IL 61104	26-2224655	501C3	0	1,006	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JACKSON CREEK FELLOWSHIP CHURCH 25800 SOUTH CENTER ROAD MONEE, IL 60449	26-1892423	501C3	7,450	267,257	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SECOND HARVEST HEARTLAND FOOD BANK 1140 GERVAIS AVENUE ST PAUL, MN 55109	23-7417654	501C3	0	19,454	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST MARY'S FOOD BANK 2831 NORTH 31ST AVE PHOENIX, AZ 85009	23-7353532	501C3	0	99,529	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FACC FOOD PANTRY 514 S CHICAGO FREEPORT, IL 61032	23-7317457	501C3	0	2,670	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUTREACH COMMUNITY CENTER 345 S PRESIDENT ST CAROL STREAM, IL 60188	23-7265066	501C3	0	659	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FISH PANTRY OF CARPENTERSVILLE 150 S KENNEDY DRIVE UNIT 8B -11A SITE CARPENTERSVILLE, IL 60110	23-7180110	501C3	0	1,343,114	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVENUE SPOKANE, WA 99202	23-7173826	501C3	0	46,805	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL CHURCH OF THE REDEEMER 40 CENTER STREET ELGIN, IL 60120	23-7075487	501C3	0	2,959	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - PEOTONE 200 WEST CRAWFORD PEOTONE, IL 60468	23-6393377	501C3	692	174,443	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030	23-6393377	501C3	0	101,319	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROMEOVILLE COMMUNITY PANTRY 2 BELMONT DRIVE ROMEOVILLE, IL 60446	23-6393377	501C3	4,625	407,399	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GRACE TO SHARE 888 BELVIDERE ROAD UNIT 401 SITE GRAYSLAKE, IL 60030	20-5891871	501C3	3,644	233,309	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FAITH ACRES FOUNDATION FOOD PANTRY 225 EAST STATE RD ISLAND LAKE, IL 60042	20-5891871	501C3	16,856	2,004,046	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMAZING GRACE SHARING CENTER 255 N QUENTIN ROAD LAKE ZURICH, IL 60047	20-5891871	501C3	0	2,912	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SHARING CENTER 750 HIGHVIEW DR ANTIOCH, IL 60002	20-5891871	501C3	3,000	109,701	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG TABLE SHARING CENTER 26238 N IL ROUTE 59 WAUCONDA, IL 60084	20-5891871	501C3	10,436	286,930	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
12 BASKETS SHARING CENTER 5906 S ROUTE 31 CRYSTAL LAKE, IL 60014	20-5891871	501C3	0	89,595	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STONE SOUP SHARING CENTER 203 W WASHINGTON ST MARENGO, IL 60152	20-5891871	501C3	0	646,787	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
STONE SOUP SOCIAL 203 W WASHINGTON ST MARENGO, IL 60152	20-5891871	501C3	5,750	12,392	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY SHARING SPOT 2065 HALF DAY RD DEERFIELD, IL 60015	20-5891871	501C3	0	224,626	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - WESTOSHA LAKES 24823 74TH STREET PADDOCK LAKE, WI 53168	20-5383516	501C3	0	187,682	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNERSTONE CHURCH OF LW-MANNA FOOD MINISTRY 1501 SOUTH GOUGAR ROAD NEW LENOX, IL 60451	20-4209519	501C3	0	32,313	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAN 1892 NICOLE LANE ROUND LAKE BEACH, IL 60073	20-3956700	501C3	0	531,077	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREEN HARVEST FOOD PANTRY 25448 RUFF ST PLAINFIELD, IL 605856866	20-1835367	501C3	0	428,108	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE VILLA TOWNSHIP FOOD PANTRY 37908 N FAIRFIELD ROAD LAKE VILLA, IL 60046	20-1704760	501C3	0	1,897	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL PEOPLES INTERFAITH FOOD PANTRY 256 E CHICAGO STREET ELGIN, IL 601206509	20-1514199	501C3	0	157,491	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408	20-0940023	501C3	0	353,088	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOMBARD-VILLA PARK PANTRY 155 S MAIN STREET LOMBARD, IL 60148	20-0545709	501C3	0	550,387	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE UMMA CENTER 221 WASHINGTON STREET WAUKEGAN, IL 60085	20-0332804	501C3	0	108,904	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY 309 N DIVISION STREET HARVARD, IL 60033	16-1641601	501C3	0	50,535	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY 1201 TWOMBLY ROAD DEKALB, IL 60115	13-5563018	501C3	0	31,914	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND BAPTIST BLESSING TABLE 156 S JOLIET STREET JOLIET, IL 60436	13-5563018	501C3	0	1,405	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435	13-5563018	501C3	15,011	482,546	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436	13-5563018	501C3	21,500	712,189	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SVDP - ST MARCELLINE CHURCH 822 S SPRINGINSGUTH ROAD SCHAUMBURG, IL 60193	13-5562362	501C3	0	18,225	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT DE PAUL ST FRANCIS 135 S BUESCHING ROAD LAKE ZURICH, IL 60047	13-5562362	501C3	2,729	428,130	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY COMMUNITY CENTER 290 W CRYSTAL LAKE AVENUE CRYSTAL LAKE, IL 60014	13-5562351	501C3	5,299	0	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY CRYSTAL LAKE 290 W CRYSTAL LAKE AVE CRYSTAL LAKE, IL 60014	13-5562351	501C3	0	98,072	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY BELVIDERE 422 S MAIN STREET BELVIDERE, IL 610083740	13-5562351	501C3	0	199,871	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANTENO FOOD PANTRY 205 N LOCUST RT50 MANTENO, IL 60950	13-4347602	501C3	0	134,549	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BLVD SOUTH BELOIT, IL 61080	06-1640220	501C3	0	169,035	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT DEPAUL SOCIETY - MCHENRY 5211 BULL VALLEY ROAD MCHENRY, IL 60050	06-1640220	501C3	0	922,654	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ICNA RELIEF FOOD PANTRY 1781 N BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	04-3810161	501C3	0	715,417	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MPX WITH HEAL AT USF 500 WILCOX ST JOLIET, IL 60435	01-0908221	501C3	0	6,163	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEAL RIVERWALK FOOD PANTRY 350 NORTH BROADWAY JOLIET, IL 60435	01-0908221	501C3	6,494	508,147	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIS HELPING HANDS 30 TOBEY DRIVE HERSCHER, IL 60941	36-3558972	501C3	0	4,856	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RIVERWOODS- SENIOR BOX (CENTER OF HOPE) 300 E RIVER ST KANKAKEE, IL 60901	36-4427193	501C3	0	20,172	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BENSENVILLE SCHOOL DISTRICT 2 - FOOD PANTRY 210 S CHURCH RD BENSENVILLE, IL 60106	83-1481619	501C3	0	34,737	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MPX AT PEOPLE'S RESOURCE CENTER - WESTMONT 104 CHESTNUT AVENUE SITE WESTMONT, IL 60559		501C3	0	4,254	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MPX AT DCCG WATERMAN 271 S BIRCH ST WATERMAN, IL 60556		501C3	0	1,020	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PHOENIX RISING 717 FOREST AVENUE LAKE FOREST, IL 60045	36-4398556	501C3	0	5,134	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MPX AT FAITH MOVERS CHURCH 425 EXCHANGE ST UNIVERSITY PARK, IL 60484		501C3	0	5,645	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RUTHIE'S KITCHEN 925 FIFTH AVENUE ROCKFORD, IL 61104		501C3	0	500	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MPX AT DCCG SANDWICH 340 ARNOLD RD SANDWICH, IL 60548		501C3	0	6,339	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FOOD PANTRY AT BLOOMINGDALE CHURCH 260 GLEN ELLYN RD BLOOMINGDALE, IL 60108	36-4301829	501C3	12,000	190,194	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JULIE YURKO PRESIDENT & CEO	**(i)**	237,451	77,705	0	10,854	16,686	342,696	0
	(ii)	0	0	0	0	0	0	0
2 TIM HIEBER CHIEF FINANCIAL OFFICER (THRU 05/02/	**(i)**	113,884	19,793	0	5,567	26,109	165,353	0
	(ii)	0	0	0	0	0	0	0
3 MAEVEN SIPES CHIEF PHILANTHROPY OFFICER	**(i)**	119,238	22,787	0	5,720	14,139	161,884	0
	(ii)	0	0	0	0	0	0	0
4 DIANNE KORIZON CHIEF STRATEGY OFFICER	**(i)**	131,422	23,765	0	5,954	593	161,734	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTOPHER WHITE CHIEF OPERATIONS OFFICER	**(i)**	113,027	21,167	0	0	22,110	156,304	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	TIM HIEBER RECEIVED SEVERANCE OF $14,546.
PART I, LINE 5	THE INCENTIVE PLAN FOR THE CEO, CFO AND CSO ARE BASED ON MEETING ANNUAL INDIVIDUAL AND ORGANIZATION WIDE PERFORMANCE GOALS.
PART I, LINE 7	COVID INCENTIVE PAYMENTS WERE GIVEN TO ALL EMPLOYEES; AMOUNTS VARIED.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF GENEVA KANE COUNTY ILLINOIS	36-6005893	NONEAVAIL	11-02-2010	12,000,000	FINANCE A PORTION OF THE CONSTRUCTION COSTS FOR A NEW FOOD DISTRIBUTION CTR		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,089,778			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	12,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	12,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CALVIN YURKO	SON OF JULIE YURKO	26,970	DRIVER		No
(2) DANIEL YURKO	SON OF JULIE YURKO	11,845	DRIVER		No

Part V Supplemental Information

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

Return Reference	Explanation

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

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2020

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	46	1,192,679	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X		168,599,091	WHOLESALE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	0	37,399	FAIR MARKET VALUE
26	Other ▶ (AUCTION FOOD AND BEVERAGES)	X	0	37,081	FAIR MARKET VALUE
27	Other ▶ (OTHER DONATED GOODS)	X	0	14,864	FAIR MARKET VALUE
28	Other ▶ (SUPPLIES AND EQUIPMENT)	X	0	8,345	FAIR MARKET VALUE

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

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED. FOR LINES 19 - 28, THE ORGANIZATION RECEIVED NUMEROUS CONTRIBUTIONS OF THESE TYPES OF PROPERTY.
PART I, LINE 32B:	THE ORGANIZATION USED AN AUCTIONEER FOR THE SALE OF DONATED GOODS AT AN EVENT.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	FOR THE CEO - THE PERFORMANCE AND COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE IN DEPENDENT BOARD EXECUTIVE COMMITTEE. THE COMMITTEE USES DATA FROM OTHER COMPARATIVE FOOD B ANKS AND OTHER NON-PROFIT COMPENSATION SURVEYS ALONG WITH CURRENT MARKET DATA. THIS IS THE N RECORDED AND DOCUMENTED BY THE HEAD OF HUMAN RESOURCES. A SIMILAR PROCESS IS USED FOR OT HER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THEY ARE REVIEWED AND APPROVED ANNUALL Y BY THE CEO. THE CEO SIGNS THE APPROVED SALARY SPREADSHEET AND IT IS RECORDED AND KEPT BY THE HEAD OF HUMAN RESOURCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.