Form

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.

Information about Form 990 and its instructions is at www irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

Ā	For th	e 2015 c	alendar year, or tax year beginning 07/01/15, and ending 06/30/	16		
В	Check if a		C Name of organization		D Employe	r identification number
	Address c	hange	FOOD FOR GREATER ELGIN, INC.			
$\exists$	Nome sho		Doing business as		27-4	409282
$\vdash$	Name cha	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial retu	1	1553 COMMERCE DRIVE		847-	931-9330
	Final retur		City or town, state or province, country, and ZIP or foreign postal code			
$\Box$	Amended	retum	ELGIN IL 60123		G Gross reco	eipts \$ 3,736,355
H			F Name and address of principal officer	H(a) Is this a grou	un return for cu	ubordinates? Yes X No
$\sqcup$	Applicatio	n pending	RALPH KUHN	ri(a) is this a grot	up recommend	
			1553 COMMERCE DRIVE	H(b) Are all subc		
			ELGIN IL 60123	If "No,"	attach a list	(see instructions)
	Tax-exer	npt status	X 501(c)(3) 501(c) ( ) ◀ (Insert no ) 4947(a)(1) or 527			
<u>J</u>	Website	► W	WW.FOODFORGREATERELGIN.ORG	H(c) Group exen	nption numbe	r <b>&gt;</b>
*****		rganization	X Corporation Trust Association Other ▶ L	ear of formation 20	011	M State of legal domicile II
	art I	Su	mmary			<u> </u>
	1 6	-	scribe the organization's mission or most significant activities			
9	}	WORK	ING TOGETHER TO PROVIDE FOOD SECURITY FOR THE COMM	UNITY OF G	REATE	R
aŭ		ELGI	И.			
ern						
& Governance	2 (	Check thi	s box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	ets	
ಶ	1 8	Number o	f voting members of the governing body (Part VI, line 1a)		3	11
es		Number o	f independent voting members of the governing body (Part VI, line 1b)		4	11
Activities	5 1	Total nun	ber of individuals employed in calendar year 2015 (Part V, line 2a)		5	5
Ć	6 1	Total nun	ber of volunteers (estimate if necessary)		6	800
•	7a 7	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	1 d	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
	1			Prior Year		Current Year
Φ	8 (	Contribut	ons and grants (Part VIII, line 1h)	3,469	,826	3,729,779
Ž	9 F	Program	service revenue (Part VIII, line 2g)	1	1,389	6,465
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	_	101	111
Œ	11 (	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 7	Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,471</u>	L,316	3,736,355
	13 (	Grants ar	d similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 E	Benefits p	aid to or for members (Part IX, column (A), line 4)			0
S	15 5	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,068	223,283	
xpenses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	
ğ	b1	Total fund	raising expenses (Part IX, column (D), line 25)  73,364			
Ш	17 (	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,287		<u>3,458,873</u>
	18 7	Total exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e) enses Add lines 13-17 (must equal Part IX, column (A), line 25 VED less expenses Subtract line 18 from line 12	3,500		3,682,156
	19 F	Revenue	ess expenses Subtract line 18 from line 12		3,876	54,199
505	<u> </u>	<b></b>	ets (Part X, line 16)	Beginning of Curr		End of Year
Ssel	20 1		ets (Part X, line 16)  MAR 0 6 2017		106	241,710
Net Assets or	21				3,196 3,181	14,330
			s or fund balances Subtract line 21 from line 20	1/3	2,101	227,380
	Part II		nature Block (G) (G) EN, U1			
tr	naer per ue, corre	ect, and co	erjury, I declare that I have examined this return, induding accompanying schedules and stateme mplete Declaration of preparer (other than) officer) is based on all information of which preparer I	ents, and to the be has any knowledge	est of my Kn e	owledge and belief, it is
_			12 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /			7/4/7
Sig	an	S	gnature of officer		Date	<del>- 2/ 1///</del>
He	_		RALPH KUHN TREAS	URER		<i>v</i> ·
•••		T:	pe or print name and title	<u> </u>		
		Print/Type	preparer's name Preparer's signature	Date	Check	I PTIN
Pai	id	CYNTHI	A M. PETSCHKE, CPA, CVA	02/09/	/17 self-em	<b>□</b> "
Pre	parer	Firm's nar	MICHE WREEK CORP.		rm's EIN	26-0476995
	e Only	i mais nai	2001 LARKIN AVE STE 202		IIII S CIN F	
	•	Firm's add	MTGTN TI (0102 E000		hana ==	847-695-2700
Ma	v the IR		s this return with the preparer shown above? (see instructions)	1. Pr	hone no	X Yes No
_			ction Act Notice, see the separate instructions.		<del></del>	Form <b>990</b> (2015
DAA				1 1 20		. Sim 000 (2015

Fbrm 990 (2015)	FOOD FOR GRE	ATER ELGIN, INC.	27-4409282	Page <b>2</b>
Part III	Statement of Program	n Service Accomplishments		
(	Check if Schedule O c	ontains a response or note to any	line in this Part III	
	cribe the organization's mis			
WORKING	TOGETHER TO	PROVIDE FOOD SECURIT	Y FOR THE COMMUNITY	OF GREATER
ELGIN.				
2 Did the ora	anization undertake any sid	unificant program services during the yea	which were not listed on the	
=	990 or 990-EZ?	, p g		Yes X No
•	scribe these new services	on Schedule O		
		i, or make significant changes in how it co	anducts any program	
services?	amzation ocase conducting	, or make significant enanges in now it co	products, any program	Yes X No
	scribe these changes on S	shadula O		res zz no
	<del>-</del>			and but
		ervice accomplishments for each of its th	- · · · · ·	•
		c)(4) organizations are required to report	the amount of grants and allocations to c	others,
the total ex	penses, and revenue, if an	y, for each program service reported		
<del> </del>				
4a (Code	) (Expenses \$	3,496,161 including grants of		
GREATER FAMILIE PROVIDE MEMBERS	R ELGIN AREA. S TO CHOOSE T FOOD ASSISTA OF OUR COMMU	IN IS A LARGE CLIENT CLIENT CHOICE IS AN HEIR OWN FOOD ITEMS NCE AND ACCESS TO ALMITY, HALF OF WHOM FINDS, FOOD, AND TIME	INNOVATIVE, DIGNIFI VERSUS PRE-BAGGED G DITIONAL SERVICES TO RE CHILDREN. WE MAN	ED APPROACH FOR ROCERIES. WE DITHOUSANDS OF KIMIZE ALL
POSITIV	E STEWARDSHIP	•		
4b (Code	) (Expenses \$	including grants of	\$ ) (Revenu	10. \$
4b (Code	) (Expenses \$	including grants of	) (Revent	је ф <i>)</i>
4c (Code	) (Expenses \$	including grants of	\$ ) (Revenu	ue \$ )
•	, , ,		, ,	
=				
4d Other progr	ram services (Describe in S	chedule O)		<del></del>
(Expenses		including grants of \$	) (Revenue \$	)
	am service expenses >	3,496,161		

			res	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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		X
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	<u>X</u>	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1 1	'	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			7.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			77
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	
f	•	446	v	
٥.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
<b>L</b>	Schedule D, Parts XI and XII	_12a	X	
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	425		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	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		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.45		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	'	X
6	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		X
7	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		X
8	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		X
9	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		X

# Form 990 (2015) FOOD FOR GREATER ELGIN, INC. Part IV Checklist of Required Schedules (continued)

			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	j	
	employees? If "Yes," complete Schedule J	23		x
24a	i de la companya de			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ĺ	ļ	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ŀ	X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		$\neg \neg$	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	· · · · · · · · · · · · · · · · · · ·			_==_
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	Ì	ŀ	
	If "Yes," complete Schedule L, Part I	25b	Ì	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	i	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	l	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		]	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	i	1	
	Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1	1	
	complete Schedule N, Part II	32		<u>_x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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			4.5
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	
	19. Note. All 1 offit 930 filets are required to complete Schedule O			(0045)

С

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

14a

14b

X

13b

13c

•					
orm 990 (2015)	FOOD	FOR	GREATER	ELGIN.	INC.

27-4409282

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position do not check more than one ox, unless person is both an ficer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***211033-441130)	organization and related organizations
(1) DONALD HOPP					_					
	2.00				ļ					
CHAIR	0.00	X		X	<u> </u>	$\vdash$		0	0	0
(2) MIKE WARREN	0.00	Ì				] ]				
	2.00	32		<b>.</b> ,					_	•
VICE CHAIR (3) JOANN HARTMANN	0.00	X		X		<del>{</del> }-	_	0	0	0
(3) JOANN HARIMANN	2.00									
SECRETARY	0.00	x		x		1 1		o	o	0
(4) RALPH KUHN	0.00	^	_	^		<del></del>	-	0		
(4) IGHIF II ROMN	10.00								Ti.	
TREASURER	0.00	$\mathbf{x}$		x		}		0	0	0
(5) SCOTT RICHMOND			_	-		<del>                                     </del>	_			
(0, 20012 1,120,130,130	2.00			{		1 1				
PAST CHAIR	0.00	x				1 1		o	o	0
(6) BRENDAN HONAN		<u> </u>			_					<del></del>
(-)	2.00					1 1				
DIRECTOR	0.00	X					į	0	0	0
(7) PETER MORRISON		T								
` '	2.00			l						
DIRECTOR	0.00	X			_			0	0	0
(8) MARILOU PILMAN										
	2.00									II
DIRECTOR	0.00	X						0	0	0
(9) JILL SANTERCIER						1				
	2.00					1				18
DIRECTOR	0.00	X						0	0	0
(10) SERGE JEAN-JOSEI										
	2.00					1 1		_	_	
DIRECTOR	0.00	X			ļ	$\vdash$		0	0	0
(11) ROBERT LANGLOIS										
	2.00								_	_
DAA	0.00	X	L					0	0	0
UAA										Form <b>990</b> (2015)

(A) Name and title		(B) Average hours per week	(d	(C) Position (do not check more than on box, unless person is both a				(D)  Reportable one compensation		(E)  Reportable  compensation from	(F) Estimated amount of			
		(list any hours for related organizations below dotted line)	,	icer a			Highest compensated employee	ee)	the the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		other	ation ne ition ited	
	Sub total				i	l								
1b c d 2	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in					e lis	ted a	boy	e) who received more than	\$100,000 of				
	reportable compensation from	the organization	<u> </u>	0_					<u> </u>				Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	lule . of re	J for porta	suci able	om com	lividu pens	al atıo	n and other compensation	from the		3		x
5 Sect	individual Did any person listed on line 1 for services rendered to the or ion B. Independent Contracto	ganization? If "Y								ındıvıdual		5		X
1	Complete this table for your five compensation from the organic	ve highest competing the control of	ensa impe	ted i	ndep tion 1	end for th	ent c ne ca	ontr lenc	dar year ending with or with	than \$100,000 of in the organization's tax ye (B) ion of services	ear		(C)	
	Name and	business address							Descript	uon of services		Cor	nperisati	on
2	Total number of independent of	contractors (inclu	ding	but	not l	imite	ed to	thos	se listed above) who			<del></del> _		
DAA	received more than \$100,000	or compensation	tron	n tne	orga	anız	ation			00		Forn	990	(2015)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (A) Total revenue (D) Revenue excluded from tax (B) Related or exempt function under sections revenue 512-514 9,130 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 12,500 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,708,149 1f 3,203,107 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 3,729,779 Program Service Revenue Busn Code PROGRAM SERVICE REVENUE 6,465 6,465 2a f All other program service revenue g Total. Add lines 2a-2f  $\blacktriangleright$ 6,465 Investment income (including dividends, interest, and other similar amounts) 111 Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (t) Real 6a Gross rents **b** Less rental exps c Rental inc or (loss) **>** d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b C All other revenue Total. Add lines 11a-11d Total revenue. See instructions 3,736,355 6,465 111

FOOD FOR GREATER ELGIN, INC. Form 990 (2015) 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 (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 202,416 93,111 74,894 Other salaries and wages 34,411 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 20,867 7.721 9,599 Payroll taxes 3,547 10 11 Fees for services (non-employees) a Management b Legal 8,000 8,000 Accounting С d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 18,039 15,153 13 Office expenses 1,984 902 Information technology 5,456 3,600 14 1,856 15 Royalties 98,968 83,134 10,887 16 Occupancy 4,947 9,327 9,300 27 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 6,464 6,310 154 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 27,124 Depreciation, depletion, and amortization 22,784 2,984 1,356 22 7,679 1.710 5,185 23 Insurance 784 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) 3,240,585 26,280 3,240,585 FOOD PURCHASE AND PANTRY **FUNDRAISING** 26,280 b 4,828 BAD DEBT C 4,828 COMMUNICATION 3,397 1,529 1,291 577 d 2,726 1,043 e All other expenses 1,123 560 3,682,156 3,496,161 112,631 73,364 25 Total functional expenses. Add lines 1 through 24e 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

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 60,341 3,545 1 Cash-non-interest bearing 69,736 62,655 Savings and temporary cash investments 2 40,000 50,000 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 1,080 1,930 8 Inventories for sale or use 10,165 7,367 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 154,923 other basis Complete Part VI of Schedule D 97,256 59,263 57,667 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 4,669 4,669 15 Other assets See Part IV, line 11 15 241,710 191,377 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,108 6,301 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 11,895 25 of Schedule D 18,196 14,330 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 121,595 176,619 Unrestricted net assets 51,586 50,761 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 173,181 Total net assets or fund balances 33 191,377 241,710 Total liabilities and net assets/fund balances

Form 990 (2015)

	1 990 (2015) FOOD FOR GREATER ELGIN, INC. 27-4409282				Pa	ge <b>12</b>		
` Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	773	36,	355		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	, 68	32,	156		
3	Revenue less expenses Subtract line 2 from line 1	3		į	54,	199		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
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		-				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		22	27,	380		
Pa	irt 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 X Accrual Other		Γ					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		[	- 1				
	Schedule O				j			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Γ					
	reviewed on a separate basis, consolidated basis, or both			- 1				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Γ					
	separate basis, consolidated basis, or both			1				
	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				İ			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O			- 1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ł				
	the Single Audit Act and OMB Circular A-133?		L	3a		_X_		
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		1	3h	- 1			

Form **990** (2015)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

(Form 990 of 990-EZ)

**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.

2015 Open to Public Inspection

OMB No 1545-0047

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

FOOD FOR GREATER ELGIN, INC. 27-4409282 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross q receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

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

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

Sec	tion A. Public Support					<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	293,392	1,068,610	2,452,486	3,469,826	3,729,779	11,014,093
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	293,392	1,068,610	2,452,486	3,469,826	3,729,779	11,014,093
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						11,014,093
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	293,392	1,068,610	2,452,486	3,469,826	3,729,779	11,014,093
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48	67	97	101	111	424
9	Net income from unrelated business activities, whether or not the business is regularly carried on			i			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		466	2,392	1,389	6,465	10,712
11	Total support. Add lines 7 through 10						11,025,229
12	Gross receipts from related activities, etc	(see instructions)				12	6,465
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop here						<b>•</b>
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2015 (line 6	* *	•	n (f))		14	99.90%
15	Public support percentage from 2014 Sche					15	99.94%
16a	33 1/3% support test—2015. If the organi				33 1/3% or more, c	heck this	. ==
	box and stop here. The organization quali	•					► X
ь	33 1/3% support test—2014. If the organi				5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organiz	•		-			▶ ∐
17a	10%-facts-and-circumstances test—201	-		•	•		
	10% or more, and if the organization meet		•		•		
	Part VI how the organization meets the "fa organization						▶ []
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	meets the "facts-a	nd-circumstances	" test, check this b	ox and stop here.		▶ □
18	Private foundation. If the organization dicinstructions	I not check a box o	on line 13, 16a, 16i	b, 17a, or 17b, che	eck this box and se	ee	▶ 🗆

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	L	L	L	I	<u> </u>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<del>\</del>	\_,	(0,000	(-)	(0, = 0.0	(1)
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						
С	Add lines 10a and 10b						<del></del>
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 five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ □
Sec	tion C. Computation of Public Su		tage		<del></del>		
15	Public support percentage for 2015 (line 8	, column (f) divided	by line 13, colum	nn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2015 (In			, column (f))		17	%_
18	Investment income percentage from 2014					18	%_
19a	33 1/3% support tests—2015. If the organ						. —
<b>L</b>	17 is not more than 33 1/3%, check this bo				• • •		▶ ∐
ь	33 1/3% support tests—2014. If the organine 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did		-	•		•	\$H

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Contina	^	AII	<b>Supporting Organizations</b>
Section	M.	MII	Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **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
- 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 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.
- 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**.
- 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.
- 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 10b below
  - 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.)

		Yes	No
	1		
l	,		
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	3b		····-
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	5b	i	
	5c		ļ
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	9b		
	9с	<del> </del>	
	10a		
	10b	<u> </u>	
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	the A (Form 990 or 990-EZ) 2015 FOOD FOR GREATER ELGIN, INC.	27-4409282		Page 5
ra	rt IV Supporting Organizations (continued)		T	<del></del>
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	1	
b	A family member of a person described in (a) above?	11a	<del> </del>	<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	VI. 11c	<del>                                     </del>	<del> </del>
Sect	ion B. Type I Supporting Organizations		<del></del>	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11	ļ	
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		1	
Sect	ion C. Type II Supporting Organizations		<u> </u>	<u> </u>
	Type it dupporting organizations		T V	- Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[·····	Yes	No
	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	1	
Sect	ion D. All Type III Supporting Organizations	<del></del>		·
			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 price			
	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 h	ow e		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	see instructions\		
а	The organization satisfied the Activities Test Complete line 2 below	see msu actions)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions)		
		, ,		
2 /	activities Test. Answer (a) and (b) below.		Yes	No
а	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		<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
3	activities but for the organization's involvement	<u>2b</u>	<b></b>	
о a	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		, 1	
a	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		······
•	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	. 1	
	egalu egalu			

Schedule A (Form 990 or 990-EZ) 2015 FOOD FOR GREATER ELGIN, I		27-4409	9282 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or			11
other Type III non-functionally integrated supporting organizations must complete Se	ections A thro	ough 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	1 1		
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		L
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-integr	rated Type III	supporting organization	(see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015

instructions)

а b

Breakdown of line 7

c Excess from 2013 d Excess from 2014 e Excess from 2015

Excess distributions carryover to 2016. Add lines 3j

\*Schedule A (Form 990 or 990-EZ) 2015 FOOD FOR GREATER ELGIN, INC.

27-4409282

Page 8

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.

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

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10,712

## 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

arne of the organization		Employer identification number
FOOD FOR GREATER ELGIN, INC.		27-4409282
Part I Organizations Maintaining Donor Advised F		
Complete if the organization answered "Yes" o	<del></del>	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		<del></del>
Aggregate value of contributions to (during year)		<del></del>
Aggregate value of grants from (during year)		<del></del>
Aggregate value at end of year		<u> </u>
Did the organization inform all donors and donor advisors in writing		
funds are the organization's property, subject to the organization's e	•	∐ Yes ∐ No
Did the organization inform all grantees, donors, and donor advisors		
only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	О., О.,
conferring impermissible private benefit? Part II Conservation Easements.		Yes No
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7	
Purpose(s) of conservation easements held by the organization (che	eck all that apply)	
Preservation of land for public use (e.g., recreation or education	n) Preservation of a historically i	important land area
Protection of natural habitat	Preservation of a certified his	toric structure
Preservation of open space		
Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a co	nservation
easement on the last day of the tax year		Held at the End of the Tax Yea
a Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified historic structure i	ıncluded ın (a)	_2c
d Number of conservation easements included in (c) acquired after 8/	17/06, and not on a	<b>\</b> \}
historic structure listed in the National Register		2d
Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organ	nization during the
tax year ▶		
Number of states where property subject to conservation easement	is located ▶	
Does the organization have a written policy regarding the periodic m	nonitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	7	Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservation	on easements during the year
<b>•</b>		
Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation ea	sements during the year
<b>▶</b> \$		
Does each conservation easement reported on line 2(d) above satis	sfy the requirements of section 170(h)(4)(	B)(ı)
and section 170(h)(4)(B)(ii)?		Yes No
In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense stater	ment, and
balance sheet, and include, if applicable, the text of the footnote to t	the organization's financial statements the	at describes the
organization's accounting for conservation easements	<del> </del>	
art III Organizations Maintaining Collections of Air Complete if the organization answered "Yes" or		er Similar Assets.
a If the organization elected, as permitted under SFAS 116 (ASC 958)	), not to report in its revenue statement a	nd balance sheet
works of art, historical treasures, or other similar assets held for pub		
public service, provide, in Part XIII, the text of the footnote to its fina	incial statements that describes these iter	ms
If the organization elected, as permitted under SFAS 116 (ASC 958)		
works of art, historical treasures, or other similar assets held for pub	•	
public service, provide the following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
If the organization received or held works of art, historical treasures,	, or other similar assets for financial dain.	· · · · · · · · · · · · · · · · · · ·
If the organization received or held works of art, historical treasures, following amounts required to be reported under SFAS 116 (ASC 95)	_	
Revenue included on Form 990, Part VIII, line 1	. •	<b>&gt;</b> \$
b Assets included in Form 990. Part X		<b>▶</b> \$

Schedule D	O (Form 990) 2015 FOOD FO	R GREATER E	LGIN, INC.		27-44	109282	Page 2
Part III	Organizations Maintain	ing Collections of	Art, Historical	Treasures,	or Other	Similar Assets	
3 Using	g the organization's acquisition, acce						
colle	ction items (check all that apply)		·	_	_		
a 🔲 F	Public exhibition	d 🗌	Loan or exchange pr	ograms			
ь∏ѕ	Scholarly research	е 🗍	Other				
c ∏ F	Preservation for future generations						
4 Provi	ide a description of the organization'	s collections and explain	n how they further the	organization'	s exempt p	urpose in Part	
XIII	•	•	•	J	• •	•	
5 Durir	ng the year, did the organization solid	cit or receive donations	of art, historical treas	ures, or other	sımılar		
	ts to be sold to raise funds rather tha						Yes No
Part IV						<del></del>	
	Complete if the organizat	_	" on Form 990. P	art IV. line 9	a or repo	rted an amount	on Form
	990, Part X, line 21				, ccpc		
1a is the	e organization an agent, trustee, cus	todian or other intermed	liary for contributions	or other asset	ts not		
	ded on Form 990, Part X?		nary for continuations	or other asser	3 1100		☐ Yes ☐ No
	es," explain the arrangement in Part	YIII and complete the fo	llowing table				res no
<b>D</b> 11 10	23, explain the arrangement in rail.	Am and complete the re	nowing table				Amount
c Regu	nning balance					10	711100111
=						1c	
	tions during the year					1d	
	butions during the year					1e	
	ng balance	E 000 D (V)	04.6			1f	<u> </u>
	he organization include an amount o						Yes No
	es," explain the arrangement in Part I	XIII Check here if the e	xpianation has been	provided on P	art XIII		
Part V		on anawared "Vee	" on Form 000 D	ant IV / luna (	10		
	Complete if the organizat	1					<del></del>
_		(a) Current year	(b) Prior year	(c) Two yea	ers back	(d) Three years back	(e) Four years back
_	nning of year balance	<del></del>	<del></del>	<del> </del>		- <del></del>	
	ributions			<del></del>			<del> </del>
	nvestment earnings, gains, and		Ì	Ì			Ì
losse				<del>-</del>			
	ts or scholarships			<del> </del>		<del></del>	
e Othe	r expenditures for facilities and						
progr	rams	ļ		·			<u> </u>
f Admi	inistrative expenses						
g End	of year balance	<u> </u>	<u> </u>	<u> </u>			<u> </u>
2 Provi	ide the estimated percentage of the	current year end balanc	e (line 1g, column (a)	) held as			
a Board	d designated or quasi-endowment ▶	%					
<b>b</b> Perm	nanent endowment >	%					
c Tem	porarily restricted endowment	%					
	percentages on lines 2a, 2b, and 2c						
3a Are t	here endowment funds not in the po	ssession of the organiza	ation that are held and	d administered	for the		
orgar	nization by						Yes No
(i) u	inrelated organizations						3a(ı)
(ii) re	elated organizations						3a(ii)
b If "Ye	es" on line 3a(ii), are the related orga	nizations listed as requi	red on Schedule R?				3b
4 Desc	ribe in Part XIII the intended uses of	the organization's endo	owment funds				
Part VI	Land, Buildings, and Ed	quipment.					
_	Complete if the organizat	ion answered "Yes	on Form 990, P	art IV, line 1	11a See	Form 990, Part	X, line 10.
	Description of property	(a) Cost or other	pasis (b) Cost or	other basis	(c) Ac	cumulated	(d) Book value
		(investment)	(ot	her)	dep	reciation	
1a Land					<del></del>		
b Build							
	ehold improvements			37,261		8,317	28,944
d Equi	•		1	17,662		88,939	28,723
e Othe			···			<del></del>	
	lines 1a through 1e (Column (d) mu	ist equal Form 990. Par	t X, column (B), line 1	 10c)		<b>•</b>	57,667
			,				

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b_See Form 990, Pa	rt X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial of	derivatives			<u></u>
	eld equity interests		<del></del>	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	3			
(F)	•			
(G)				
(H)				
	n (b) must equal Form 990, Part X, col_(B) line 12 )			<del></del>
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Ye	es" on Form 990 Part IV line	11c See Form 990 Par	rt X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year n	
(1)	<del></del>		<del></del>	
(2)				
(3)		<del></del>	<del></del>	<del></del>
(4)	<del></del>	<del></del>		
(5)				
(6)				
(7)		<del></del>		
(8)		<del></del>		
(9)		<del></del>		
	n (b) must equal Form 990, Part X, col (B) line 13 )			<del></del>
Part IX	Other Assets.	"	44.4.0 5 000.5	
	Complete if the organization answered "Ye		11d See Form 990, Pai	
	(a) Descript	tion		(b) Book value
(1)				
_(2)				
_(3)				
_(4)				
(5)				
_(6)				
(7)				
				·
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 99	90, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) CAPIT	AL LEASE PAYABLE	9,222		
(3)	<del></del>			
(4)				
(5)				
(6)				
(7)	<del></del>			
(8)	<del></del>			
(9)	· · · · · · · · · · · · · · · · · · ·			
	n (b) must equal Form 990, Part X, col (B) line 25 )	9,222		
	uncertain tax positions. In Part XIII, provide the text of	<del></del>	ancial statements that reserve	· tha

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

## PART X - FIN 48 FOOTNOTE

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

THE ORGANIZATION ADOPTED THE IMPLEMENTATION OF FASB ASC 740 (FORMERLY FIN 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES"). UNDER FASB ASC 740, MANAGEMENT MUST EVALUATE THE POSITIONS IT HAS TAKEN ON TAX RETURNS.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO TAX PROVISIONS THAT WOULD RESULT IN A MORE LIKELY THAN NOT (50% CHANCE) OF BEING SUSTAINED UNDER A POTENTIAL AUDIT OR EXAMINATION.

4c

3,682,156

Schedule D (Form 990) 2015 FOOD FOR GREATER ELGIN, INC. 27-4409282
Part XIII Supplemental Information (continued)

Page 5

# **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

**Noncash Contributions** 

Employer (dentification number

2015

OMB No 1545-0047

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

FOOD FOR GREATER ELGIN, INC. 27-4409282 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC. or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate — Commercial 16 17 Real estate - Other Collectibles 18 1786472 X 2,689,839 REFER TO SCH M PART II 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts X 48147 513,268 REFER TO SCH M PART II Other ▶( OTHER ITEMS 25 26 Other ►( 27 Other ► ( 28 Other ► ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required X to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard X contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X If "Yes," describe in Part II h If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Form 990) (2015)

FOOD FOR GREATER ELGIN, INC.

27-4409282

Page

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

## SCHEDULE M - SUPPLEMENTAL INFORMATION

LINE 19 AND 25 FOOD INVENTORY QUANTITY IS IN POUNDS. THE PER POUND AMOUNT IS MULTIPLIED BY PRODUCT CLASS RATES PER POUND SET BY FEEDING AMERICA.

SCHEDULE O (Form 990 or 990-EZ) 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.

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

FOOD FOR GREATER ELGIN, INC.

Employer identification number 27-4409282

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PT VI, LINE 11B 990 COPY IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST POLICY IS PROVIDED TO THE BOARD AND REVIEWED ANNUALLY

FOR POTENTIAL CONFLICT

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL BOARD REVIEW OF EXEC COMPENSATION AND MARKET CONSIDERATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
PT VI, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS PROVIDED UPON REQUEST