

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

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EASTERN ILLINOIS FOODBANK Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2405 NORTH SHORE DRIVE City or town, state or country, and ZIP + 4 URBANA, IL 61802 F Name and address of principal officer: JAMES P. HIRES 2405 NORTH SHORE DRIVE, URBANA, IL 61802	D Employer identification number 37-1130252 E Telephone number (217) 328-3663 G Gross receipts \$ 11,706,670. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.EIFOODBANK.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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			
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 14		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 24		
	6	Total number of volunteers (estimate if necessary)	6 1458		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
	Revenue			Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	11,640,060.	11,114,900.	
9		Program service revenue (Part VIII, line 2g)	449,329.	474,049.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,394.	29,697.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169.	1,211.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,104,952.	11,619,857.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,161.	10,264,316.
		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)	695,555.	812,754.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 325,288.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,495,937.	618,157.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,249,653.	11,695,227.	
19	Revenue less expenses. Subtract line 18 from line 12	855,299.	-75,370.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	5,710,674.	5,545,189.	
	21	Total liabilities (Part X, line 26)	218,215.	165,501.	
22	Net assets or fund balances. Subtract line 21 from line 20	5,492,459.	5,379,688.		

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 JAMES P. HIRES, EXECUTIVE DIRECTOR Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JIM EISENMENGER, CPA	JIM EISENMENGER, CPA			P00083589
	Firm's name ▶ MARTIN, HOOD, FRIESE & ASSOC. LLC	Firm's EIN ▶ 37-1119790			
Firm's address ▶ 2507 SOUTH NEIL STREET		Phone no. (217) 351-2000			
Firm's address ▶ CHAMPAIGN, IL 61820					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,184,114. including grants of \$ 10,264,316.) (Revenue \$ 475,260.) 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, IROGUIS, JASPER, MOULTRIE, PIATT & VERMILLION.

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

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

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

4e Total program service expenses 11,184,114.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
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

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KELLY DALY - 217 328-3663**
2405 NORTH SHORE DRIVE, URBANA, IL 61802

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY SILKWOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(2) TEOLA TROWBRIDGE IMMEDIATE PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(3) JOAN ZERNICH SECRETARY	2.00	X		X			0.	0.	0.	
(4) TODD GLEASON VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) RENEE OSTERBUR TREASURER	2.00	X		X			0.	0.	0.	
(6) DEBORAH DAY BOARD MEMBER	2.00	X					0.	0.	0.	
(7) JAN SIMON BOARD MEMBER	2.00	X					0.	0.	0.	
(8) KEVIN YONCE PRESIDENT	2.00	X		X			0.	0.	0.	
(9) DICK KOCH BOARD MEMBER	2.00	X					0.	0.	0.	
(10) JOHN LAMKIN BOARD MEMBER	2.00	X					0.	0.	0.	
(11) TRACI NALLY BOARD MEMBER	2.00	X					0.	0.	0.	
(12) BARB DALY BOARD MEMBER	2.00	X					0.	0.	0.	
(13) COBY COOPER BOARD MEMBER	2.00	X					0.	0.	0.	
(14) LAURA WEIS BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JAMES HIRES EXECUTIVE DIRECTOR/CEO	40.00			X			82,765.	0.	7,509.	
(16) KELLY DALY DIRECTOR OF OPERATIONS	40.00			X			61,462.	0.	6,316.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							144,227.	0.	13,825.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							144,227.	0.	13,825.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	140,963.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	191,781.2.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	905,612.5.				
	g	Noncash contributions included in lines 1a-1f: \$		9,322,833.				
	h	Total. Add lines 1a-1f		11,114,900.				
	Program Service Revenue	2 a	FOOD DISTRIBUTION	Business Code 624210	474,049.	474,049.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		474,049.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,853.			28,853.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			844.			844.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS INCOME	624210	1,211.	1,211.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,211.					
12	Total revenue. See instructions.		11,619,857.	475,260.	0.	29,697.		

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,166,450.	10,166,450.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	97,866.	97,866.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	168,672.	36,186.	132,486.	
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	515,508.	400,268.	5,873.	109,367.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,872.	5,260.	177.	2,435.
9 Other employee benefits	65,640.	49,103.	5,272.	11,265.
10 Payroll taxes	55,062.	35,650.	10,449.	8,963.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,999.	11,831.	1,416.	1,752.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,626.		11,626.	
g Other	21,699.	17,115.	2,049.	2,535.
12 Advertising and promotion				
13 Office expenses	62,158.	15,297.	2,938.	43,923.
14 Information technology				
15 Royalties				
16 Occupancy	11,029.	10,791.	192.	46.
17 Travel	16,530.	11,639.	3,412.	1,479.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,333.	2,128.	828.	5,377.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	102,281.	101,393.	716.	172.
23 Insurance	37,646.	36,758.	716.	172.
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	131,843.	2,419.	149.	129,275.
b UTILITIES	65,540.	64,028.	1,219.	293.
c FUEL	43,067.	43,067.		
d VEHICLE MAINTENANCE AND	24,873.	24,873.		
e All other expenses	66,533.	51,992.	6,307.	8,234.
25 Total functional expenses. Add lines 1 through 24e	11,695,227.	11,184,114.	185,825.	325,288.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	805,972.	1	1,262,391.	
	2 Savings and temporary cash investments	600,735.	2	605,771.	
	3 Pledges and grants receivable, net	3,075.	3	1,250.	
	4 Accounts receivable, net	50,759.	4	45,380.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,617,630.	8	1,016,769.	
	9 Prepaid expenses and deferred charges	85,030.	9	22,681.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,255,912.			
	b Less: accumulated depreciation	10b 708,563.	1,476,498.	10c	1,547,349.
	11 Investments - publicly traded securities	1,070,975.	11	1,043,598.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,710,674.	16	5,545,189.		
Liabilities	17 Accounts payable and accrued expenses	52,745.	17	37,338.	
	18 Grants payable		18		
	19 Deferred revenue	113,162.	19	69,691.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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	52,308.	25	58,472.	
	26 Total liabilities. Add lines 17 through 25	218,215.	26	165,501.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,568,239.	27	5,154,596.	
	28 Temporarily restricted net assets	924,220.	28	225,092.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	5,492,459.	33	5,379,688.		
34 Total liabilities and net assets/fund balances	5,710,674.	34	5,545,189.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,619,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,695,227.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,370.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,492,459.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-37,401.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,379,688.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	983,857.	7,443,445.	8,693,613.	11,640,060.	11,114,900.	39,875,875.
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	983,857.	7,443,445.	8,693,613.	11,640,060.	11,114,900.	39,875,875.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						39,875,875.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	983,857.	7,443,445.	8,693,613.	11,640,060.	11,114,900.	39,875,875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			16,668.	48,726.	29,697.	95,091.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,203.	1,154.	1,872.	169.	1,211.	5,609.
11 Total support. Add lines 7 through 10						39,976,575.
12 Gross receipts from related activities, etc. (see instructions)					12	1,933,452.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.75	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.76	%
16a 33 1/3% support test - 2011. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CENTRAL ILLINOIS FOODBANK 2000 EAST MOFFAT SPRINGFIELD, IL 62702	\$ 554,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PEPSI 1306 W ANTHONY DRIVE CHAMPAIGN, IL 61821	\$ 231,950.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ILLINOIS DEPARTMENT OF HUMAN SERVICES 100 S. GRAND AVENUE E. SPRINGFIELD, IL 62762	\$ 1,718,525.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JACK IN THE BOX 100 E GATE DRIVE DANVILLE, IL 61832	\$ 307,928.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	KRAFT FOODS, INC 1701 W BRADLEY AVENUE CHAMPAIGN, IL 61821-2200	\$ 437,896.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NORTHERN ILLINOIS FOODBANK 600 INDUSTRIAL DRIVE ST CHARLES, IL 60174	\$ 1,365,226.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SUPERVALU DC 35 E WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601	\$ 232,091.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	W. NEWELL AND CO. P.O. BOX 9028 CHAMPAIGN, IL 61826-9028	\$ 602,534.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MCLANE MIDWEST U.S. 136 DANVILLE, IL 61834	\$ 444,795.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAM'S CLUB #8197 915 W MARKETVIEW DRIVE CHAMPAIGN, IL 61821	\$ 235,695.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>333,976 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>554,400.</u>	<u>06/30/12</u>
<u>2</u>	<u>139,729 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>231,950.</u>	<u>06/30/12</u>
<u>3</u>	<u>1,035,256 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>1,718,525.</u>	<u>06/30/12</u>
<u>4</u>	<u>185,499 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>307,928.</u>	<u>06/30/12</u>
<u>5</u>	<u>263,793 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>437,896.</u>	<u>06/30/12</u>
<u>6</u>	<u>822,425 POUNDS OF FOOD</u> _____ _____ _____	\$ <u>1,365,226.</u>	<u>06/30/12</u>

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>7</u>	139,814 POUNDS OF FOOD _____ _____ _____	\$ <u>232,091.</u>	<u>06/30/12</u>
<u>8</u>	362,972 POUNDS OF FOOD _____ _____ _____	\$ <u>602,534.</u>	<u>06/30/12</u>
<u>9</u>	267,949 POUNDS OF FOOD _____ _____ _____	\$ <u>444,795.</u>	<u>06/30/12</u>
<u>10</u>	141,985 POUNDS OF FOOD _____ _____ _____	\$ <u>235,695.</u>	<u>06/30/12</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		105,000.		105,000.
b Buildings		1,388,231.	300,033.	1,088,198.
c Leasehold improvements				
d Equipment		762,681.	408,530.	354,151.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,547,349.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED WAGES AND PAYROLL TAXES	30,767.	
(3) ACCRUED VACATION	27,705.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	58,472.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,619,857.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,695,227.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-75,370.
4	Net unrealized gains (losses) on investments	4	-37,401.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-37,401.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-112,771.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,590,160.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,590,160.
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 XIV.)	4b	29,697.
c	Add lines 4a and 4b	4c	29,697.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,619,857.

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

1	Total expenses and losses per audited financial statements	1	11,683,601.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,683,601.
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	11,626.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	11,626.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,695,227.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE DESIGNATED FOR AGENCY CAPACITY

BUILDING TO INCLUDE, BUT NOT LIMITED TO, INFRASTRUCTURE PROJECTS SUCH AS EXPANSION OF SPACE OF COLD STORAGE.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIVIDENDS 28,853.

REALIZED GAIN ON INVESTMENTS 844.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 29,697.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

EASTERN ILLINOIS FOODBANK

**Employer identification number
37-1130252**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (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
SALT AND LIGHT 1512 W ANTHONY DRIVE CHAMPAIGN, IL 61821	32-0074485	501C(3)	0.	724,311.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON COMMUNITY FOOD CENTER 600 MOULTRIE AVENUE MATTOON, IL 61938	37-1199188	501C(3)	0.	425,441.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MORNINGSTAR MINISTRIES 201 N CHICAGO STREET ROSSVILLE, IL 60963	32-0101114	501C(3)	0.	618,835.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RESTORATION URBAN MINISTRIES 1213 PARKLAND COURT CHAMPAIGN, IL 61821	37-1328431	501C(3)	0.	225,860.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CLAY COUNTY MINISTERIAL ASSOCIATION - PO BOX 501 - FLORA, IL 62839	37-1271643	501C(3)	0.	382,062.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMPASSIONATE FOOD MINISTRIES PO BOX 481 PARIS, IL 61944	37-1276687	501C(3)	0.	259,020.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **96.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DEPAUL-URBANA 708 W MAIN STREET URBANA, IL 61801	37-0684973	501C(3)	0.	230,924.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
STONE CREEK FOOD PANTRY 2502 S RACE STREET URBANA, IL 61801	37-0907983	501C(3)	0.	433,482.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY PANTRY - CHAMPAIGN PO BOX 618 CHAMPAIGN, IL 61824	36-2167910	501C(3)	0.	470,338.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WUMC EVENING PANTRY 1203 W GREEN STREET URBANA, IL 61801	37-1353238	501C(3)	0.	150,192.	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)	0.	221,163.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE VINEYARD FOOD PANTRY 1500 N LINCOLN AVENUE URBANA, IL 61801	51-0225214	501C(3)	0.	180,492.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CSCNCC 520 E WABASH, SUITE 1 RANTOUL, IL 61866	37-0950247	501C(3)	0.	115,509.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHARLESTON FOOD PANTRY PO BOX 411 CHARLESTON, IL 61920	37-1183083	501C(3)	0.	138,374.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST JAMES FOOD PANTRY 504 N VERMILLION DANVILLE, IL 61832	37-0662571	501C(3)	0.	223,237.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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)	0.	135,240.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GOD'S LITTLE FOOD PANTRY 425 W NORTH STREET WATSEKA, IL 60970	36-4003390	501C(3)	0.	108,041.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DAILY BREAD SOUP KITCHEN PO BOX 648 CHAMPAIGN, IL 61824	27-0935172	501C(3)	0.	192,899.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARCOLA FOOD PANTRY 126 S LOCUST ARCOLA, IL 61910	37-0684493	501C(3)	0.	162,658.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ROBINSON FOOD PANTRY 602 E PINE ROBINSON, IL 62454	37-1246443	501C(3)	0.	92,072.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
OAKWOOD AREA FOOD PANTRY PO BOX 236 OAKWOOD, IL 61858	37-1142176	501C(3)	0.	89,844.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MT ZION MISSIONARY BAPTIST FELLOWSHIP - 1535 E FAIRCHILD - DANVILLE, IL 61832	37-1288364	501C(3)	0.	300,556.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NOTRE DAME DE LASALETTE 5065 OLIVET ROAD GEORGETOWN, IL 61846	80-0112843	501C(3)	0.	183,218.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ANTIOCH MISSION FOOD PANTRY 311 N COLLETT STREET DANVILLE, IL 61832	37-1288810	501C(3)	0.	147,582.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR SENIORS 48 MAIN STREET CHAMPAIGN, IL 61820	37-1333210	501C(3)	0.	103,441.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARSHALL FOOD DISBURSEMENT PROGRAM PO BOX 402 MARSHALL, IL 62441	37-1307380	501C(3)	0.	132,994.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CALVARY BAPTIST FOOD PANTRY 1632 GEORGETOWN ROAD DANVILLE, IL 61832	37-0767046	501C(3)	0.	107,125.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SHELDON AREA FOOD PANTRY 208 LYLE STREET DONOVAN, IL 60931	37-1146740	501C(3)	0.	67,511.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GREATER COMMUNITY AIDS PROJECT PO BOX 713 CHAMPAIGN, IL 61824	37-1189518	501C(3)	0.	92,822.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARTINSVILLE COMMUNITY PANTRY 17 NORTH YORK STREET MARTINSVILLE, IL 62442	26-1620258	501C(3)	0.	81,453.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DANVILLE RESCUE MISSION 834 BOWMAN AVENUE DANVILLE, IL 61832	37-1069752	501C(3)	0.	88,257.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WILLOW HILL FOOD PANTRY 104 S MAIN STREET PALESTINE, IL 62451	37-1150725	501C(3)	0.	73,030.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHRIST'S PANTRY PO BOX 61 LOVINGTON, IL 61937	81-0178040	501C(3)	0.	64,529.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAHOMET HELPING HANDS 804 S MARKET STREET MAHOMET, IL 61853	37-1294616	501C(3)	0.	59,690.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY - MATTOON PO BOX 671 MATTOON, IL 61938	22-2408433	501C(3)	0.	108,333.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
EMBARRAS RIVER BASIN AGENCY 400 W PLEASANT GREENUP, IL 62428	37-0890281	501C(3)	0.	159,221.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SAM FOOD PANTRY 901 N PRAIRIE TUSCOLA, IL 61953	23-7073918	501C(3)	0.	45,960.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMMUNITY ELEMENTS 1801 FOX DRIVE CHAMPAIGN, IL 61820	37-0913985	501C(3)	0.	87,537.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HOPE FOOD PANTRY 227 W HARRISON STREET HIDALGO, IL 62432	37-1211464	501C(3)	0.	48,927.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
POTOMAC FOOD PANTRY PO BOX 358 POTOMAC, IL 61865	35-1729164	501C(3)	0.	44,115.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMMUNITY ACTION FOOD PANTRY 125 W LAFAYETTE MONTICELLO, IL 61856	37-0895679	501C(3)	0.	68,517.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RURAL GRACE FOOD PANTRY 1185 N CO ROAD 1600 E VILLA GROVE, IL 61956	23-7073918	501C(3)	0.	29,301.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONARGA ACADEMY 110 N LOCUST STREET ONARGA, IL 60955	41-1419064	501C(3)	0.	43,285.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW LIFE TABERNACLE PO BOX 11 SULLIVAN, IL 61951	37-1102875	501C(3)	0.	47,835.	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)	0.	22,013.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GRANT TOWNSHIP FOOD CUPBOARD 525 S MARKET STREET HOOPESTON, IL 60942	37-1162097	501C(3)	0.	27,948.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GREATER HOLY TEMPLE FOOD PANTRY 1409 W DUBLIN STREET URBANA, IL 61801	37-1193756	501C(3)	0.	64,159.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULTIVADORES PANTRY 555 S MAPLEWOOD RANTOUL, IL 61866	51-0526534	501C(3)	0.	30,780.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
AGAPE FOOD PANTRY 617 W MADISON DANVILLE, IL 61832	56-2467893	501C(3)	0.	27,617.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PIPER CITY AREA FOOD PANTRY PO BOX 444 PIPER CITY, IL 60959	23-6393377	501C(3)	0.	19,371.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LUDLOW UMC FOOD PANTRY PO BOX 185 LUDLOW, IL 60949	37-0696739	501C(3)	0.	33,439.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNT CITY FOOD PANTRY 305 E MORGAN STREET NEWTON, IL 62448	37-1297241	501C(3)	0.	17,812.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEOGA COMMUNITY FOOD PANTRY PO BOX 272 NEOGA, IL 62447	41-2108123	501C(3)	0.	82,150.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE ROCK FOOD PANTRY 20 POLAND ROAD DANVILLE, IL 61832	23-7444909	501C(3)	0.	18,391.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BROADLANDS FOOD PANTRY PO BOX 79 BROADLANDS, IL 61816	37-1172888	501C(3)	0.	18,114.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CEADC HOUR HOUSE 635 DIVISION STREET CHARLESTON, IL 61920	23-7241004	501C(3)	0.	10,498.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST LUKE FOOD PANTRY 809 N 5TH STREET CHAMPAIGN, IL 61820	37-1154535	501C(3)	0.	24,004.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PROJECT SUCCESS VERMILLION COUNTY 15019 CATLIN-TILTON ROAD DANVILLE, IL 61834	37-1376973	501C(3)	0.	59,813.	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)	0.	17,374.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BRADLEY LEARNING CENTER 1311 E FLORIDA AVENUE URBANA, IL 61801	37-0921980	501C(3)	0.	20,069.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESUS IS THE WAY MINISTRY PO BOX 98 RANTOUL, IL 61866	37-1141277	501C(3)	0.	7,640.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LIFELINE RESIDENTIAL REHAB 2107 HIGHCROSS ROAD URBANA, IL 61802	20-5141694	501C(3)	0.	16,197.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HOOPESTON MULTI AGENCY 206 S FIRST AVENUE HOOPESTON, IL 60942	37-0963093	501C(3)	0.	37,113.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW LIFE FAITH CHRISTIAN FELLOWSHIP - 309 IRA STREET - URBANA, IL 61802	73-1045170	501C(3)	0.	15,103.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BLESSINGS FOOD PANTRY 4217 DEWITT AVENUE MATTOON, IL 61938	37-0661499	501C(3)	0.	10,710.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHRISTIAN SOCIAL ACTION FORUM 604 EVERGREEN COURT EAST URBANA, IL 61801	37-1128073	501C(3)	0.	83,572.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PENNSYLVANIA AVENUE BAPTIST CHURCH 600 E PENNSYLVANIA AVENUE URBANA, IL 61801	37-0844711	501C(3)	0.	9,759.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LORD'S STOREHOUSE PO BOX 229 LAPLACE, IL 61936	37-1143241	501C(3)	0.	7,130.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SON SHINE CENTER PO BOX 231 CASEY, IL 62420	62-0535346	501C(3)	0.	8,499.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR WOMEN IN TRANSITION 508 E CHURCH STREET CHAMPAIGN, IL 61820	37-1346397	501C(3)	0.	13,112.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST CHURCH OF CHRIST FELLOWSHIP 503 N MAIN STREET GEORGETOWN, IL 61846	37-0753049	501C(3)	0.	11,188.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW COVENANT FELLOWSHIP 124 W WHITE STREET CHAMPAIGN, IL 61820	37-1071452	501C(3)	0.	22,310.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LITTLE LAMBS' DAYCARE 311 E US ROUTE 150 OAKWOOD, IL 61858	51-0149346	501C(3)	0.	19,068.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON AREA PADS 2017 BROADWAY AVENUE MATTOON, IL 61938	37-1410445	501C(3)	0.	8,242.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT DEPAUL-CHAMPAIGN 405 W CLARK STREET CHAMPAIGN, IL 61821	27-0904106	501C(3)	0.	19,065.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARTHA'S CUPBOARD 200 E ILLINOIS STREET MANSFIELD, IL 61854	37-0812712	501C(3)	0.	15,480.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARTHUR SOUTHERN BAPTIST PANTRY 530 N VINE ARTHUR, IL 61911	37-1137062	501C(3)	0.	9,434.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CUNNINGHAM CHILDREN'S HOME PO BOX 878 URBANA, IL 61801	37-0662521	501C(3)	0.	15,176.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH FELLOWSHIP - 210 W CHURCH STREET - CHAMPAIGN, IL 61820	23-7073918	501C(3)	0.	5,681.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
OGDEN CC FOOD PANTRY PO BOX 37 OGDEN, IL 61859	37-2258582	501C(3)	0.	12,930.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HERITAGE FAMILY FOOD PANTRY 707 E WOOD STREET PARIS, IL 61944	37-1142126	501C(3)	0.	8,486.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SADORUS COMMUNITY FOOD PANTRY 477 COUNTY ROAD, 300N SADORUS, IL 61872	11-3777175	501C(3)	0.	11,389.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST BAPTIST OF MARTINSVILLE 5 TROTTER LANE MARTINSVILLE, IL 62442	37-1142990	501C(3)	0.	5,639.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHAMPAIGN COB FOOD PANTRY 1210 N NEIL STREET CHAMPAIGN, IL 61820	37-1147888	501C(3)	0.	19,060.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SWANN SPECIAL CARE CENTER 109 KENWOOD DRIVE CHAMPAIGN, IL 61821	31-1262572	501C(3)	0.	11,012.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GRANDMAS COMMUNITY PRAYER OUT 7 MAGNOLIA COURT SAVOY, IL 61874	37-1346799	501C(3)	0.	6,101.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MAHOMET AREA YOUTH CLUB 601 E FRANKLIN MAHOMET, IL 61853	81-0615577	501C(3)	0.	6,595.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCS AFTER SCHOOL PROGRAM 702 N LOGAN DANVILLE, IL 61832	37-0716057	501C(3)	0.	12,452.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PRAIRIELAND COUNCIL BOY SCOUT PO BOX 6267 CHAMPAIGN, IL 61826-6267	22-1576300	501C(3)	0.	6,147.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FAITH BAPTIST DANVILLE SNACK 1211 N VERMILLION DANVILLE, IL 61832	37-6084832	501C(3)	0.	6,091.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PRAIRIELAND ANTI CRUELTY PROGRAM 2173 CO ROAD, 750E CHAMPAIGN, IL 61822	37-1375106	501C(3)	0.	15,722.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ICCS TEEN REACH 510 APPLE ORCHARD ROAD SPRINGFIELD, IL 62703	37-1203458	501C(3)	0.	7,839.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
TOLEDO CHRISTIAN CHURCH 501 S MARYLAND STREET TOLEDO, IL 62468	37-1129148	501C(3)	0.	7,150.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FAITH FELLOWSHIP CHURCH 12887 E 2000TH AVENUE HIDALGO, IL 62432	37-1356089	501C(3)	0.	7,385.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CANAAN BAPTIST CHURCH 404 W MAIN STREET URBANA, IL 61801	37-1358034	501C(3)	0.	7,342.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BEST INTEREST OF CHILDREN 803 KETTERING PARK, SUITE 203 URBANA, IL 61801	37-1331784	501C(3)	0.	5,448.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD ASSISTANCE - BACKPACK PROGRAM	885	0.	97,866.	FAIR MARKET VALUE	PROVIDE FOOD FOR NEEDY CHILDREN EACH WEEEKND DURING THE SCHOOL YEAR

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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	113	9,290,132.	5,596,465 LBS OF FOO
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ADVERTISING</u>)	X	5	31,313.	FAIR MARKET VALUE
26 Other ▶ (<u>TOWING SERVIC</u>)	X	1	75.	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

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

SOURCE OF FOOD FOR THE HUNGRY THROUGH COOPERATION WITH A NETWORK OF
FOOD PANTRIES AND AGENCIES.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE
CHANGED IN ORDER TO INCREASE THE NUMBER OF POSSIBLE BOARD MEMBERS. THE
BYLAWS ALSO CHANGED THE TERMS OF THE DIRECTORS TO JULY-JUNE IN ORDER TO BE
CONSISTENT WITH ORGANIZATION'S FISCAL YEAR.

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

Name of the organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -37,401.

FORM 990, PART XI, LINE 2C

NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

EASTERN ILLINOIS FOODBANK

37-1130252

Name and title of officer

**JAMES P. HIRES
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>11619857</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARTIN, HOOD, FRIESE & ASSOC. LLC to enter my PIN 30252
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

37061119790
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JIM EISENMENGER, CPA Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-013351

Report for the Fiscal Period:

Beginning 07/01/2011

& Ending 06/30/2012
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 37-1130252

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 05/03/1983
MO DAY YR

LEGAL NAME EASTERN ILLINOIS FOODBANK	Year-end amounts	
MAIL ADDRESS 2405 NORTH SHORE DRIVE	A) ASSETS	A) \$ 5,545,189.
CITY, STATE URBANA, IL	B) LIABILITIES	B) \$ 165,501.
ZIP CODE 61802	C) NET ASSETS	C) \$ 5,379,688.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	83.229%	D) \$ 9,671,137.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	16.505%	E) \$ 1,917,812.
F) OTHER REVENUES	0.266%	F) \$ 30,908.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 11,619,857.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	7.865%	H) \$ 919,798.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	7.865%	J) \$ 919,798.
K1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	87.765%	K) \$ 10,264,316.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	95.630%	L) \$ 11,184,114.
M) MANAGEMENT AND GENERAL EXPENSE	1.589%	M) \$ 185,825.
N) FUNDRAISING EXPENSE	2.781%	N) \$ 325,288.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 11,695,227.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: JAMES P. HIRES, EXECUTIVE DIRECTOR		T) \$ 88,342.
U) NAME, TITLE: KELLY DALY, DIRECTOR OF OPERATIONS		U) \$ 65,638.
V) NAME, TITLE: CHERYL PRECIOUS, DIRECTOR OF MARKETING/DEVELOPME		V) \$ 57,179.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: FOOD DISTRIBUTION PROGRAM FOR THE NEEDY		W) # 126
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>BUSEY BANK, 201 MAIN STREET, URBANA, IL 61801</u>			
<u>BANKCHAMPAIGN, 2101 SOUTH NEIL STREET, CHAMPAIGN, IL 61820</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KELLY DALY - 217 328-3663</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JAMES P. HIRES

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

RENEE OSTERBUR

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JIM EISENMENGER, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE