

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

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>19,891,508.</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, line 3c)	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 2016 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 2016 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 2016 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 2016 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 ▶ _____ Date ▶ 11/15/17

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

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 province, country, and ZIP or foreign postal code 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 \$ 20,099,524. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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.EIFOOBANK.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.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 27
6	Total number of volunteers (estimate if necessary)	6 1714
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 15,902,730. 19,289,320.
9	Program service revenue (Part VIII, line 2g)	9 501,813. 538,188.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 59,724. 61,346.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 284. 2,654.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 16,464,551. 19,891,508.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 14,212,256. 17,445,585.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 1,230,247. 1,345,312.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 461,489.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 872,204. 1,035,159.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 16,314,707. 19,826,056.
19	Revenue less expenses. Subtract line 18 from line 12	19 149,844. 65,452.
20	Total assets (Part X, line 16)	20 6,571,323. 6,756,299.
21	Total liabilities (Part X, line 26)	21 230,817. 276,755.
22	Net assets or fund balances. Subtract line 21 from line 20	22 6,340,506. 6,479,544.

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 JIM EISENMENGER, CPA	Preparer's signature JIM EISENMENGER, CPA
	Firm's name ▶ MARTIN HOOD FRIESE & ASSOC LLC	Firm's EIN ▶ 37-1119790
	Firm's address ▶ 2507 SOUTH NEIL STREET CHAMPAIGN, IL 61820	Phone no. (217) 351-2000
	Date 11/15/17	Check if self-employed <input type="checkbox"/> PTIN P00083589

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 19,096,027. including grants of \$ 17,445,585.) (Revenue \$ 540,842.) 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, LIVINGSTON, DEWITT, AND MCLEAN.

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 19,096,027.

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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
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
b	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:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its 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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY HARRIS BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) WADE HOEY BOARD MEMBER	2.00	X						0.	0.	0.
(3) DEBORAH DAY BOARD MEMBER	2.00	X						0.	0.	0.
(4) KEVIN YONCE BOARD MEMBER	2.00	X		X				0.	0.	0.
(5) GREG JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(6) TRACI NALLY PAST CHAIR	2.00	X		X				0.	0.	0.
(7) BARB DALY VICE CHAIR	2.00	X						0.	0.	0.
(8) TERRI DANIELS BOARD MEMBER	2.00	X						0.	0.	0.
(9) NANCY GREENWALT BOARD MEMBER	2.00	X						0.	0.	0.
(10) TERRY THIES SECRETARY	2.00	X						0.	0.	0.
(11) ELON ZEIGLER BOARD MEMBER	2.00	X						0.	0.	0.
(12) CHAD BARRINGER BOARD MEMBER	2.00	X						0.	0.	0.
(13) RENEE OSTERBUR TREASURER	2.00	X						0.	0.	0.
(14) JAMES HIRES EXECUTIVE DIRECTOR/CEO	40.00			X				102,271.	0.	17,298.
(15) KELLY DALY DIRECTOR OF OPERATIONS	40.00			X				81,009.	0.	10,615.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							183,280.	0.	27,913.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							183,280.	0.	27,913.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 159,535.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,615,588.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,514,197.					
	g Noncash contributions included in lines 1a-1f: \$	13,611,882.					
	h Total. Add lines 1a-1f	▶	19,289,320.				
	Program Service Revenue	2 a FOOD DISTRIBUTION	Business Code 624210	538,188.	538,188.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	538,188.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	43,075.			43,075.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶	18,271.			18,271.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	624210	2,654.	2,654.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	2,654.				
12 Total revenue. See instructions.	▶	19,891,508.	540,842.	0.	61,346.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,255,490.	17,255,490.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	190,095.	190,095.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,641.	69,705.	141,936.	
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	862,186.	659,024.	48,426.	154,736.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,842.	14,700.	903.	3,239.
9 Other employee benefits	166,666.	123,752.	14,873.	28,041.
10 Payroll taxes	85,977.	59,204.	14,073.	12,700.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	41,526.	30,199.	5,954.	5,373.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,992.		11,992.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	65,764.	4,913.	742.	60,109.
14 Information technology				
15 Royalties				
16 Occupancy	14,812.	14,471.	189.	152.
17 Travel	24,748.	19,239.	3,746.	1,763.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,593.	1,255.	302.	9,036.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,915.	171,352.	866.	697.
23 Insurance	50,759.	49,593.	646.	520.
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	157,020.	897.	184.	155,939.
b AGENCY CAPACITY BUILDIN	136,444.	136,444.		
c UTILITIES	88,036.	86,014.	1,121.	901.
d FUEL	56,055.	56,055.		
e All other expenses	204,495.	153,625.	22,587.	28,283.
25 Total functional expenses. Add lines 1 through 24e	19,826,056.	19,096,027.	268,540.	461,489.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	942,583.	1	708,460.
	2 Savings and temporary cash investments	617,383.	2	620,467.
	3 Pledges and grants receivable, net	3,750.	3	1,500.
	4 Accounts receivable, net	29,225.	4	27,781.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,679,613.	8	1,861,186.
	9 Prepaid expenses and deferred charges	64,811.	9	54,062.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,462,592.		
	b Less: accumulated depreciation	10b 1,266,922.	2,050,853.	10c 2,195,670.
	11 Investments - publicly traded securities	1,183,105.	11	1,287,173.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,571,323.	16	6,756,299.	
Liabilities	17 Accounts payable and accrued expenses	77,872.	17	69,244.
	18 Grants payable		18	
	19 Deferred revenue	29,750.	19	50,049.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	123,195.	25	157,462.
	26 Total liabilities. Add lines 17 through 25	230,817.	26	276,755.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,372,561.	27	5,473,917.
	28 Temporarily restricted net assets	967,945.	28	1,005,627.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,340,506.	33	6,479,544.	
34 Total liabilities and net assets/fund balances	6,571,323.	34	6,756,299.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,891,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,826,056.
3	Revenue less expenses. Subtract line 2 from line 1	3	65,452.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,340,506.
5	Net unrealized gains (losses) on investments	5	73,586.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,479,544.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.

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

OMB No. 1545-0047

2016

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,744,670.	12,729,960.	12,664,464.	15,902,730.	19,289,320.	73,331,144.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,744,670.	12,729,960.	12,664,464.	15,902,730.	19,289,320.	73,331,144.
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.						73,331,144.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	12,744,670.	12,729,960.	12,664,464.	15,902,730.	19,289,320.	73,331,144.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		29,972.	37,773.	58,724.	61,346.	187,815.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	99.	1,276.	198.	284.	2,654.	4,511.
11 Total support. Add lines 7 through 10						73,523,470.
12 Gross receipts from related activities, etc. (see instructions)					12	2,363,608.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.74 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.76 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

OMB No. 1545-0047

2016

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

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	ILLINOIS DEPARTMENT OF HUMAN SERVICES 100 S. GRAND AVENUE E. SPRINGFIELD, IL 62762	\$ 3,403,332.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NORTHERN ILLINOIS FOODBANK 600 INDUSTRIAL DRIVE ST CHARLES, IL 60174	\$ 2,426,209.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	W. NEWELL AND CO. P.O. BOX 9028 CHAMPAIGN, IL 61826-9028	\$ 1,773,589.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	KRAFT FOODS, INC 1701 W BRADLEY AVENUE CHAMPAIGN, IL 61822	\$ 645,782.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	MIDWEST FOOD BANK 9005 N INDUSTRIAL RD PEORIA, IL 61615	\$ 1,000,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SUPERVALU DC 2611 N LINCOLN URBANA, IL 61802	\$ 698,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	SAM'S CLUB CHAMPAIGN 915 W MARKETVIEW DR CHAMPAIGN, IL 61822	\$ 409,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
1	2,239,034 POUNDS OF FOOD _____ _____ _____	\$ 3,403,332.	06/30/17
2	1,402,433 POUNDS OF FOOD _____ _____ _____	\$ 2,426,209.	06/30/17
3	1,025,196 POUNDS OF FOOD _____ _____ _____	\$ 1,773,589.	06/30/17
4	373,012 POUNDS OF FOOD _____ _____ _____	\$ 645,782.	06/30/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization EASTERN ILLINOIS FOODBANK	Employer identification number 37-1130252
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,132,657.	1,201,496.	1,242,002.	1,125,138.	1,043,598.
b Contributions					
c Net investment earnings, gains, and losses	119,003.	-33,326.	-17,154.	150,414.	112,840.
d Grants or scholarships					
e Other expenditures for facilities and programs	35,500.	35,513.	23,352.	33,800.	31,300.
f Administrative expenses					
g End of year balance	1,216,160.	1,132,657.	1,201,496.	1,242,002.	1,125,138.

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		210,101.		210,101.
b Buildings		1,680,811.	513,153.	1,167,658.
c Leasehold improvements		1,571,680.	753,769.	817,911.
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,195,670.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED WAGES AND PAYROLL TAXES	80,135.
(3) ACCRUED VACATION	77,327.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	157,462.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,830,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	19,830,162.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	61,346.	
c	Add lines 4a and 4b		4c	61,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	19,891,508.

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

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

1	Total expenses and losses per audited financial statements		1	19,814,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	19,814,064.
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	11,992.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	11,992.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	19,826,056.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE DESIGNATED FOR AGENCY CAPACITY BUILDING TO INCLUDE, BUT NOT LIMITED TO, INFRASTRUCTURE PROJECTS SUCH AS EXPANSION OF SPACE OF COLD STORAGE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIVIDENDS	43,075.
REALIZED GAIN ON INVESTMENTS	18,271.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	61,346.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

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

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 noncash assistance	(h) Purpose of grant or assistance
MATTOON COMMUNITY FOOD CENTER 600 MOULTRIE AVENUE MATTOON, IL 61938	37-1199188	501C(3)	0.	430,607.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FOOD FOR SENIOR 48 MAIN ST CHAMPAIGN, IL 61820	37-1333210	501C(3)	0.	87,432.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RESTORATION URBAN MINISTRIES 1213 PARKLAND COURT CHAMPAIGN, IL 61821	37-1328431	501C(3)	0.	431,829.	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.	482,789.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COMPASSIONATE FOOD MINISTRIES PO BOX 481 PARIS, IL 61944	37-1276687	501C(3)	0.	199,784.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT DEPAUL-URBANA 708 W MAIN STREET URBANA, IL 61801	37-0684973	501C(3)	0.	331,968.	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 **122.**

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) (2016)

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
STONE CREEK FOOD PANTRY 2502 S RACE STREET URBANA, IL 61801	37-0907983	501C(3)	0.	620,771.	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.	748,991.	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.	127,649.	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.	277,281.	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.	303,515.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CSCNCC 520 E WABASH, SUITE 1 RANTOUL, IL 61866	37-0950247	501C(3)	0.	345,690.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHARLESTON FOOD PANTRY PO BOX 411 CHARLESTON, IL 61920	37-1183083	501C(3)	0.	419,281.	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.	222,786.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GRACE LUTHERAN CHURCH 313 S PROSPECT AVENUE CHAMPAIGN, IL 61820	37-0843737	501C(3)	0.	80,469.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
GOD'S LITTLE FOOD PANTRY 425 W NORTH STREET WATSEKA, IL 60970	36-4003390	501C(3)	0.	176,956.	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.	205,067.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ARCOLA FOOD PANTRY 126 S LOCUST ARCOLA, IL 61910	37-0684493	501C(3)	0.	197,101.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
THE MASTER'S HANDS PO BOX 92 NEWTON, IL 62446	45-5624454	501C(3)	0.	364,828.	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.	35,285.	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.	631,447.	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.	159,767.	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.	433,263.	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.	218,156.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
SHELDON AREA FOOD PANTRY 208 LYLE STREET DONOVAN, IL 60931	37-1146740	501C(3)	0.	137,637.	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.	89,111.	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.	136,215.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
DANVILLE RESCUE MISSION 834 BOWMAN AVENUE DANVILLE, IL 61832	37-1069752	501C(3)	0.	11,652.	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.	252,391.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHRIST'S PANTRY PO BOX 61 LOVINGTON, IL 61937	81-0178040	501C(3)	0.	52,023.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MAHOMET HELPING HANDS 804 S MARKET STREET MAHOMET, IL 61853	37-1294616	501C(3)	0.	49,241.	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.	169,865.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SAM FOOD PANTRY 901 N PRAIRIE TUSCOLA, IL 61953	23-7073918	501C(3)	0.	54,120.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
HOPE FOOD PANTRY 227 W HARRISON STREET HIDALGO, IL 62432	37-1211464	501C(3)	0.	94,162.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
POTOMAC FOOD PANTRY PO BOX 358 POTOMAC, IL 61865	35-1729164	501C(3)	0.	25,403.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ONARGA ACADEMY 110 N LOCUST STREET ONARGA, IL 60955	41-1419064	501C(3)	0.	45,437.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
NEW LIFE TABERNACLE PO BOX 11 SULLIVAN, IL 61951	37-1102875	501C(3)	0.	81,262.	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.	44,095.	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.	18,315.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULTIVADORES PANTRY 555 S MAPLEWOOD RANTOUL, IL 61866	51-0526534	501C(3)	0.	58,415.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
AGAPE FOOD PANTRY 617 W MADISON DANVILLE, IL 61832	56-2467893	501C(3)	0.	20,082.	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.	8,591.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
LUDLOW UMC FOOD PANTRY PO BOX 185 LUDLOW, IL 60949	37-0696739	501C(3)	0.	26,837.	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.	24,448.	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.	17,596.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BROADLANDS FOOD PANTRY PO BOX 79 BROADLANDS, IL 61816	37-1172888	501C(3)	0.	8,617.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CEADC HOUR HOUSE 635 DIVISION STREET CHARLESTON, IL 61920	23-7241004	501C(3)	0.	23,067.	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.	29,412.	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.	27,895.	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.	9,409.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LIFELINE RESIDENTIAL REHAB 2107 HIGHCROSS ROAD URBANA, IL 61802	20-5141694	501C(3)	0.	5,363.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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

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HOOPESTON MULTI AGENCY 206 S FIRST AVENUE HOOPESTON, IL 60942	37-0963093	501C(3)	0.	18,397.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BLESSINGS FOOD PANTRY 4217 DEWITT AVENUE MATTOON, IL 61938	37-0661499	501C(3)	0.	76,183.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LORD'S STOREHOUSE PO BOX 229 LAPLACE, IL 61936	37-1143241	501C(3)	0.	38,015.	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.	16,824.	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.	12,252.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MATTOON AREA PADS 2017 BROADWAY AVENUE MATTOON, IL 61938	37-1410445	501C(3)	0.	7,465.	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.	24,557.	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.	1,903.	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.	17,865.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
CUNNINGHAM CHILDREN'S HOME PO BOX 878 URBANA, IL 61801	37-0662521	501C(3)	0.	14,715.	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.	18,916.	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.	11,420.	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.	897.	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.	14,932.	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.	6,648.	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.	7,437.	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.	6,849.	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.	11,118.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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TOLEDO CHRISTIAN CHURCH 501 S MARYLAND STREET TOLEDO, IL 62468	37-1129148	501C(3)	0.	4,842.	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.	12,553.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CCS PROGRAMS 702 N LOGAN AVENUE DANVILLE, IL 61832	23-7188150	501C(3)	0.	2,714.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MARTINTON COMMUNITY FOOD PANTRY 213 THOMAS STREET MARTINTON, IL 60951	53-0196617	501C(3)	0.	144,119.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHRISTIAN FELLOWSHIP FOOD PANTRY 715 LINCOLN AVENUE PONTIAC, IL 61764	37-1368352	501C(3)	0.	12,513.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RIGHT HAND FOOD PANTRY 1281 EATER DRIVE RANTOUL, IL 61866	63-6093479	501C(3)	0.	69,906.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GIBSON AREA FOOD PANTRY 1117 NORTH MELVIN GIBSON CITY, IL 60936	44-0577787	501C(3)	0.	83,975.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HANDS OF CHRIST FOOD PANTRY 361 1/2 N. RAILROAD AVENUE PAXTON, IL 60957	37-0893408	501C(3)	0.	77,630.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
GOD'S FOOD PANTRY 116 N THOMAS STREET GILMAN, IL 60938	41-1568277	501C(3)	0.	18,381.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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MATTOON CHRISTIAN CHURCH FELLOWSHIP - 221 N 9TH MATTOON - MATTOON, IL 61938	37-1104408	501C(3)	0.	58,834.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY DANVILLE FELLOWSHIP 855 E FAIRCHILD DANVILLE, IL 61832	36-2167910	501C(3)	0.	413,219.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST PATRICK'S FOOD PANTRY 212 E WASHINGTON STREET TOLONO, IL 61880	37-0684973	501C(3)	0.	31,069.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MT PISGAH FOOD PANTRY 801 W MARKET BLOOMINGTON, IL 61701	37-3847531	501C(3)	0.	264,238.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
STANDING STONE COMMUNITY CENTER 201 N 6TH STREET CHARLESTON, IL 61920	45-5350012	501C(3)	0.	91,171.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
MCKINLEY PANTRY AT GARDEN HILL 2001 GARDEN HILLS DRIVE CHAMPAIGN, IL 61821	37-0409945	501C(3)	0.	52,026.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
BETHANY MINISTERIAL ALLIANCE FELLOWSHIP - 312 SOUTH WATER - BETHANY, IL 61914	37-1154698	501C(3)	0.	19,343.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ABUNDANT BLESSINGS 3400 DEWITT AVENUE MATTOON, IL 61938	37-1410611	501C(3)	0.	24,585.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ASHMORE FOOD PANTRY 212 N OAKLAND ROAD ASHMORE, IL 61912	86-1061386	501C(3)	0.	14,808.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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(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
GOD'S LIFELINE 104 E CARTER CERRO GORDO, IL 61818	36-2167731	501C(3)	0.	13,312.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FAITH UMC SENIOR GROCERY 1719 PROSPECT AVENUE CHAMPAIGN, IL 61821	37-6041061	501C(3)	0.	12,552.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST BAPTIST YOUTH PROGRAMS 112 N YORK STREET MARTINSVILLE, IL 62442	37-1142990	501C(3)	0.	2,328.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FORREST FOOD PANTRY 29109 E 100 N ROAD FORREST, IL 61741	23-7073918	501C(3)	0.	17,949.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
LIVINGSTON CTY COMMUNITY PANTRY 420 NORTH PLUM STREET PONTIAC, IL 61764	20-8286789	501C(3)	0.	113,568.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
COURAGE CONNECTION 508 E CHURCH STREET CHAMPAIGN, IL 61820	37-1346397	501C(3)	0.	17,933.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FAIRBURY COMMUNITY FOOD PANTRY 200 E MAPLE FAIRBURY, IL 61739	36-2167731	501C(3)	0.	11,591.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHAD DAVID JOHNSON FOOD PANTRY 63 NORTH STREET SAUNEMIN, IL 61769	37-0720366	501C(3)	0.	15,092.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CULLOM COMMUNITY FOOD PANTRY 220 S ASH CULLOM, IL 60929	13-5594017	501C(3)	0.	45,127.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
EMMANUEL MEMORIAL EPISCOPAL 208 W UNIVERSITY AVENUE CHAMPAIGN, IL 61820	37-0761078	501C(3)	0.	2,474.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PEORIA AREA FOODBANK 711 WEST MCBEAN PEORIA, IL 61605	37-6058636	501C(3)	0.	917,590.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ROSECRANCE, INC 1801 FOX DRIVE CHAMPAIGN, IL 61821	37-2235167	501C(3)	0.	39,276.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
VERMILLION CO 21ST CENTURY 15019 CATLIN-TILTON ROAD DANVILLE, IL 61834	37-1376973	501C(3)	0.	14,245.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WASHINGTON SQUARE SENIOR PROGRAM 1210 N NEIL STREET CHAMPAIGN, IL 61820	36-2167026	501C(3)	0.	21,223.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WESTERN AVENUE COMMUNITY CENTER 600 N WESTERN AVENUE BLOOMINGTON, IL 61701	37-0662599	501C(3)	0.	297,636.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WESTFIELD FOOD PANTRY PO BOX 98 WESTFIELD, IL 62474	37-0699714	501C(3)	0.	16,727.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WINDSOR ROAD CHRISTIAN CHURCH 2501 WINDSOR ROAD CHAMPAIGN, IL 61821	37-0976900	501C(3)	0.	10,697.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WOMEN'S CARE MEALS 200 WEST WILLIAMS STREET DANVILLE, IL 61832	37-1296954	501C(3)	0.	6,813.	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
SONSHINE DAYCARE 107 S WEST STREET MCLEAN, IL 61754	23-7073918	501C(3)	0.	11,119.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY - BLOOMINGTON 601 W WASHINGTON STREET BLOOMINGTON, IL 61701	36-2167910	501C(3)	0.	74,437.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
SALVATION ARMY - PONTIAC 112 N DIVISION STREET PONTIAC, IL 61764	36-2167910	501C(3)	0.	106,151.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT FOOD PANTRY - BLOOMINGTON - 711 N MAIN STREET - BLOOMINGTON, IL 61701	53-0196617	501C(3)	14,700.	387,011.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ST VINCENT FOOD PANTRY - PONTIAC 505 N CHICAGO STREET PONTIAC, IL 61764	37-0661190	501C(3)	0.	162,156.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST CHRISTAN CHURCH OF MONTICELLO FP - 1699 NORTH STATE STREET - MONTICELLO , IL 61856	37-1241625	501C(3)	0.	41,911.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
METHODIST MINISTRY FOOD PANTRY 704 S. ALLIN STEET BLOOMINGTON , IL 61710	37-0681577	501C(3)	0.	8,326.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
CHATSWORTH FOOD PANTRY 510 SOUTH FOURTH STREET CHATSWORTH, IL 60921	23-7073918	501C(3)	0.	10,788.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
KANSAS UMC FOOD PANTRY 200 E BUENA VISTA KANSAS, IL 61933	37-1146552	501C(3)	0.	8,498.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
CIRST CHURCH OF THE NAZARENE PANTRY - 1220 KLEEMAN DRIVE - CLINTON, IL 61727	44-0552034	501C(3)	0.	38,960.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
RURAL GRACE FOOD PANTRY 204 N 2ND STREET MURDOCK, IL 61941	23-7073918	501C(3)	0.	16,513.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FOOD 4 KIDS 2605 UNIVERSITY DRIVE CHARLESTON, IL 61920	37-0705449	501C(3)	0.	15,082.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
HAND IN HAND DAYCARE 104 E VINE TOLONO, IL 61880	37-1266263	501C(3)	0.	5,943.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FRIENDS OF CHAMPAIGN COUNTY 201 W KENYON RD CHAMPAIGN, IL 61820	31-1281758	501C(3)	0.	446,087.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PROMISE HEALTHCARE FOOD PANTRY 819 BLOOMINGTON RD CHAMPAIGN, IL 61821	14-1880824	501C(3)	0.	9,570.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
URBANA NEIGHBORHOOD CONNECTION 1401 EAST MAIN STREET URBANA, IL 61801	27-1136885	501C(3)	0.	11,639.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
PRAIRIELANDS COUNCIL BOY SCOUT PO BOX 79 CHAMPAIGN, IL 61826-6267	22-1576300	501C(3)	0.	7,437.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
FIRST CHURCH OF CHRIST FP 503 N MAIN GEORGETOWN, IL 61846	37-0753049	501C(3)	0.	24,587.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

Schedule I (Form 990)

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
SALVATION ARMY - MATTOON PO BOX 671 MATTOON, IL 61938	22-2408433	501C(3)	0.	92,410.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
ROBINSON FOOD PANTRY 602 E PINE ROBINSON, IL 62454	37-1246443	501C(3)	0.	109,032.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY
WUMC PANTRY 1203 W GREEN STREET URBANA, IL 61801	37-1353238	501C(3)	0.	220,833.	FAIR MARKET VALUE	DONATED FOOD	DISTRIBUTE FOOD TO THE NEEDY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD ASSISTANCE - BACKPACK PROGRAM	0	0.	61,332.	FAIR MARKET VALUE	PROVIDE FOOD FOR NEEDY CHILDREN EACH WEEKEND DURING THE SCHOOL YEAR
FOOD ASSISTANCE - SCHOOL PANTRY PROGRAM	0	0.	11,794.	FAIR MARKET VALUE	PROVIDE FOOD FOR LOW-INCOME FAMILIES THROUGH PANTRIES LOCATED IN SCHOOLS
FOOD ASSISTANCE - FOODMOBILE PROGRAM	0	0.	93,879.	FAIR MARKET VALUE	PROVIDE FOOD THROUGH A ONE-TIME PANTRY IN UNDERSERVED AREAS
FOOD ASSISTANCE - POP UP VA PANTRY	0	0.	23,090.	FAIR MARKET VALUE	PROVIDE FOOD THROUGH A ONE-TIME PANTRY TO VETERANS

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

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	129	17,015,214.	7,868,140 LBS OF FOO
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ADVERTISING)	X	1	2,500.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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.

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

OMB No. 1545-0047

2016

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 B, LINE 11B:

A COPY OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS TO REVIEW FOR ANY
CHANGES/QUESTIONS BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD OF DIRECTORS HAVE TO SIGN AN ANNUAL DISCLOSURE OF ANY POTENTIAL
CONFLICT OF INTERESTS THAT MAY OCCUR.

FORM 990, PART VI, SECTION B, LINE 15A:

REVIEWED DATA FROM FEEDING AMERICA AND COMPARE OUR COMPENSATION TO FOODBANK
OF SIMILAR SIZE AND REGION. SALARY RANGES ARE REVIEWED BY THE BOARD OF
DIRECTORS EXECUTIVE COMMITTEE ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S MAKES IT FORMS 1023 AND 990 AVAILABLE FOR PUBLIC
INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

EASTERN ILLINOIS FOODBANK

Employer identification number

37-1130252

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

Lined area for additional text or changes.

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 # ILLINOIS01-

Report for the Fiscal Period:

Beginning 07/01/2016

& Ending 06/30/2017
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) \$ 6,756,299.
CITY, STATE URBANA, IL	B) LIABILITIES	B) \$ 276,755.
ZIP CODE 61802	C) NET ASSETS	C) \$ 6,479,544.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	81.502%	D) \$ 16,211,920.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	18.177%	E) \$ 3,615,588.
F) OTHER REVENUES	0.322%	F) \$ 64,000.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 19,891,508.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	8.325%	H) \$ 1,650,442.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	8.325%	J) \$ 1,650,442.
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	87.993%	K) \$ 17,445,585.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	96.318%	L) \$ 19,096,027.
M) MANAGEMENT AND GENERAL EXPENSE	1.354%	M) \$ 268,540.
N) FUNDRAISING EXPENSE	2.328%	N) \$ 461,489.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 19,826,056.
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) \$ 102,271.
U) NAME, TITLE: KELLY DALY, VP OF OPERATIONS & ADMIN		U) \$ 83,109.
V) NAME, TITLE: KRISTEN BOSCH, VP OF DEVELOPMENT		V) \$ 70,894.
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?		<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?		<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?		<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?		<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?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<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?		<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?		<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?		<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?		<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> <u>MIDLAND STATES BANK, 1617 SPRINGFIELD AVE, CHAMPAIGN IL 61821</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 HIRES

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

WADE HOEY

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

JIM EISENMENGER, CPA

PREPARER (PRINT NAME) SIGNATURE DATE