

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
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
EASTERN ILLINOIS FOODBANK

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
URBANA, IL 61802

D Employer identification number
37-1130252

E Telephone number
(217) 328-3663

G Gross receipts \$ 19,861,342

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

H(a) Is this a group return for 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 //WWW EIFOodbANK ORG/

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983

M State of legal domicile IL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	33
6 Total number of volunteers (estimate if necessary)	2,121
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,135,680	19,222,276
9 Program service revenue (Part VIII, line 2g)	504,362	458,919
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,764	49,761
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,146	1,515
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,709,952	19,732,471
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,808,372	16,429,042
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)	1,447,830	1,527,491
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶645,818		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,035,326	1,132,394
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,291,528	19,088,927
19 Revenue less expenses Subtract line 18 from line 12	-581,576	643,544
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,157,692	6,853,566
21 Total liabilities (Part X, line 26)	259,724	322,171
22 Net assets or fund balances Subtract line 21 from line 20	5,897,968	6,531,395

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

Signature of officer: ***** Date: 2020-02-27

JAMES P HIRES PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-02-27 Check if self-employed PTIN P01367554

Firm's name ▶ MARTIN HOOD LLC Firm's EIN ▶ 37-1119790

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 18,142,938 including grants of \$ 16,429,042) (Revenue \$ 460,434)
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 ▶ 18,142,938

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	14
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	33		
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		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
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			
9a 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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; 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.

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRY THIES BOARD CHAIR	2 00	X		X				0	0	0
(2) WADE HOEY VICE CHAIR	2 00	X		X				0	0	0
(3) DAWN AUBREY BOARD MEMBER	2 00	X						0	0	0
(4) ALAN COOK BOARD MEMBER	2 00	X						0	0	0
(5) GEORGE CZAPAR BOARD MEMBER	2 00	X						0	0	0
(6) AUSTIN HOGUE BOARD MEMBER	2 00	X						0	0	0
(7) HOWARD HOISINGTON BOARD MEMBER	2 00	X						0	0	0
(8) EDWARD SCOPEL BOARD MEMBER	2 00	X						0	0	0
(9) TERRI DANIELS BOARD MEMBER	2 00	X						0	0	0
(10) PATRICIA METZLER BOARD MEMBER	2 00	X						0	0	0
(11) MARC BRALTS BOARD MEMBER	2 00	X						0	0	0
(12) ELON ZEIGLER SECRETARY	2 00	X		X				0	0	0
(13) CHAD BARRINGER BOARD MEMBER	2 00	X						0	0	0
(14) NANCY GREENWALT TREASURER	2 00	X		X				0	0	0
(15) WENDY HARRIS IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
(16) RAMONA SULLIVAN BOARD MEMBER	2 00	X						0	0	0
(17) JAMES HIRES PRESIDENT & CEO	40 00			X				102,578	0	17,077

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			
(18) KELLY DALY SENIOR VICE PRESIDENT	40 00			X				91,613	0	10,145
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								194,191	0	27,222

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 ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a FOOD DISTRIBUTION (Business Code 624210, revenue 458,919) and 2f All other program service revenue.

Main revenue table with 5 main columns. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7d Net gain from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a MISCELLANEOUS INCOME (Business Code 624210, revenue 1,515), and 12 Total revenue (19,732,471).

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 expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	15,789,914	15,789,914		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	639,128	639,128		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	227,481	78,933	148,548	
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.	985,684	690,761	70,244	224,679
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	21,409	15,498	764	5,147
9 Other employee benefits.	191,445	131,181	19,825	40,439
10 Payroll taxes.	101,472	65,207	17,034	19,231
11 Fees for services (non-employees)				
a Management.				
b Legal.	1,930	744	192	994
c Accounting.	21,650	8,345	2,149	11,156
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	11,573		11,573	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	63,753	24,573	6,329	32,851
12 Advertising and promotion.				
13 Office expenses.	69,554	3,404	719	65,431
14 Information technology.				
15 Royalties.				
16 Occupancy.	22,290	21,762	280	248
17 Travel.	23,495	17,587	3,275	2,633
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	13,230	1,174	256	11,800
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	180,833	179,484	715	634
23 Insurance.	51,710	50,468	658	584
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PUBLICATIO	159,579	595	40	158,944
b UTILITIES	103,652	101,237	1,280	1,135
c FUEL	87,027	87,027		
d VEHICLE MAINTENANCE AND	58,018	58,018		
e All other expenses	264,100	177,898	16,290	69,912
25 Total functional expenses. Add lines 1 through 24e.	19,088,927	18,142,938	300,171	645,818
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	910,463	1	711,274	
	2 Savings and temporary cash investments	419,188	2	422,295	
	3 Pledges and grants receivable, net	18,672	3	353,406	
	4 Accounts receivable, net	8,271	4	31,791	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,278,495	8	1,918,274	
	9 Prepaid expenses and deferred charges	61,530	9	54,356	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,582,846			
	b Less accumulated depreciation	1,470,960			
			2,216,687	10c	2,111,886
	11 Investments—publicly traded securities	1,244,386	11	1,250,284	
	12 Investments—other securities See Part IV, line 11		12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,157,692	16	6,853,566		
Liabilities	17 Accounts payable and accrued expenses	91,916	17	121,828	
	18 Grants payable		18		
	19 Deferred revenue	22,672	19	33,132	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	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	145,136	25	167,211	
	26 Total liabilities. Add lines 17 through 25	259,724	26	322,171	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,015,213	27	4,873,908	
	28 Temporarily restricted net assets	882,755	28	1,657,487	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,897,968	33	6,531,395		
34 Total liabilities and net assets/fund balances	6,157,692	34	6,853,566		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,732,471
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,088,927
3	Revenue less expenses Subtract line 2 from line 1	3	643,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,897,968
5	Net unrealized gains (losses) on investments	5	-10,117
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,531,395

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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

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

Additional Data

Software ID:

Software Version:

EIN: 37-1130252

Name: EASTERN ILLINOIS FOODBANK

Form 990 (2018)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	12,664,464	15,902,730	19,289,320	17,135,680	19,222,276	84,214,470
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	12,664,464	15,902,730	19,289,320	17,135,680	19,222,276	84,214,470
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)						7,694,314
6	Public support. Subtract line 5 from line 4						76,520,156

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	12,664,464	15,902,730	19,289,320	17,135,680	19,222,276	84,214,470
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,773	58,724	61,346	66,764	49,761	274,368
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)	198	284	2,654	3,146	1,515	7,797
11	Total support. Add lines 7 through 10						84,496,635

12 Gross receipts from related activities, etc (see instructions) **12** 2,414,046

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	90.560 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.010 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).		
	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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 37-1130252

Name: EASTERN ILLINOIS FOODBANK

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

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 SFAS 116 (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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	1,229,365	1,216,160	1,132,657	1,201,496	1,242,002
b Contributions					
c Net investment earnings, gains, and losses	22,317	49,905	119,003	-33,326	-17,154
d Grants or scholarships					
e Other expenditures for facilities and programs	37,300	36,700	35,500	35,513	23,352
f Administrative expenses					
g End of year balance	1,214,382	1,229,365	1,216,160	1,132,657	1,201,496

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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		210,201		210,201
b Buildings		1,680,811	599,343	1,081,468
c Leasehold improvements		1,684,524	871,617	812,907
d Equipment				
e Other		7,310		7,310
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,111,886

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

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)		
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)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED WAGES AND PAYROLL TAXES	67,580
ACCRUED VACATION	99,631
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 167,211

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	19,682,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	19,682,710
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	49,761	
c	Add lines 4a and 4b		4c	49,761
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	19,732,471

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	19,077,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	19,077,354
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,573	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	11,573
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	19,088,927

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: 37-1130252

Name: EASTERN ILLINOIS FOODBANK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE DESIGNATED FOR AGENCY CAPACITY BUILDING TO INCLUDE, BUT NOT LIMITED TO, INFRASTRUCTURE PROJECTS SUCH AS EXPANSION OF SPACE OF COLD STORAGE

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIVIDENDS 44,822 REALIZED GAIN ON INVESTMENTS 4,939

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

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

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) FOOD ASSISTANCE	21109		639,128	FAIR MARKET VALUE	PROVIDE ASSISTANCE FOR NEEDY CHILDREN DURING THE SCHOOL YEAR, LOW-INCOME FAMILIES IN SCHOOLS, THROUGH PANTRY IN UNDESERVED AREAS, THROUGH PANTRY TO VETERANS
(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

Additional Data

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

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
MATTOON COMMUNITY FOOD CENTER 600 MOULTRIE AVENUE MATTOON, IL 61938	37-1199188	501C(3)		197,731	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FOOD FOR SENIOR 48 MAIN ST CHAMPAIGN, IL 61820	37-1333210	501C(3)		94,141	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
RESTORATION URBAN MINISTRIES 1213 PARKLAND COURT CHAMPAIGN, IL 61821	37-1328431	501C(3)		119,057	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CLAY COUNTY MINISTERIAL ASSOCIATION PO BOX 501 FLORA, IL 62839	37-1271643	501C(3)		282,889	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
COMPASSIONATE FOOD MINISTRIES PO BOX 481 PARIS, IL 61944	37-1276687	501C(3)		104,474	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT DEPAUL-URBANA 708 W MAIN STREET URBANA, IL 61801	37-0684973	501C(3)		76,524	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 CREEK FOOD PANTRY 2502 S RACE STREET URBANA, IL 61801	37-0907983	501C(3)		109,985	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY PANTRY - CHAMPAIGN PO BOX 618 CHAMPAIGN, IL 61824	36-2167910	501C(3)		534,982	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
WUMC EVENING PANTRY 1203 W GREEN STREET URBANA, IL 61801	37-1353238	501C(3)		37,377	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PALESTINE COMMUNITY FOOD PANTRY 803 W MARKET STREET PALESTINE, IL 62451	37-1190183	501C(3)		269,207	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
THE VINEYARD FOOD PANTRY 1500 N LINCOLN AVENUE URBANA, IL 61801	51-0225214	501C(3)		105,287	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CSCNCC 520 E WABASH SUITE 1 RANTOUL, IL 61866	37-0950247	501C(3)		163,599	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
CHARLESTON FOOD PANTRY PO BOX 411 CHARLESTON, IL 61920	37-1183083	501C(3)		385,981	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST JAMES FOOD PANTRY 504 N VERMILLION DANVILLE, IL 61832	37-0662571	501C(3)		161,825	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 LUTHERAN CHURCH 313 S PROSPECT AVENUE CHAMPAIGN, IL 61820	37-0843737	501C(3)		50,649	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DAILY BREAD SOUP KITCHEN PO BOX 648 CHAMPAIGN, IL 61824	27-0935172	501C(3)		192,900	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
ARCOLA FOOD PANTRY 126 S LOCUST ARCOLA, IL 61910	37-0684493	501C(3)	2,079	179,277	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE MASTER'S HANDS PO BOX 92 NEWTON, IL 62446	45-5624454	501C(3)		173,915	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
OAKWOOD AREA FOOD PANTRY PO BOX 236 OAKWOOD, IL 61858	37-1142176	501C(3)		30,484	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NOTRE DAME DE LASALETTE 5065 OLIVET ROAD GEORGETOWN, IL 61846	80-0112843	501C(3)		113,716	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
ANTIOCH MISSION FOOD PANTRY 311 N COLLETT STREET DANVILLE, IL 61832	37-1288810	501C(3)		314,403	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARSHALL FOOD DISBURSEMENT PROGRAM PO BOX 402 MARSHALL, IL 62441	37-1307380	501C(3)		140,819	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
SHELDON AREA FOOD PANTRY 208 LYLE STREET DONOVAN, IL 60931	37-1146740	501C(3)		77,321	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GREATER COMMUNITY AIDS PROJECT PO BOX 713 CHAMPAIGN, IL 61824	37-1189518	501C(3)		8,748	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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MARTINSVILLE COMMUNITY PANTRY 17 NORTH YORK STREET MARTINSVILLE, IL 62442	26-1620258	501C(3)		91,801	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DANVILLE RESCUE MISSION 834 BOWMAN AVENUE DANVILLE, IL 61832	37-1069752	501C(3)		25,159	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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WILLOW HILL FOOD PANTRY 104 S MAIN STREET PALESTINE, IL 62451	37-1150725	501C(3)		229,909	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHRIST'S PANTRY PO BOX 61 LOVINGTON, IL 61937	81-0178040	501C(3)		32,980	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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MAHOMET HELPING HANDS 804 S MARKET STREET MAHOMET, IL 61853	37-1294616	501C(3)		46,722	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
EMBARRAS RIVER BASIN AGENCY 400 W PLEASANT GREENUP, IL 62428	37-0890281	501C(3)		34,461	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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SAM FOOD PANTRY 901 N PRAIRIE TUSCOLA, IL 61953	23-7073918	501C(3)		21,217	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HOPE FOOD PANTRY 227 W HARRISON STREET HIDALGO, IL 62432	37-1211464	501C(3)		65,108	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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POTOMAC FOOD PANTRY PO BOX 358 POTOMAC, IL 61865	35-1729164	501C(3)		27,141	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ONARGA ACADEMY 110 N LOCUST STREET ONARGA, IL 60955	41-1419064	501C(3)		27,174	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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NEW LIFE TABERNACLE PO BOX 11 SULLIVAN, IL 61951	37-1102875	501C(3)		206,168	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WATSEKA AREA FOOD PANTRY 301 S 4TH STREET WATSEKA, IL 60970	37-0681823	501C(3)		40,260	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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GRANT TOWNSHIP FOOD CUPBOARD 525 S MARKET STREET HOOPESTON, IL 60942	37-1162097	501C(3)		12,955	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULTIVADORES PANTRY 555 S MAPLEWOOD RANTOUL, IL 61866	51-0526534	501C(3)		116,948	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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AGAPE FOOD PANTRY 617 W MADISON DANVILLE, IL 61832	56-2467893	501C(3)		15,421	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LUDLOW UMC FOOD PANTRY PO BOX 185 LUDLOW, IL 60949	37-0696739	501C(3)		34,790	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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NEOGA COMMUNITY FOOD PANTRY PO BOX 272 NEOGA, IL 62447	41-2108123	501C(3)		21,195	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CEADC HOUR HOUSE 635 DIVISION STREET CHARLESTON, IL 61920	23-7241004	501C(3)		78,108	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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ST LUKE FOOD PANTRY 809 N 5TH STREET CHAMPAIGN, IL 61820	37-1154535	501C(3)		31,574	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CLIFTON COMMUNITY FOOD PANTRY 1447 EAST 2900 NORTH ROAD CLIFTON, IL 60927	34-4201080	501C(3)		16,808	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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LIFELINE RESIDENTIAL REHAB 2107 HIGHCROSS ROAD URBANA, IL 61802	20-5141694	501C(3)		13,603	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HOOPESTON MULTI AGENCY 206 S FIRST AVENUE HOOPESTON, IL 60942	37-0963093	501C(3)		33,058	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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BLESSINGS FOOD PANTRY 4217 DEWITT AVENUE MATTOON, IL 61938	37-0661499	501C(3)		34,461	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LORD'S STOREHOUSE PO BOX 229 LAPLACE, IL 61936	37-1143241	501C(3)		49,018	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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ST VINCENT DEPAUL- CHAMPAIGN 405 W CLARK STREET CHAMPAIGN, IL 61821	27-0904106	501C(3)		16,618	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARTHUR SOUTHERN BAPTIST PANTRY 530 N VINE ARTHUR, IL 61911	37-1137062	501C(3)		30,589	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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CUNNINGHAM CHILDREN'S HOME PO BOX 878 URBANA, IL 61801	37-0662521	501C(3)		14,484	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
OGDEN CC FOOD PANTRY PO BOX 37 OGDEN, IL 61859	37-2258582	501C(3)		13,559	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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SADORUS COMMUNITY FOOD PANTRY 477 COUNTY ROAD 300N SADORUS, IL 61872	11-3777175	501C(3)		7,740	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SWANN SPECIAL CARE CENTER 109 KENWOOD DRIVE CHAMPAIGN, IL 61821	31-1262572	501C(3)		27,002	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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TOLEDO CHRISTIAN CHURCH 501 S MARYLAND STREET TOLEDO, IL 62468	37-1129148	501C(3)		5,898	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARTINTON COMMUNITY FOOD PANTRY 213 THOMAS STREET MARTINTON, IL 60951	53-0196617	501C(3)		104,819	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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CHRISTIAN FELLOWSHIP FOOD PANTRY 715 LINCOLN AVENUE PONTIAC, IL 61764	37-1368352	501C(3)		9,093	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RIGHT HAND FOOD PANTRY 1281 EATER DRIVE RANTOUL, IL 61866	63-6093479	501C(3)		44,605	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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GIBSON AREA FOOD PANTRY 1117 NORTH MELVIN GIBSON CITY, IL 60936	44-0577787	501C(3)		59,564	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HANDS OF CHRIST FOOD PANTRY 361 1/2 N RAILROAD AVENUE PAXTON, IL 60957	37-0893408	501C(3)		53,420	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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GOD'S FOOD PANTRY 116 N THOMAS STREET GILMAN, IL 60938	41-1568277	501C(3)		18,219	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON CHRISTIAN CHURCH FELLOWSHIP 221 N 9TH MATTOON MATTOON, IL 61938	37-1104408	501C(3)		71,666	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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SALVATION ARMY DANVILLE FELLOWSHIP 855 E FAIRCHILD DANVILLE, IL 61832	36-2167910	501C(3)		258,813	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MT PISGAH FOOD PANTRY 801 W MARKET BLOOMINGTON, IL 61701	37-3847531	501C(3)		58,761	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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STANDING STONE COMMUNITY CENTER 201 N 6TH STREET CHARLESTON, IL 61920	45-5350012	501C(3)		101,177	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MCKINLEY PANTRY AT GARDEN HILL 2001 GARDEN HILLS DRIVE CHAMPAIGN, IL 61821	37-0409945	501C(3)	9,220	64,419	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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BETHANY MINISTERIAL ALLIANCE FELLOWSHIP 312 SOUTH WATER BETHANY, IL 61914	37-1154698	501C(3)		14,514	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ABUNDANT BLESSINGS 3400 DEWITT AVENUE MATTOON, IL 61938	37-1410611	501C(3)		22,364	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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ASHMORE FOOD PANTRY 212 N OAKLAND ROAD ASHMORE, IL 61912	86-1061386	501C(3)		16,475	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GOD'S LIFELINE 104 E CARTER CERRO GORDO, IL 61818	36-2167731	501C(3)		7,635	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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FAITH UMC SENIOR GROCERY 1719 PROSPECT AVENUE CHAMPAIGN, IL 61821	37-6041061	501C(3)		8,902	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FORREST FOOD PANTRY 29109 E 100 N ROAD FORREST, IL 61741	23-7073918	501C(3)		11,191	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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LIVINGSTON CTY COMMUNITY PANTRY 420 NORTH PLUM STREET PONTIAC, IL 61764	20-8286789	501C(3)		209,364	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COURAGE CONNECTION 508 E CHURCH STREET CHAMPAIGN, IL 61820	37-1346397	501C(3)		5,012	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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CHAD DAVID JOHNSON FOOD PANTRY 63 NORTH STREET SAUNEMIN, IL 61769	37-0720366	501C(3)		22,029	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULLOM COMMUNITY FOOD PANTRY 220 S ASH CULLOM, IL 60929	13-5594017	501C(3)		35,873	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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PEORIA AREA FOODBANK 711 WEST MCBEAN PEORIA, IL 61605	37-6058636	501C(3)		757,745	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
VERMILLION CO 21ST CENTURY 15019 CATLIN-TILTON ROAD DANVILLE, IL 61834	37-1376973	501C(3)		12,871	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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WASHINGTON SQUARE SENIOR PROGRAM 1210 N NEIL STREET CHAMPAIGN, IL 61820	36-2167026	501C(3)		15,277	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WESTFIELD FOOD PANTRY PO BOX 98 WESTFIELD, IL 62474	37-0699714	501C(3)		18,622	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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WINDSOR ROAD CHRISTIAN CHURCH 2501 WINDSOR ROAD CHAMPAIGN, IL 61821	37-0976900	501C(3)		14,893	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SONSHINE DAYCARE 107 S WEST STREET MCLEAN, IL 61754	23-7073918	501C(3)		10,745	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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SALVATION ARMY - BLOOMINGTON 601 W WASHINGTON STREET BLOOMINGTON, IL 61701	36-2167910	501C(3)		31,049	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY - PONTIAC 112 N DIVISION STREET PONTIAC, IL 61764	36-2167910	501C(3)		83,506	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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ST VINCENT FOOD PANTRY - BLOOMINGTON 711 N MAIN STREET BLOOMINGTON, IL 61701	53-0196617	501C(3)		79,944	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT FOOD PANTRY - PONTIAC 505 N CHICAGO STREET PONTIAC, IL 61764	37-0661190	501C(3)		87,585	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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CHATSWORTH FOOD PANTRY 510 SOUTH FOURTH STREET CHATSWORTH, IL 60921	23-7073918	501C(3)		30,736	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
KANSAS UMC FOOD PANTRY 200 E BUENA VISTA KANSAS, IL 61933	37-1146552	501C(3)		7,666	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 CHURCH OF THE NAZARENE PANTRY 1220 KLEEMAN DRIVE CLINTON, IL 61727	44-0552034	501C(3)		16,155	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RURAL GRACE FOOD PANTRY 204 N 2ND STREET MURDOCK, IL 61941	23-7073918	501C(3)		42,705	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 4 KIDS 2605 UNIVERSITY DRIVE CHARLESTON, IL 61920	37-0705449	501C(3)		10,593	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FRIENDS OF CHAMPAIGN COUNTY 201 W KENYON RD CHAMPAIGN, IL 61820	31-1281758	501C(3)		367,782	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
PROMISE HEALTHCARE FOOD PANTRY 819 BLOOMINGTON RD CHAMPAIGN, IL 61821	14-1880824	501C(3)		47,251	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST CHURCH OF CHRIST FP 503 N MAIN GEORGETOWN, IL 61846	37-0753049	501C(3)		12,560	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 - MATTOON PO BOX 671 MATTOON, IL 61938	22-2408433	501C(3)		24,493	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ROBINSON FOOD PANTRY 602 E PINE ROBINSON, IL 62454	37-1246443	501C(3)		167,158	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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CHRISMAN CHRISTIAN CHURCH FP 217 N ILLNOIS ST CHRISMAN, IL 61924	37-6039453	501C(3)		104,187	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CLAY CITY ELEMENTARY SCHOOL PANTRY 607 WALNUT STREET SE CLAY CITY, IL 62824	37-1271643	501C(3)	1,957	5,411	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
ERBA NEWTON 904 W JOURDAN NEWTON, IL 62448	37-0890281	501C(3)		58,406	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MINONK TOWNSHIP FOOD PANTRY 670 N CHESTNUT MINONK, IL 61760	37-1313964	501C(3)		15,928	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
MONTICELLO CHRISTIAN CHURCH 1699 N STATE STREET MONTICELLO, IL 61856	37-0976535	501C(3)		28,402	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RCI - LINCOLNSHIRE GROUP HOME 1112 LINCOLNSHIRE DR CHAMPAIGN, IL 61820	37-2235167	501C(3)		11,654	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
SPRING BAY FOOD PANTRY 200 NEIMAN DRIVE EAST PEORIA, IL 61611	36-2167731	501C(3)		95,977	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT DEPAUL DANVILLE FP 444 E MAIN STREET DANVILLE, IL 61832	53-0196617	501C(3)		27,308	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 PATRICKS FOOD PANTRY 212 E WASHINGTON STREET TOLONO, IL 61880	37-0684973	501C(3)		31,817	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CUMBERLAND BACKPACK MINISTRY 215 EAST MADISON STREET TOLEDO, IL 62468	37-1152593	501C(3)	4,810	8,803	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
WUMC AT PARKLAND COLLEGE 2400 W BRADLEY AVE RM M138 CHAMPAIGN, IL 61821	37-0673558	501C(3)		26,085	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
TUSCOLA HIGH SCHOOL WARRIOR PANTRY 500 SOUTH PRAIRIE STREET TUSCOLA, IL 61953	23-7073918	501C(3)	5,841	34,906	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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 CREEK FOOD PANTRY - RANTOUL 3105 MAPLEWOOD DRIVE RANTOUL, IL 61866	37-6040073	501C(3)		44,049	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ATWOOD AREA FOOD PANTRY 231 N ILLINOIS STREET ATWOOD, IL 61913	37-1075419	501C(3)		69,897	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
OPEN ARMS FOOD PANTRY 1200 W MT VERNON ROAD METAMORA, IL 61548	37-1023870	501C(3)		18,219	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEIGHBORHOOD MARKET 100 N JACKSON STREET CLINTON, IL 61727	37-0756087	501C(3)		16,224	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
ROBINWOOD AG FOOD PANTRY 11157 N TRIMBLE ROAD ROBINSON, IL 62454	37-6040073	501C(3)		11,717	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SCHOOL STREET PANTRY 211 N SCHOOL STREET NORMAL, IL 61761	36-4181246	501C(3)		9,402	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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
RCI - SPRINGFIELD GROUP HOME 401 W SPRINGFIELD AVE CHAMPAIGN, IL 61820	36-2235167	501C(3)		8,247	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FEEDING OUR KIDS 1509 W JOHN STREET CHAMPAIGN, IL 61821	46-4084983	501C(3)	39,000	7,974	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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HOPE MEADOWS 1530 FAIRWAY DRIVE RANTOUL, IL 61866	36-3528945	501C(3)		6,665	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARCOLA SCHOOL PANTRY 351 W WASHINGTON ARCOLA, IL 61910	37-0684493	501C(3)		6,564	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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CHAMPAIGN COB FOOD PANTRY 1210 N NEIL STREET CHAMPAIGN, IL 61820	36-2167026	501C(3)		5,962	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
UNIPLACE CHRISTIAN CHURCH DINNER 403 S WRIGHT CHAMPAIGN, IL 61820	37-0681521	501C(3)		5,343	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

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BACK PACK SNACK 420 E SIXTH STREET MINONK, IL 61760	41-1568278	501C(3)		5,212	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number
37-1130252

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	99	16,549,049	10,215,462 LBS OF FOOD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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	
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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 to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

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.

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization
EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS TO REVIEW FOR ANY CHANGES/QUESTIONS BEFORE THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF DIRECTORS HAVE TO SIGN AN ANNUAL DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTERESTS THAT MAY OCCUR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	REVIEWED DATA FROM FEEDING AMERICA AND COMPARE OUR COMPENSATION TO FOODBANK OF SIMILAR SIZE AND REGION SALARY RANGES ARE REVIEWED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S MAKES IT FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR