Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

, 2016, and ending	MAY 3	31	, 20 17
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2016

Department of the Treasury

For calendar year 2016, or fiscal year beginning \underbrace{JUN} 1 Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization **-***6465 Central Illinois Foodbank, Inc. Name and title of officer Erica Riplinger President Type of Return and Return Information (Whole Dollars Only) Part I 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______ 1b ______ 21,276,150. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) _______ 2b _____ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) _____ 4b _____ 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) ______5b 5a Form 8868 check here ▶ 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 to enter my PIN X authorize Eck, Schafer & Punke LLP Enter five numbers, but ERO firm name 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(les) 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 🕨 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 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 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)

OMB No. 1545-0047 16

Department of the Treasury Internal Revenue Service

➤ 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.

r tax year beginning JUN 1. 2016 and ending MAY 31

2017

Open to Public Inspection

		C Name of organization		D Employer identific	ation number
5	Check if opplicable	9;		ļ	
	Addres chang	Central Illinois Foodbank, Inc.		4.4.4.4	**6465
	Name chang	e Doing business as	D /a vilta		0403
	initial return	Nullipel and street (or 1 to box 4 shall be not delivered to	Room/suite		522-4022
	Final return	1937 East Cook Street			21,288,418.
_	termin ated			G Gross receipts \$ H(a) is this a group re-	
	Amen	1 201 THOTTCIG, THE 02100		for subordinates	Yes X No
L	Application pendic	F Maille and address of principal officer.		H/b) Are all subardinates in	oluded? Yes No
		same as C above	or 527		ist. (see instructions)
1	Tax-ex	Citipi didido: Las ou i(a)(a)	71 [021	H(c) Group exemption	
<u>J</u>	Websi	te: ▶ www.centralilfoodbank.org	1 Year	of formation: 1981 M	State of legal domicile: IL
		Organization. (A) Corporation (1) treat	IL TOUT	CITOTHURSIN II P V III II.	
P	art II	Summary Briefly describe the organization's mission or most significant activities: Char:	i t.abl.e	food distr	ibution.
ő	1	Briefly describe the organization's mission of most significant activities.			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> 14</u>
ශී	4	Number of independent voting members of the governing body (Part VI, line 1b)	.,	4	12
ન્ય જ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	17
/itie	6	Total number of volunteers (estimate if necessary)		6	2541
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			.0.
« (b	Net unrelated business taxable income from Form 990-T, line 34			0.
			ļ	Prior Year	20,389,793.
o o	8	Contributions and grants (Part VIII, line 1h)		20,870,092.	850,657.
a	9	Program service revenue (Part VIII, line 2g)		851,281. 4,272.	4,860.
ř Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,625.	30,840.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·······	21,728,270.	21,276,150.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	······	712,040.	788,003.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 187,65	19.		
X	b	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,487,261.	20,389,635.
_	1 1/	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,199,301.	21,177,638.
	18	Revenue less expenses. Subtract line 18 from line 12		528,969.	98,512.
<u></u>		Heveline less expenses, Subtract line to not line to	В	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		6,823,019.	6,909,518.
ASSE	21	Total liabilities (Part X, line 26)		230,499.	218,486.
E S	22	Net assets or fund balances. Subtract line 21 from line 20	,	6,592,520.	6,691,032.
	art II	Signature Block			
Lin.	dor nen	atting of perjury. I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of m	y knowledge and belief, it is
tru	e, corre	ict, and complete, Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge.	, process
		Laid Skyl-			\ / \ /
Sig	gn	Signature of officer		Date '	
He	re	Erica Riplinger, President		<u>, ,</u>	
		Type or print name and title		Date Check	PTIN
		Print/Type preparer's name Preparer's signature		ii Lif	
, Pa	id	Brent Leach Stent Whoneh		08/31/17 self-employ Firm's EIN	**-***5003
	eparer	Firm's name Eck, Schafer & Punke LLP		FUHI S ENV	
Us	e Only	Firm's address 227 South Seventh Street		Phone no. 21	7-525-1111
		Springfield, IL 62701		1. HOLD HOLD IN	X Yes No
Mi	ay the	IRS discuss this return with the preparer shown above? (see instructions)			Form 990 (2016)

	990 (2016) Central Illinois Foodbank, Inc.	**-***646	5 Page 2
Form!	990 (2016) Central IIIInois Foodbalk, Inc. till Statement of Program Service Accomplishments		
Par	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission: Collect and donate food and grocery items from growers,	<u>manufactu</u>	rers,
		CHORG TOOM	is to
	charitable agencies serving the poor, elderly, handicar	ped and	
	ahildran		
2	Did the organization undertake any significant program services during the year which were not listed on the	£	[" "
2	prior Form 990 or 990-EZ?	[]	Yes X No
			-
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes LALINO
•	reme to the transport on Cabadula O		
4	and the state of t	is measured by expe	enses.
•	Describe the organization's program service accomposition for each or the time transfer program service accomposition for the time transfer program servic	ners, the total expen	ses, and
	if you fax each program service reported		36,121.)
4a	00 000 000 1 Pays	nue\$ 80	30,141.)
16			a for
	of those products to other foodbanks, food pantifes, and	o suercer	9 TOT
	the hungry and homeless.		
			•
	(Code:) (Expenses \$	enue \$)
4b	(Code:) (Expenses \$including grains of \$		
	(Code:) (Expenses \$	venue \$)
4c	(Code:) (Exherisos 4		
44	Other program services (Describe in Schedule O.)	١	
,	including grants of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4e	Total program service expenses ► 20,700,379.		Form 990 (2016

Part	IV Checklist of Required Schedules	T	Yes	No
	, and the foundation of		169	140
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities, or have a decide of the organization engage in lobbying activities.	4		Х
	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
6	Did the organization maintain any donor advised funds of any similar tunes of decounts for "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	provide advice on the distribution of investment of another it add that of adocuments in section is a distribution receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	the environment, historic land areas, or historic structures? If Pes, complete conceans 5,4 accumulation maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Did the organization maintain collections of works of art, filstorical fleatures, of other similar addition in 1999, semplets	8		Х
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	Did the organization report an amount in Part X, line 21, for esclow of distribution debt negotiation services? amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	amounts not listed in Part X; or provide credit counseling, debt management, even in Part X; or provide credit counseling, even in Part X; or	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	on applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	X	ļ <u>.</u>
la.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	coasts reported in Part V. line 162 if "Yes." complete Schedule D. Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	to reported in Part V. line 162 If "Yes." complete Schedule D. Part VIII	11c	<u> </u>	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	1		
	Part V line 162 If "Ves " complete Schedule D. Part IX	11d		1
a	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule U, Part X	11e	X	
f	Did the examination's separate or consolidated financial statements for the tax year include a tootnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		1
	Schedule D. Parts XI and XII	12a	X	┼
b	Was the oxigenization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII Is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the examination maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have apprepate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ł	7
	or more? If "Vos." complete Schedule F. Parts I and IV	14b	┼	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	1 4-		x
	foreign organization? If "Yes " complete Schedule F. Parts II and IV	15		+
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		X
	or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16	 	+2
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
	Tall was (A) lines 6 and 11e2 if "Ves." complete Schedule G. Part I	17	+	 ^*
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	X	
	4 - and 9-9 If IIVan II complete Schedule G. Part II	10	 	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III		990	

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and	Par	t IV Checklist of Required Schedules (continued)		Yes	No
10 Diff the organization operate one of more depital assessment in the complex decision of the complex depital in the complex of the complex depital in the complex depth in the complex d			202	165	
21 Did the organization report more than \$5,000 of grants or other assistance to any demestic government on Part IX, column (V), line 27 if Y**ey, "complete Schedule I, Part I and II 22 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (V), line 27 if Y**ey, "complete Schedule I, Part I and III 22 X Did the organization answer Yea" to Part IVI, Section A, lino 5, 4, or 5 about compensation of the organization surrent and formor officers, directors, trustees, key employees, and highest compensated employees? If Y**ey," complete Schedule I, Part I IVI 28 in Section 20 in the organization answer Yea" to Part IVI, Section A, lino 5, 4, or 5 about compensation of the organization current and formor officers, directors, trustees, key employees, and highest compensated employees? If Y**ey," complete Schedule IVI Y*ey, it was the year that was selected in the organization and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in sever line 24 through 24 and complete Schedule IVI Y*ey, in several line 24 through 24 and complete Schedule IVI Y*ey, in several IVI Y*ey, in sever	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			43
domestic government on Part IX, column (A), the 17 If "Yes," complete Schedule I, Parts and II 2 Did the organization expert mee than \$5,000 of grants or other assistance to or for chomestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 2 Did the organization expert meet may \$5,000 of grants or other assistance to a for comment individuals on the organization answer "Yes," complete Schedule I, Part I and III 2 At Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," assive lines 24b through 24d and complete Schedule I, "At the Yes," the International Parts I and III	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27. If "Yes," complete Schedule I, Parts I and III 22 II "Yes," complete Schedule I, Parts I and III 22 II I "Yes," complete Schedule I, Parts I and III 22 II I "Yes," complete Schedule I, Part II I 24 II I I I I I I I I I I I I I I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
Peart IX, column (A), line 2? If "Yes," complete Schedule I, Peart I and III 2 Did the organization nawer "fee" to Part IV II, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Debug II and the II and I		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	E.,		
Part IX, column (A), line 2? If "Yes," complete Schedule, Parts I and III and I of the organization of current and formor officers, directors, trustees, key employees, and highest compensated omployees? If "Yes," complete Schedule J. 24a Did the organization have a tar-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization invest any proceeds of tax-exempt bonds uptained govern any time during the year? 26d Did the organization are an "on behalf of" issue for bonds outstanding at any time during the year? 26d Did the organization are well at it engaged in an excess bonefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 27d Did the organization provide any amount on Part X, line 5, 6, or 22 for receivables from or psyables to any current or former officers, directors, trustees, key employees, injudicat compensated ormphoyees, or disqualided persons? If "Yes," complete Schedule L, Part IV 28d Did the organization provide a grant or other assistance to an officer, director, trustee, or direct or famine of ficer, director, trustee, or direct or famine of ficer, di	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	99		X
and former officers, directors, trustess, key employees, and highest correpossated unipolyees? If Yes, 'complete Schedule J. 23 X 24 X 24 X 24 X 25 X 26 X 26 X 26 X 27 X 28 X 28 X 29 X 29 X 29 X 20		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
and former officers, directors, trustess, key employees, and highest correpossated unipolyees? If Yes, 'complete Schedule J. 23 X 24 X 24 X 24 X 25 X 26 X 26 X 26 X 27 X 28 X 28 X 29 X 29 X 29 X 20	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule J. Was its 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 Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? It is to implete	23		X
satisfay of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b mrough 24b mrough 24b mrough 24b bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c bit the organization maintain an escrive account other than a refunding secrow at any time during the year to defease any trax-evempt bonds? 24d compared to the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d compared to the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(6)(8, 501(64)), 46n 601(6)(26) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part I limited that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part I limited to organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II limited to organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable fining threeholds, conditions, and exceptions): 22b A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV limited to repain a contributions? If "Yes," complete Schedule I, Part IV limited to repain a contributions? If "Yes," complete Schedule I, Part IV limited, the organization legislation receive contributions of art, historical treasures, or other similar assets, or qualified conservati		Schedule J	20		
Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization at as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization at as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified prison during the year! If "kes," complete Schedule I, Part I Did the organization ware that it engaged in an excess bonefit transaction with a disqualified prison during the year! If "kes," complete Schedule I, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payablos to any ourrent or former officers, directors, rustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II Did the organization provide a grant or other assistance to an officer, director, trustees, key employees, aubstantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II Was the organization provide a grant or other assistance to an officer, director, trustee, key employees, aubstantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV Was the organization of former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV A family immeber of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II Did the organizat	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No", go to line 258 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax exempt bonds? 246 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 246 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 247 Did the organization with a disqualitied person during the year? 248 Is section 50 (to(3), 50 (to(4), and 50 (to(28)) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person or with a time that the transaction with a disqualitied person or with a time that the transaction which a disqualitied person or with a disqualitied person of with a disquality of with a disquality of wit		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	ļ	Х
c Did the organization maintain an escrow account other than a retunding secrow at any time during the year to detested any tax exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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? 25b 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-E27 if "Yes," complete Schedule I., Part I 25b Z. 25b Z. 25c 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? If "Yes," complete Schedule I., Part III 27b Did the organization provide a grant or other assistance to an officer, director, trustees, key employee, substantial contributor or employee thereof, 2 grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III 28b Was the organization a party to a business transaction with one of the following parties (sea Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions): 29a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28b Z. 29b Did the organization receive more than \$25,000 in non-ceals contributions? If "Yes," complete Schedule I., Part IV 28c 28c Z. 29c Did the organization receive more than \$25,000 in non-ceals contributions? If "Yes," complete Schedule II, Part II, III, or IV, and Part V, line 1 30c Did the organization sell, exchange, dispose of, or tra		Schedule K. If "No", go to line 25a			
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or tamily member of any of these persons? If "Yes," complete Schedule L, Part III 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? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Id the organization liquidate, terminate, or dissolve and cease operations? 30 If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part		complete Schedule I. Part II	26	ļ	
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 10 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 11 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 12 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 13 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 14 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 15 Did the organization solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 16 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 17 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and 19? 18 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete scriedule 2, r activ	LON	†—	T ==
director, trustee, or direct or indirect owner? If "Yes, "complete Schedule I," If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11 and 19? 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an onlow,	280	x	
Did the organization receive more than \$25,000 in non-cast contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			1
contributions? If "Yes," complete Schedule M. 1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 3 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 3 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 3 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Iines 11b and 19? Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	29	Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule W	1		
contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 So Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consorvation	30		x
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X	oya h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
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If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		٠,
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule H, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X	37	Did the exceptration conduct more than 5% of its activities through an entity that is not a related organization			70
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 to and 197 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 to and 197 38 X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule H, Part VI	37		+^-
ANT COO Stars are required to complete Schedule ()	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	1	x	
		Note. All Form 990 filers are required to complete Schedule O			12016

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	-	,	Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1		1
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a17] 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ł
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	the state of the s			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	ı
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	.	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\longrightarrow	
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	İ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		-	
	organization is licensed to issue qualified health plans 13b	1	-	
	Enter the amount of reserves on hand	14a		X
	bid the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
<u>u</u>	11 149, trae it tilau a l'utili / 20 to report triese paymente in tro, provide an explanation in ochecure o		990 (2016)
			r.	

-*6465 Central Illinois Foodbank, Inc. 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 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. 12 b Enter the number of voting members included in line 1a, above, who are independent ______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X. 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►IL 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. Other (explain in Schedule O) X Upon request X Another's website X Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records:

632006 11-11-16

Jane Kiel - 217-522-4022

P.O. Box 8228, Springfield,

62791

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Form	agn	(2016)	

Central Illinois Foodbank, Inc.

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	
	Employees, an	d Independe	ent Contrac	ctors					

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 (A) Name and Title	(B) Average			(C Posi	C) ition			(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	offi	, unle	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ERICA RIPLINGER PRESIDENT	1.00	x		х				0:	0.	0	
(2) MARSHA PRATER	1.00	Х			٠.		-	 0.	0.	0	
DIRECTOR (3) PHIL BORGIC	1.00	X		x				0.	0.	0	
VICE PRESIDENT (4) SARA RATCLIFFE	1.00										
TREASURER (5) JANET ALBERS, MD	1.00	X		X				0.	0.	0	
DIRECTOR (6) MATT SHARPE	1.00	X						0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
(8) JAKE SALADINO DIRECTOR		Х				_		0.	0.	0	
(9) JACQUELINE PRICE DIRECTOR	1.00	X						0.	0.	0	
(10) JANICE SCHRAMM SECRETARY	1.00	X		Х				0.	0.	0	
(11) JOHN FALOON DIRECTOR	1.00	х						0.	0.	0	
(12) MIKE O'SHEA	1.00	x						0.	0.	0	
DIRECTOR (13) PAM MOLITORIS	40.00	42		х				105,015.	0.	14,824	
EXECUTIVE DIRECTOR (14) JANE KIEL FINANCE DIRECTOR	40.00			X				78,956.			
- ALLONDON AND AND AND AND AND AND AND AND AND AN											
of the same of the											
		1	1	1	<u> </u>	l		<u> </u>	<u> </u>	Form 990 (2016	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	iH k	ghe	st C					
(A)	(B)			(0	2)			(D)	(E)	-	(F)	1
Name and title	Average		not c		more	than :		Reportable	Reportable compensation	4	stimated mount of	
	hours per week					is bot or/trus		compensation from	from related	اما	other	•
	(list any	ctor						the	organizations	con	npensatí	on
	hours for	individual trustee or director				ted		organization	(W-2/1099-MISC)	1	rom the	
	related	stee o	ruste			pensa		(W-2/1099-MISC)		1 ,	ganizatio	
	organizations below	al tru	onal t		loye	E 8					nd relate anizatio	
	line)	divig	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			loig	atilzauoi	110
		5	묘	8	<u>\$2</u>	E 8	Œ			+		
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			Ĺ:			ļ	L	400 084			C 50	
1b Sub-total	******************						>	183,971.	0		6,58	
c Total from continuation sheets to Part V								0.	0) C E O	0.
d Total (add lines 1b and 1c)					محمد		>	183,971.	0	• 4	6,58	4 .
2 Total number of individuals (including but r	not limited to th	ose	liste	ed ai	pove	e) wh	no re	eceived more than \$100	,000 of reportable			1
compensation from the organization											Yes	No.
District the state of the state					nnla		or	highost companyated a	mnlovee on			
3 Did the organization list any former officer										3		X
line 1a? If "Yes," complete Schedule J for start For any individual listed on line 1a, is the start in the st										-		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15										4		X
										1		
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con										5		X
Section B. Independent Contractors	ipiete Scheduk	5 0 7	OI SI	1011	Dere		76154	*************************	***************************************			
Complete this table for your five highest co	mnensated inc	dene	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comper	sation	from	
the organization. Report compensation for												
(A)								(B)		(1	C)	
Name and business	address	NO	ONE	3				Description of s	ervices	Compe	ensation	
						_ , ,						
							_					
	*						_			,		
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		·····										
								المالية المستحددة لمستحدد المستحدد المستحدد المستحدد المستحددة المستحدد المستحد المستحدد لمستحدد المستحدد المستحدد المستحدد الم	vora then			
2 Total number of independent contractors (ot lii	mite	d to		se lis D	stec	above) who received m	iore man			
\$100,000 of compensation from the organ	zation >					<u> </u>				Form	990 (20	016)
											(- /

Statement of Revenue Part VIII (**D)** Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue business exempt function revenue revenue fts, Grants Amounts 1a 1 a Federated campaigns 1b b Membership dues 90,975. 10 c Fundraising events d Related organizations 1d 효병 e Government grants (contributions) 505.839. 1e Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 1f 19,792,979 18,327,786 g Noncash contributions included in lines 1a-1f: \$_____ 20,389,793 h Total. Add lines 1a-1f **Business Code** 850,657. 850,657. 624200 Program Service Revenue 2 a Food distribution f All other program service revenue 850,657 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 4.860 4,860 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 90,975, of contributions reported on line 1c). See 7,644 Part IV, line 18 _____a 12,268 b Less: direct expenses _____b -4,624. 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 Net income or (loss) from sales of inventory ... Business Code Miscellaneous Revenue 35,464 624200 35 464 11 a Miscellaneous d All other revenue e Total. Add lines 11a-11d 35,464

Total revenue. See instructions.

21,276,150

886 121

Form 990 (2016)

	Check if Schedule O contains a respon		this Part IX	(C) 1	(D)
	ot include amounts reported on lines 6b, Rb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			<u> </u> -	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign		ļ		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 051	116 715	60 020	7,286
	trustees, and key employees	184,951.	116,745.	60,920.	1,200
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	422 253	273,543.	142,739.	17,071
7	Other salaries and wages	433,353.	4/3,343.	1447/33.	11,011
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	121,838.	84,219.	31,613.	6,006
8	Other employee benefits	47,861.	30,406.	15,565.	1,890
10	Payroll taxes	41,001.	30,400.	13,303.	2,050
11	Fees for services (non-employees):				•
a	Management	135.		135.	
	Legal	12,384.		12,384.	
	Accounting	12/504.			
	Lobbying Configuration Configuration 17				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	195,581.	180,159.	9,726.	5,696
	column (A) amount, list line 11g expenses on Sch O.)	2,000.	2,000.		
12	Advertising and promotion	187,980.	36,274.	2,498.	149,208
13	Office expenses	20112000	33727		
14	Information technology				
15	Royalties	96,645.	92,006.	4,639.	
16	Occupancy	20,010.			
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,418.	132,418.	`	
23	Insurance	51,618.	50,318.	1,300.	
23 24	Other expenses, Itemize expenses not covered	<u></u>			
•••	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 0.)				
а	Cartada mand Dightib	18,530,449.	18,530,449.		
a b	Product Costs	760,363.	760,363.		
	Repairs & Maintenance	119,869.	119,869.		
c d	Freight	109,765.	109,765.		
	All other expenses	190,428.	181,845.	8,121.	462
	Total functional expenses, Add lines 1 through 24e	21,177,638.	20,700,379.	289,640.	187,619
25 26	Joint costs. Complete this line only if the organization		,		
~0	reported in column (B) joint costs from a combined				
	Tehorien in commun (n) louir coore irom a communer	!	Ī	i	
	educational campaign and fundraising solicitation.			ļ .	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 1 Cash - non-interest-bearing 1 1,457,404. 1,216,918. 2 Savings and temporary cash investments 12,118. 2 8,019. 3 Pledges and grants receivable, net 3 39,026. 28,482. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 1,247,098. 1,472,078. 8 Inventories for sale or use 771. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,215,064. basis, Complete Part VI of Schedule D _____ 10a Less: accumulated depreciation 10b 866,420. 3,293,749. 3,348,644. 10c 11 Investments - publicly traded securities 11 12 Investments · other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 805,228. 803,002. 15 Other assets. See Part IV, line 11 15 6,823,019 6,909,518. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 46,095. 38,715. 17 Accounts payable and accrued expenses 17 18 Grants payable _____ 18 107,380. 134,087 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 65,011. 57,697. 25 Schedule D 218,486. 230,499 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Balances 6,691,032. 6,592,520. 27 Unrestricted net assets _____ 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ō 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 6,691,032. 6,592,520. 33 Total net assets or fund balances 33 6,909,518. 6,823,019. 34 Total liabilities and net assets/fund balances Form 990 (2016)

Forn	n 990 (2016) Central Illinois Foodbank, Inc.	**_*	**6465	Pag	ge 12
Pa	rt 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	21,27	5 1	50
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,17		
3		3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,59		
5	Net unrealized gains (losses) on investments	5	0,00.	<u>.,</u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
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	6,693	.0	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	******			
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:			-	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:			İ	
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			ŀ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A·133?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*********	3b	X	
			Form 🤄	190 (2	2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Central Illinois Foodbank,

Employer identification number **-***6465

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

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

Se	ction A. Public Support	****			***		
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4)	(5) 20 70	10/2014	(u) 2010	(8) 2010	(i) iotai
•	membership fees received. (Do not			1			
	include any "unusual grants.")	16094997	18399162	19680354	20870092	20389793	95434398.
2	Tax revenues levied for the organ-	<u> </u>	1000011021	T7000334.	20010052.	20309193.	32424230.
_	ization's benefit and either paid to						
	or expended on its behalf		· .				İ
a	The value of services or facilities						
~	furnished by a governmental unit to	ļ				Í	
	the organization without charge						
4		1609/997	18300162	19680354	20870092.	20300703	05424200
	The portion of total contributions	10074777.	10333102.	T3000334.	20010032.	20309193.	73434370.
~	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			:			
	amount shown on line 11,	•					
g .	Public support. Subtract line 5 from line 4.		***************************************				05424200
ec	ption B. Total Support						<u>95434398.</u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 .	(c) 2014	(-)\ 0045	f.) 0040	(0.77.1.1
			19300163	10600251	(d) 2015 20870092.	(e) 2016	(f) Total
	Gross income from interest,	TOOD #227.	TODDDIOZ.	19000334.	20010092.	40303733.	33434330+
	dividends, payments received on						
	securities loans, rents, royalties					a de la companya de l	
	and income from similar sources	4,722.	3,216.	2,807.	4,272.	4,860.	10 077
a	Net income from unrelated business	<u> </u>	J, Z10.	2,007.	4,414.	4,000.	19,877.
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain		*				
	or loss from the sale of capital	1	-		Î		
	assets (Explain in Part VI.)	3,630.	6,021.	7,330.	6 000	25 464	EO AEA
	Total support. Add lines 7 through 10	3,030.	0,041.	1,330.	6,009.	35,464.	58,454.
	Gross receipts from related activities,	ato loon in atmentio			*		95512729.
	First five years. If the Form 990 is for				L		<u>,572,357.</u>
							. —
ec	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage	************************	***************************************	<u> </u>	
*****	Public support percentage for 2016 (li			aluma (A)		44	99.92 %
, 5	Public support percentage from 2015	Schedule A. Part I	line 14			15	
ĉa ĉa	33 1/3% support test - 2016. If the or	rasnization did not	check the hoven	line 12 and line 1	1 is 22 1/20/ or m		
-	stop here. The organization qualifies a	ganzation did not	orted organization	inte 15, and mie 1	4 15 33 1/370 OF th	ore, check this po	× and
h	33 1/3% support test - 2015. If the or	rasnization did not	check a hov on li	20 13 or 16a and i	ling 15 is 22 1/20/	or more shook thi	,
	and stop here. The organization qualif						
7a	10% -facts-and-circumstances test	- 2016 If the oras	unization did not el	neck a hov on line	19 160 or 16h or	ad line 14 le 1004	
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						
	more, and if the organization meets the						U70 UI
	organization meets the "facts-and-circu						
	Private foundation. If the organization						
<u></u> !	THE TOUR MENT OF THE OTHER PROPERTY.	ala not check a p	on on sile 10, 10a.	100, 11d, 01 17D,		iule A (Form 990 c	
					OCHEO.	1 USC 11110 17 A Dian	JI JOY-LEJ ZV 10

Pa	t III Support Schedule for C	rganizations	Described in S	section 509(a))(2)	Samuella de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión	otion foils to
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under F	art II. If the organiz	adon talis to
	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support			4 1 004 4	(-D 0015	(e) 2016	(f) Total
	idar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	(i) rotal
	Gifts, grants, contributions, and]					
	membership fees received. (Do not	, ,					
	include any "unusual grants.")						
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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				<u> </u>		
7 a	Amounts included on lines 1, 2, and					1	
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	1	1	() 0016	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) iotai
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
	Add lines 10a and 10b 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						
49	assets (Explain in Part VI.)						
1.1	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
	check this box and ston here			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************************		<u></u> ▶∟_
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
16	Public support percentage for 2016	(line 8. column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage for 201	5 Schedule A. Par	t III, line 15	*************		16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 2	016 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
	t the set is a sum a marganitage from	2015 Schodule A	Part III line 17			(18)	%
10	and 1/20/ aumort tasts - 2016 If the	e organization did	not check the box	on line 14, and lir	ne 15 is more than	133 1/3%, and line	17 is not
	was then 20 1/00% shook this have	and ston bere. Th	e organization qua	alifies as a publicly	r supported organ	ization	
!	no 4/09/ managed to ata 00:15 if the	o organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/370,	aliu
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	janization qualifies	s as a publicly sup	ported organization	······· ~

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

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

		· · · · · ·	· · · · · ·
		Yes	No
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	3b		
	3c	<u> </u>	ļ
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	4b		
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-	10a		
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99	90 or 99	 0-EZ)	2016

Sche	odule A (Form 990 or 990-EZ) 2016 Central Illinois Foodbank, Inc.	*646	o Pa	ge 5
	rt IV Supporting Organizations (continued)		Yes	No
1			163	110
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail if Fait vi.	110	L	
Sec	ction B. Type I Supporting Organizations		Yes	No
		[103	
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 of trustees at all times during the	1		
	toy year? If "No " describe in Part VI how the supported organization(s) enectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	ļ	
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-	
_	examination(s) that operated supervised or controlled the supporting organization? If Yes, explain in	}		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec	ction C. Type II Supporting Organizations		Yes	No
			100	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustoes of each of the organization's supported organization(s)? If "No," describe in Part VI "now control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	ļ	
	the supported organization(s).	<u> </u>		1
Se	ction D. All Type III Supporting Organizations		Yes	No
		[1.00	1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	experiention's tay year (i) a written notice describing the type and amount of support provided during the prior tax			
	was the same of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	experientions governing documents in effect on the date of notification, to the extent not previously provided:	_	+	
2	Warranty of the proprietion's officers, directors, or trustees either (i) appointed or elected by the supported			İ
	expeniention(s) or (ii) serving on the governing body of a supported organization? If "No, explain in Fait VI now	2		1
	the organization maintained a close and continuous working relationship with the supported organization(s).		 	-
3	Du reason of the relationship described in (2), did the organization's supported organizations have a	1		
	eignificant 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	3		
	supported organizations played in this regard.	1 - 0		.J
Se	supported organizations prayed in this register of Supporting Organizations action E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Fait Test during the years a little and the satisfy			
	The organization satisfied the Activities Test. Complete line 2 below.			
	The second of the parent of each of its supported organizations, Complete line 3 below.	etruction	ie)	
	the organization is the parent of each of its supported organization is the parent of each of its supported organization supported a government entity (see in:	SHUGHON	Yes	No
2	Askinika Test Anguar (a) and (h) helow		108	111
	a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identity			
	these 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	00	}	
	that those activities constituted substantially all of its activities.	2a	-	+
	L. 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 Fact V" the		İ	
	reasons for the organization's position that its supported organization(s) would have engaged in these	Ol-		
	activities but for the organization's involvement.	2b		+
3	Descript of Supported Organizations, Answer (a) and (b) below.			
J	BLUE accomplication have the power to regularly appoint or elect a majority of the officers, directors, or			
	the supported organizations? Provide details in Part VI.	3a	+	+
	Did the experience exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
			000 =	7) 00
	b Did the organization exercise a substantial degree of disocion over the played by the organization in this regard. of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form	3b 1990 or	990-E	Z) 2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nc . izations	**-***6465 Page 6
Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must describe the control of the con			n Part VI.) See instructions.
Section A - Adjusted Net Income	Somplete Go	(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		
ection C - Distributable Amount			Current Year
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		

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	edule A (Form 990 or 990-EZ) 2016 Central Illin			**-***6465 Page 7
L	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted			
	organizations, in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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	<u>,</u>		
7	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which t	he organization is responsiv	0	
	(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		······································	
		(i)	(ii)	(iii)
0	for the particular and the state of the stat	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а	,			
b	·			
c	From 2013			
d	From 2014			
е	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)	·		
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7; \$			
а	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:			
а				
	Excess from 2013		_	
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

	Cohodulo A	(Form 990 or 990-EZ) 2016	Central '	Tllinois	Foodbank,	Inc.	**-***6 <u>465</u>	Page 8
···.	Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8; (See instructions.)	nation. Provide 2, 3b, 3c, 4b, 4c,	the explanations 5a, 6, 9a, 9b, 9c,	required by Part II, 11a, 11b, and 11c	, line 10; Part II, line 17a or ; Part IV, Section B, lines 1 nd 3h: Part V, line 1: Part V	and 2; Part IV, Section . Section B. line 1e: Pai	C, rt V,
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Central Illinois Foodbank, Inc.

Employer identification number **-***6465

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fun	ds
•	are the organization's property, subject to the organization's	exclusive legal control?		Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used o	only
Ů	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confer	ring
	impermissible private henefit?	************************************		IYesNO
Par		ganization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
•	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his		
	Protection of natural habitat	Preservation of a cer	tified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a co	pnservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
a b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
ч	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne orgar	nization during the tax
·	year >			
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	:	
v	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservati	on easements during the year
•	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ea	asements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e state	ment, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the or	ganization's accounting for
	concentration consmonts			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other	Similar Assets.
L	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and b	palance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic se	rvice, provide the following amounts
	relating to these items:			
	(i) Povenue included on Form 990, Part VIII, line 1	***************************************		. > \$
	(ii) Assets included in Form 990, Part X			🕨 \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ial gain,	provide
4	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		
a	Revenue included on Form 990, Part VIII, line 1	***************************************		> \$
b	Assets included in Form 990, Part X	***************************************		. • \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2016 Central	Illinois	Food1	oank,	Inc.					Page 2
	t III Organizations Maintaining C	collections of A	t, Hist	orical Tr	easures, c	or Other	Simila	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a sig	nificant ı	use of its	collection	items
•	(check all that apply):									
а	Public exhibition	c	ı 🔲 ı	oan or exc	hange progra	ıms				
b	Scholarly research	ε		Other						
	Preservation for future generations									
С 4	Provide a description of the organization's c	ollections and explai	n how th	ev further t	he organizatio	on's exem	pt purpo	ose in Par	t XIII.	
	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	er similar :	assets			
5	to be sold to raise funds rather than to be m	aintained as part of :	he organ	nization's co	ollection?			<u> </u>	Yes	☐ No
Da	rt IV Escrow and Custodial Arran	gements Comple	ate if the	organizatio	n answered '	'Yes" on I	orm 990). Part IV,	line 9, or	
Fal	reported an amount on Form 990, Pa	rt X. line 21.	J10 11 11 10	organia and						
	Is the organization an agent, trustee, custod	ion or other intermed	liant for t	contribution	e or other as	sets not i	ncluded			
1a									Yes	No
	on Form 990, Part X?		llowina t	nhla:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
р	If "Yes," explain the arrangement in Part XIII	and complete the ic	mownig i	anie.					Amount	
							1c		. 0,112,211	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						·		Yes	No
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or c	ustodiai acco	DEA VIII			_	
	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	n has been	provided on	Part XIII		<u>*************************************</u>		<u></u>
Pa	rt V Endowment Funds. Complete				(c) Two year	. IV, IIIIE II	J.	roore book	(a) Four	waare hack
		(a) Current year	(b) P	rior year	(c) I wo year	s Dack (a) illee y	years back	(e) rour	years back
1a	Beginning of year balance									
b	Contributions								 	
С	Net investment earnings, gains, and losses				<u> </u>				 	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			,,,,					<u> </u>	
f	Administrative expenses									
g	End of year balance				1				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ınd administe	ered for th	e organi:	zation		
	by:									Yes No
	(i) unrelated organizations					,			. 3a(i)	
	(ii) related organizations								. <u>3a(ii) </u>	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					. 3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipn	nent.								
!	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. 9	See Form 990), Part X, l	ine 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (invest		basis	(other)	dep	reciation			
19	Land			11	5,000.					<u>,000.</u>
•	Buildings			3,45	8,183.	3	22,9	03.	3,135	<u>,280.</u>
	Leasehold improvements									
	Equipment	t			4,143.	1	97,5	13.		630.
	Other	,		3.5	7,738.	3	46,0	04.		<u>.,734.</u>
Tota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Pan	X, colum	nn (B), line	10c.)			<u> </u>	3,348	3,644.
1010	MET AND CONTRACT THE MAIN CONTRACT A WATER CONTRACT TO A PARTY OF THE							Schedule	D (Form	990) 2016

Schedule D (Form 990) 2016 Central Illinois Foodbank, Inc. ***-***64 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 material derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (D) (D) (E) (F) (G) (H) (D) (D) (E) (D) (E) (E) (F) (G) (H) (D) (E	165 Page
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 material 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. (8) 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 security or category (including name of security) (b) Book value (c) Method of Valuation: Cost of elit-on-year method (including name of security) (l) 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. (8) line 12.) Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(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. (8) 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.	arket value
(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. (8) 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.	
(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) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
(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.	
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
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.	
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.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
	arket value
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-or-year ma	arrot raido
(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.	ook value
(a) Doscription	804,043
(1) Certificate of Deposit	1,185
(2) Accrued Interest	
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	805,228
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 Compensation 64,850.	
(3) Payroll Taxes 161.	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Compensation	64,850.
(3) Payroll Taxes	161.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	65 011
Total (Column (h) must equal Form 990, Part X, col. (B) line 25.)	▶ 65,011.

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 X Schedule D (Form 990) 2016

Chedule D (Form 990) 2016 Central IIIIIOIS FOODDATE Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line) 12a.		T	21,288,418
1 Total revenue, gains, and other support per audited financial statements		***************************************	1-1-	21,200,420
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i l]]	
a Net unrealized gains (losses) on investments	2a		1	
b Donated services and use of facilities	20		-\ \	
c Recoveries of prior year grants	2C	12,268.	-	
Ottor (Describe in Bort VIII)			2e	12,268
and the or through 2d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	21,276,150
Subtract line 2e from line 1				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	f 1			
a Investment expenses not included on Form 990, Part VIII, line /b			1	
b Other (Describe in Part XIII.)	.,,,,,,,		4c	(
		**********************		21,276,150
C Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	atements With	Expenses pe	r Retu	rn.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial St.		i milionico i		
Complete if the organization answered "Yes" on Form 990, Part IV, III	e 12a.		1	21,189,906
Total expenses and losses per audited financial statements				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 22 1	•		
a Donated services and use of facilities	2a 2b		1	
b Prior year adjustments			1	
c Other losses		12,268	.]	
d Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			12,26
e Add lines 2a through 2d			3	21,177,63
3 Subtract line 2e from line 1		.,		
Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
a Investment expenses not included on Form 990, Part VIII, line 7b	4b			
b Other (Describe in Part XIII.)			4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	81		. 5	21,177,63
Part XIII Supplemental Information. rovide 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	e 4; Part	t X, line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 3, and 3, 7 art III, and a provide anes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional infor	mation.		
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part is p	-			
eart X, Line 2:				
	_		_ 51 &	+ho
the Foodbank follows accounting principle	es general	.ly accept	.ea 1	n the
Inited States of America which sets a min	<u>limum thre</u>	shold for	. III	lancial
statement recognition of the benefit of a	a tax posi	<u>tion take</u>	en or	expected_
7 C G C C C C C C C C C C C C C C C C C				and ad of
o be taken in a tax return. Tax position	ons for th	<u>ne open ta</u>	ıx ye	alb as Or
,0 20 03:10:1		. 1 Tar . Ear		aton for
May 31, 2017 were reviewed, and it was de	etermined	that no p	provi	STOIL LOI
incertain tax positions is required.				
Part XI, Line 2d - Other Adjustments:	uo on aan			12,26
Part XI, Line 2d - Other Adjustments:	ue on 990			12,26
Part XI, Line 2d - Other Adjustments:	ue on 990			12,26
Part XI, Line 2d - Other Adjustments:	ue on 990			12,26
Part XI, Line 2d - Other Adjustments: Special Event Expenses netted with Reven Part XII, Line 2d - Other Adjustments:				12,26

24

632054 08-29-16

Schedule D (Form 990) 2016 Central Illinois Foodbank, Inc.	**-***6465 Page 5
Part XIII Supplemental Information (continued)	
	40.000
Special Event Expenses netted with Revenue on 990	12,268.
	-
	·
	,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization

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

Employer identification number **-***6465 Central Illinois Foodbank, Inc. Fundraising Activities. Complete If the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Internet and email solicitations h Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (vi) Amount paid to (or retained by) (iii) Did fundralser (iv) Gross receipts to (or retained by) (i) Name and address of individual (ii) Activity have custody or control of contributions fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	(a) Event #1	(b) Event #2	(c) Other events	L.D Tetal augusts
	Harvest Ball		None	(d) Total events (add col. (a) through
	Dinner		_,	, , , ,
	(event type)	(event type)	(total number)	col. (c))
f Gross receipts	98,619.			98,619
2 Less: Contributions	90,975.			90,975
				7,644
Gross income (line 1 minus line 2)	/,044.			
4 Cash prizes	•			
5 Noncash prizes				
3 Rent/facility costs	7,367.			7,367
7 Food and beverages				
3 Entertainment				1 001
Other direct expenses				4,901
				12,268 -4,624
1 Net income summary. Subtract line 10 from	line 3, column (d)	200 Part IV line 19 or	reported more than	1 -4,024
	n answered "Yes" on Ford	1990, Fattiv, line 19, 01	reported more than	
\$15,000 on Form 990-Ez., line ba.		(b) Pull tahe/instant		(d) Total gaming (add
	(a) Bingo		(c) Other gaming	col. (a) through col. (c)
Gross revenue				
Cach nrizae				
Noncash prizes	,			
Rent/facility costs				
Other direct expenses	(
3 Volunteer labor		Yes%	No No	
•			>	
·				
Net gaming income summary. Subtract line	7 from line 1, column (d)	***************************************		<u> </u>
The state of the college the appropriation con	duate coming activition:			
				Yes No
Vere any of the organization's gaming licenses	revoked, suspended, or t	erminated during the tax	year?	. Yes No
•				
	Cash prizes Rent/facility costs Cash prizes Cother direct expenses Cash prizes Cash prizes Cother direct expenses Cother direct expenses Cother direct expense summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Cother direct expenses C	2 Less: Contributions 90,975. 3 Gross income (line 1 minus line 2) 7,644. 4 Cash prizes 7,644. 5 Noncash prizes 7,367. 6 Rent/facility costs 7,367. 7 Food and beverages 4,901. 7 Food and beverages 9 Incolumn (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 6a. (a) Bingo 4 Gross revenue (a) Bingo 5 Other direct expenses (a) Bingo 6 Other direct expenses (a) Bingo 7 Direct expense summary. Add lines 2 through 5 in column (d) 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1 N	2 Less: Contributions 90,975. 3 Gross income (line 1 minus line 2) 7,644. 4 Cash prizes 7,644. 5 Noncash prizes 7,367. 6 Rent/facility costs 7,367. 7 Food and beverages 4,901. 7 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Still Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a. (a) Singo (b) Pull tabs/instant bingo/progressive bingo in Gross revenue 7 Column (d) 1 No No No No No No No No No No No No No	2 Less: Contributions 90,975. 3 Gross income (line 1 minus line 2) 7,644. 4 Cash prizes 7,644. 5 Noncash prizes 7,367. 6 Sent/facility costs 7,367. 7 Food and beverages 7,367. 7 Food and beverages 7,367. 8 Entertainment 9 Other direct expenses 9 Sentertainment 9 Other direct expenses summary. Add lines 4 through 9 In column (c) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, logical prizes 1 Noncash prizes 1 Rent/facility costs 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1 N

Schedule G (Form 990 or 990-EZ) 2016 Central Illinois Foodbank, Inc.	**-***6465 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name >	
Address	☐ Yes ☐ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt .
of gaming revenue retained by the third party > \$	
c if "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
The the exceptivation required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	· · · · · · · · · · · · · · · · · · ·
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Pohodulo (2 (Earm 000 or 000.F	7) Central	T11inois	Foodbank,	Inc.	**-***646 <u>5</u>	Page 4
Part IV	Supplemental	z) Central Information (contin	nued)				
			· · · · · · · · · · · · · · · · · · ·			-	
					-		
							
	•						
					4		
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization **-***6465 Central Illinois Foodbank, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or committee? (i) Written (d) Loan to or (e) Original (g) In (a) Name of (f) Balance due (b) Relationship (c) Purpose agreement? from the default? interested person with organization of loan principal amount organization? Yes No To From Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (b) Relationship between (a) Name of interested person assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2016

--*6465 Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Employer identification number

Name of the organization **-***6465 Central Illinois Foodbank, Inc. Types of Property Part I (d) (c) (b) (a) Method of determining Noncash contribution Number of Check if noncash contribution amounts amounts reported on contributions or applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional Interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property Я Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18,327,786.product valuation su 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other Other 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 X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

chedule M	(Form 990) (2016) Central Illinois Foodbank, Inc.	*****6465	Pag
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, o this part for any additional information.	and 33, and whether the organiza r a combination of both. Also com	ation plete
, , , , , , , , , , , , , , , , , , , ,	·		
······································			
·			
<u> </u>			<u>-</u> -

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Central Illinois Foodbank, Inc.

Employer identification number **-***6465

Form 990, Part VI, Section B, line 11b:
Copies of the 990 are made available and reviewed as necessary to all board
members at a meeting prior to filing. Copies are also made available on
the organization's website.
Form 990, Part VI, Section B, Line 12c:
Each board member signs new copies of the conflict of interest policy on an
annual basis, informing the Organization of any conflicts.
Form 990, Part VI, Section B, Line 15:
The Board of Directors approves the salary of the Executive Director. The
Board approves an average increase of all other wages, which is then
applied by the Executive Director to all employees as necessary.
Form 990, Part VI, Section C, Line 18:
A copy of the 990 is available on the organization's website and is also
available upon request.
Form 990, Part VI, Section C, Line 19:
A financial statement summary is available in the annual report, which is
sent to all donors annually. Also, they are available to the public upon
request.