Extended to May 15, 2023

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	\pm 2021 calendar year, or tax year beginning $$ JUL $$ $$ JUL $$ $$ $$ 2 $$ $$ 2 $$ and	ending J	<u>UN 30, 2022</u>				
	Check if pplicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change			37-14151	88			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	phone number			
	Final return/	273 Dearborn Court		630-768-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,433,898.				
	Ameno return	Geneva, il 00134		H(a) Is this a group re	eturn			
	Application	Finame and address of principal officer. B Ceptien D. Elicaon		for subordinates	? Yes X No			
	pendin	same as c above		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
		e: www.feedingillinois.org		H(c) Group exemptio				
		organization: X Corporation	L Year	of formation: 2002 N	M State of legal domicile: IL			
Pa	_	Summary	<u> </u>	. 1 1 1 1 1 1				
ģ	1	Briefly describe the organization's mission or most significant activities: To equal to the state of the stat	ducate	the public	about the			
Governance		role of food banks in addressing hunger.						
ern	2	Check this box if the organization discontinued its operations or dispos		ı	1 -			
્ટ્રે	3			3	8			
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			1			
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			9			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		Net difference business taxable income from 1 offi 950-1, 1 at 1, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,021,795.	1,388,112.			
Jue	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60.	81.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	45,705.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,021,855.	1,433,898.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		239,701.	1,412,408.			
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		112,201.	108,883.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Kpe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> 17. </u>					
Ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,414.	87,138.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		374,316.	1,608,429.			
	19	Revenue less expenses. Subtract line 18 from line 12		647,539.	-174,531.			
Net Assets or			Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		919,261.	726,753.			
et A	21	Total liabilities (Part X, line 26)		84,435.	66,457.			
Z: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		834,826.	660,296.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	and to the heet of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	Kilowieuge allu bellet, it is			
ii uo,	, 001100	t, and complete. Declaration of proparer (order than order) is based on an information of wi	non proparor	nas any knowledge.				
Sigi	n	Signature of officer		Date				
Her		Stephen D. Ericson, Executive Director						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature]	Date Check	PTIN			
Paid	ı	Jason L. Gierhahn Jason L. Gierhah	nn 0	2/23/23 if self-employ	P02385275			
Prep	arer	Firm's name Desmond & Ahern, Ltd			36-3321958			
Use	Only	Firm's address 10827 S. Western Ave.						
		Chicago, IL 60643		Phone no. 77	3-779-4720			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Feeding Illinois is a coalition of eight Feeding America food banks	3
	that provide food to over 2,400 food pantries, soup kitchens, and	
	shelters that feed nearly 1.4 million residents across the entire	
	state of Illinois.	
2	Did the organization undertake any significant program services during the year which were not listed on the	. 57
		es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Y	′es 🗓 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	.,
4a	(Code:) (Expenses \$1,446,637 • including grants of \$1,412,408 •) (Revenue \$	
4 a	To provide education and outreach raising awareness about hunger	,
	issues, building support for efforts to reduce hunger, and growing	
	network of private, public, philanthropic, and nonprofit partners	
	dedicated to working together to end hunger. To execute grant contra	
	- including oversight of SNAP outreach activities among contracted	<u>food</u>
	banks, in serving food-insecure families, friends, colleagues, and	
	neighbors within our statewide food bank network. To provide leader	
	and build collaborative support in seeking to develop an agricultur	ral
	surplus capture program in conjunction with the Emergency Food Syst	cem
	working group of the Illinois Commission to End Hunger.	
4b	(Code:) (Expenses \$	
	/ Code / Lapenses # / Installing grains of #	
	· <u> </u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,446,637.	
		m 990 (2021)

Form 990 (2021) Feeding Illinois Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱.,		_v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	122
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ''''		
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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 organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form		415188	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	+	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
04-	Schedule J	23		┝≏
24 a	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," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			1
	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 escrow at any time during the year to defease	240		<u> </u>
·	any tax-exempt bonds?	240		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
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			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2021)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 2		.,						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			7.7					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			37					
	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).	_		37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х					
_	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
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	8							
_	sponsoring organization have excess business holdings at any time during the year?								
9	Did the annual in the second in the second and the								
a									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	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	izu							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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 on 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 Yes No 8 **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 on Schedule O. 8 **b** Enter the number of voting members included on 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 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 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? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h 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 (1024 or 1024-A, 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. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on 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 Steve Ericson - 630-768-8068

Form **990** (2021)

60134

273 Dearborn Court, Geneva,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Stephen Ericson	40.00								_	
Executive Director				Х				94,151.	0.	5,445
(2) Meredith Knopp	3.00									
President	1	Х		Х				0.	0.	0 .
(3) Glenn Roberts	1.00			l					•	•
Treasurer	1 00	Х		Х				0.	0.	0 .
(4) Wayne Cannon	1.00	.,		,,					0	
Secretary (5) Weller Dele	1 00	Х	_	Х				0.	0.	0 .
(5) Kelly Daly Director	1.00	Х						0.	0.	0
(6) Kate Maehr	1.00	Λ						0.	0.	0
Director	1.00	Х						0.	0.	0 .
(7) Mike Miller	1.00	22						0.		<u>_</u>
Director	1.00	Х						0.	0.	0 .
(8) Pam Molitoris	1.00									
Director		х						0.	0.	0 .
(9) Julie Yurko	1.00							-	-	-
Director		Х						0.	0.	0 .

Form 990 (2021)

	990 (2021) Feeding	Illinois	}							37-14	1518	38	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	not cl	ss per	ition more son is irecto	Highest compensated that of the state of the	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensatior from related organizations (W-2/1099-MIS 1099-NEC)	S C	Estim amou oth comper from organiz and re	ated nt of er nsation the zation
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who rec						94,151. 0. 94,151. eceived more than \$100,		0.		445. 0. 445.			
3 4 5 Sec	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors	uch individual Im of reportabl 0,000? If "Yes, accrue compen	e co " <i>co</i> sati	mpe mple on fr	ensate ete S	tion Sche	and edule unre	oth J f	ner compensation from the compensation from the compensation from the compensation or individual or	ne organization		Y€ 33 4	Ť
1	Complete this table for your five highest co the organization. Report compensation for (A) Name and business	the calendar ye	ear e		ng w					ear.		(C)	tion
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than	Fo	orm 99	0 (2021)

Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 a	a Federated campaigns 1:	a				
rani	b	b Membership dues 11					
Ω. G	c	c Fundraising events 1					
ifts ar A	c	d Related organizations 1	d				
s, mik	e	e Government grants (contributions)	e 550,434.				
Sig	f	f All other contributions, gifts, grants, and					
buti		similar amounts not included above 11	777,678.				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in lines 1a-1f	g \$				
Co	h	h Total. Add lines 1a-1f	>	1,388,112.			
			Business Code				
e	2 a	а					
e e	b	b					
Se una	c	с					
ran Sev	c	d					
Program Service Revenue	e	e					
Ф	-	f All other program service revenue					
	_	g Total. Add lines 2a-2f					
	3	Investment income (including dividends		81.			81.
	4	other similar amounts) Income from investment of tax-exempt		01.			01.
	5	Royalties					
	3	(i) R					
	6 a		(.,,	-			
	_	b Less: rental expenses 6b		-			
		c Rental income or (loss) 6c		1			
	c	d Net rental income or (loss)					
		a Gross amount from sales of (i) Sect	urities (ii) Other				
		assets other than inventory 7a					
	b	b Less: cost or other basis					
ne		and sales expenses					
Revenue	c	c Gain or (loss)7c					
	c	d Net gain or (loss))				
Other	8 a	a Gross income from fundraising events (not					
ð		including \$ o	f				
		contributions reported on line 1c). See					
		Part IV, line 18		4			
		b Less: direct expenses					
		c Net income or (loss) from fundraising e					
	9 8	a Gross income from gaming activities. S Part IV, line 19					
	h	b Less: direct expenses		-			
		c Net income or (loss) from gaming activi					
		a Gross sales of inventory, less returns					
		and allowances	10a				
	b	b Less: cost of goods sold					
_		c Net income or (loss) from sales of inver					
		· ,	Business Code				
sno e	11 a	a Other income	900099	45,705.	45,705.		
ane	b	b					
cell	c	с					
Miscellaneous Revenue	c	d All other revenue		45 505			
_	е	e Total. Add lines 11a-11d	>	45,705.	45 505		24
	12	Total revenue. See instructions		1,433,898.	45,705.	0.	81.

Form 990 (2021) Feeding Illinois Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon-										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations	1 412 400	1,412,408.								
	and domestic governments. See Part IV, line 21	1,412,400.	1,412,400.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	101,929.	28,317.	62,823.	10,789.						
6	Compensation not included above to disqualified				-						
_	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
	-										
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	C 054		6 054							
10	Payroll taxes	6,954.		6,954.							
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting	11,960.	1,959.	10,001.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch O.)	6,001.			6,001.						
12	Advertising and promotion										
13	Office expenses	5,295.	1,322.	2,777.	1,196.						
14	Information technology	396.	186.	210.	•						
15	Royalties										
16	Occupancy										
17	Travel	1,533.	975.	527.	31.						
		1,3331	3,30	3271	31.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	1,552.	1,431.	121.							
19	Conferences, conventions, and meetings	1,334.	1,431.	141.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2 460		2 460							
23	Insurance	2,468.		2,468.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A),										
	amount, list line 24e expenses on Schedule 0.)	FF 00.4		FF 004							
а	Fraud	57,804.		57,804.							
b	Staff development	129.	39.	90.							
С											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,608,429.	1,446,637.	143,775.	18,017.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					Form 990 (2021)						

ıuı	ιλ	Balance Sneet							
		Check if Schedule O contains a response or	note to	any I	e in this Part X		 A)		(B)
							ng of year		End of year
	1	Cash - non-interest-bearing				62	24,915.	1	111,206.
	2	Savings and temporary cash investments				25	52,512.	2	300,936
	3	Pledges and grants receivable, net						3	314,611
	4	Accounts receivable, net		4	41,834.	4			
	5	Loans and other receivables from any curren							
	trustee, key employee, creator or founder, substantial contributor, or 35%								
		controlled entity or family member of any of	these pe	erson				5	
	6	6 Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons descri			6				
y,	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	
As	9	Prepaid expenses and deferred charges						9	
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10)a					
	b	Less: accumulated depreciation						10c	
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, lin			12				
	13	Investments - program-related. See Part IV, li			13				
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11						15	
	16	Total assets. Add lines 1 through 15 (must e				92	L9,261.	16	726,753
	17	Accounts payable and accrued expenses				Ţ	54,619.	17	59,880
	18	Grants payable						18	
	19	Deferred revenue						19	
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of	chedule D			21	
ပ္မ	22	Loans and other payables to any current or f	former o	fficer	director,				
iii		trustee, key employee, creator or founder, su	ubstanti	al cor	ributor, or 35%				
Liabilities		controlled entity or family member of any of	these pe	erson				22	
ן כ	23	Secured mortgages and notes payable to un	related	third	arties			23	
	24	Unsecured notes and loans payable to unrela	lated thi	rd pa	es			24	
	25	Other liabilities (including federal income tax	, payabl	es to	elated third				
		parties, and other liabilities not included on li	lines 17-	24). (mplete Part X				
		of Schedule D					<u> 29,816.</u>		6,577.
	26	Total liabilities. Add lines 17 through 25				8	3 4,435.	26	66,457.
		Organizations that follow FASB ASC 958,	check h	nere	▼ X				
Ses		and complete lines 27, 28, 32, and 33.							
au	27	Net assets without donor restrictions				83	<u>84,826.</u>	27	290,705.
Ba	28	Net assets with donor restrictions			<u></u>			28	369,591.
밑		Organizations that do not follow FASB AS	C 958,	chec	here 🕨 🔛				
딘		and complete lines 29 through 33.							
Ō	29	Capital stock or trust principal, or current fur				29			
set	30	Paid-in or capital surplus, or land, building, o	or equip	ment	ınd			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated						31	
Š	32	Total net assets or fund balances					34,826.		660,296.
	33	Total liabilities and net assets/fund balances				91	L9,261.	33	726,753

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	1,43	3,8	<u>98.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,60				
3	Revenue less expenses. Subtract line 2 from line 1	3	-17	4,5	31.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83	4,8	26.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			1.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10							
	column (B))	10	66	0,2	96.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h				

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization Feeding Illinois 37-1415188 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support	71	·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	145,115.	174,303.	773,167.	1021795.	1425113.	3539493.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	145 115	104 202	DD2 160	1001505	1405112	2520402
	Total. Add lines 1 through 3	145,115.	174,303.	773,167.	1021795.	1425113.	3539493.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						20 006
	column (f)						28,996.
	Public support. Subtract line 5 from line 4.						3510497.
	• • • • • • • • • • • • • • • • • • • •	() 0047	(1) 2010	() 2042	(1) 0000	() 2004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 145, 115.	(b) 2018 174,303.	(c) 2019 773, 167.	(d) 2020 1021795.	(e) 2021 1425113.	(f) Total 3539493.
	Amounts from line 4	143,113.	1/4,303.	113,101.	1021793.	1423113.	3333433.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	356.	843.	516.	60.	81.	1,856.
•	and income from similar sources	330.	043.	310.	00.	01.	1,050.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			169.		8,704.	8,873.
11	Total support. Add lines 7 through 10			103.		0,704.	3550222.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	3330222.
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax v			
	organization, check this box and stor	_		•			ightharpoonup
Sec	ction C. Computation of Publi						······
	Public support percentage for 2021 (li			column (f))		14	98.88 %
15	- · · · · · · · · · · · · · · · · · · ·					15	97.47 %
	33 1/3% support test - 2021. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Feeding Illinois Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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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	11 3 3 (continued)			
			Yes	No
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If #Vee # describe in Part VI the releasible to be accompatible in this record	3h		

	dule A (Form 990) 2021 Feeding Illinois	- Oraca		37-1415188 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus ion A - Adjusted Net Income	t complete	(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - pl	rovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which t	the organization is responsive			
(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reason-				
able cause required - explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D,				
line 7:				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j				
and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
<u> </u>			-	

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public

Open Inspe

Name of the organization **Employer identification number** Feeding Illinois 37-1415188 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

collection items (check all that apply):

Public exhibition

Scholarly research

С	Preservation for future generations								
4	Provide a description of the organization's co						n Part XII	I.	
5	During the year, did the organization solicit o								
D -	to be sold to raise funds rather than to be ma							Yes	N
Pa	rt IV Escrow and Custodial Arran		ete if the or	ganization a	answered "Yes" or	n Form 990, Pa	ırt IV, line	e 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X?						Ш'	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tabl	e:					
								mount	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cust	odial account liab	ility?	Ш '	Yes	N
	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prio	r year ((c) Two years back	(d) Three years	back (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)) h	ield as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e held and	administered for t	he organizatior	1		
	by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment fund	ds.					
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lir	ne 11a. See	Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o basis (investn		(b) Cost or basis (ot	1 ' '	Accumulated epreciation	(0	d) Book	value
12	Land	- · · · · · · · · · · · · · · · · · · 	,	(01	, ,	,			
	Buildings								
c	Leasehold improvements								
	Equipment								
	0.11								
	Other		V 00/:	D) lin = 10:	L		_		0
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Schedule D (Form 990) 2021 Feeding Ill	inois	37	-1415188 Page 3
Part VII Investments - Other Securities.	Lass Farms 000 Deat N/ Page	14b Occ Four COO Book V Vac 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
70.7	(b) Book value	(c) Wethod of Valuation. Cost of Che	Tor year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(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.	F 000 D-+ IV I'	44 d. Oca Farm 000 Back V. Page 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(le) De alcuelus
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	15)		
Part X Other Liabilities.	e 13.)		
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 Payroll			6,577.
(3)			

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

X

Schedule D (Form 990) 2021

(4) (5) (6) (7) (8)

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Sche	dule D (Form 990) 2021 Feeding IIIIIOIS			413100	Page 🕶
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	enue per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,433,	898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,433,	898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,433,	898.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per Return	l -	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,608,	<u>429.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,608,	429.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,608,	429.
Pa	rt XIII Supplemental Information.				

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

Part X, Line 2:

FIN 48 Note from Review Report

Feeding Illinois was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The Organization continues to operate in compliance with its tax-exempt purpose.

The Organization's annual information and income tax returns filed with the federal and state governments are subject to examination by the IRS, generally for three years after they have been filed.

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
Feeding I							37-1415188
Part I General Information on Grants a							
1 Does the organization maintain records		amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro		<u> </u>					
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
· · · · · · · · · · · · · · · · · · ·	· ,	· ·	- '		(f) Method of	1 (15)	Τ ", ,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Greater Chicago Food Depository						Donated foods	Food bank support for
4100 W. Ann Lurie Place						and associated	distribution of food
Chicago IL 60632	36-2971864	501(c)3	0.	208,010.	Cost	costs	insecure people
enrouge, 12 cocc	00 25/2001	001(0)0	1	200,020.			Support of food bank's
Northern Illinois Food Bank						Donated foods	SNAP Outreach Program and
273 Dearborn Court						and associated	Food bank support for
Geneva, IL 60134	36-3203648	501(c)3	197,936.	308,879.	Cost	costs	distribution of food
			·	·			Support of food bank's
St. Louis Area Food Bank						Donated foods	SNAP Outreach Program and
70 Corporate Woods Drive						and associated	Food bank support for
Bridgeton, MO 63044	43-1253102	501(c)3	51,503.	461,615.	Cost	costs	distribution of food
Eastern Illinois Food Bank						Donated foods	Food bank support for
2405 N. Shore Drive						and associated	distribution of food
Urbana, IL 61802	37-1130252	501(c)3	0.	23,927.	Cost	costs	insecure people
222000, 12 01001	0. 1100101	001(0)0	1	20,527.			THE STATE OF THE S
Central Illinois Food Bank						Donated foods	Food bank support for
937 E. Cook Street						and associated	distribution of food
Springfield, IL 62791	37-1106465	501(c)3	0.	11,185.	Cost	costs	insecure people
							Support of food bank's
River Bend Food Bank						Donated foods	SNAP Outreach Program and
4010 Kimmel Drive						and associated	Food bank support for
Davenport, IA 52802	36-3147342	501(c)3	43,869.	23,851.	Cost	costs	distribution of food
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	ne line 1 table				> 7.
3 Enter total number of other organization	s listed in the line	1 table					>

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tri-State Food Bank 2504 Lynch Road Evansville, IN 47711	35-1539870	501(c)3	0.	79,210.		and associated	Food bank support for distribution of food insecure people

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
Part II, line 1, Column (h):					
Name of Organization or Government	: Norther	n Illinoi:	s Food Bank		
(h) Purpose of Grant or Assistance	e: Support	of food l	bank's SNAP	Outreach	
Program and Food bank support for	distribut	ion of fo	od insecure	people	
				-	
Name of Organization or Government	: St. Lou	is Area Fo	ood Bank		
(h) Purpose of Grant or Assistance	e: Support	of food 1	bank's SNAP	Outreach	
111, 141 PODE OF GEARE OF ABBIBCANCE					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

Feeding Illinois

Employer identification number 37-1415188

Form 990, Part VI, Section A, line 4: Updated Bylaws: Section 1.4 Purposes and Objectives added the following: To represent its members to statewide groups, take the lead on functions performed more cost-effectively collectively, and facilitate the sharing of best practices among its members. To create and disseminate information in the community regarding the Association and hunger issues. To address, shape and influence public policy surrounding hunger relief issues; to raise food and funds for the member food banks; and to devise plans to coordinate and support the activities of member food banks responding to disasters in the State of Illinois. Section 3.2 Voting and Directors: Changed to show that Proxy voting is not permitted. Section 3.4 Meetings: Changed number of meetings for the fiscal year from 3 to 4. Section 4.1 Election: Changed term of office from one year to two years. Section 4.3 Removal of Officers: Changed from simple majority to 2/3 majority vote. Form 990, Part VI, Section A, line 5: During the year ended June 30, 2022, there was \$58,000 discovered to be fraudulent contributions. The Organization paid out funds to false organizations via email requests. This amount has been recorded in the statement of Functional Expenses as Fraud Expense under the Management and General. The Organization informed their insurance provider, filed reports

with law enforcement, and changed logins and passwords.

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

the

Schedule O (Form 990) 2021

Furthermore,

Schedule O (Form 990) 2021 Page 2

Name of the organization

Feeding Illinois

Employer identification number 37-1415188

Organization updated their policy and procedures by having cyber security training and taking out Cybersecurity Insurance.

Form 990, Part VI, Section A, line 6:

Membership consists of the eight Feeding America food banks that serve all of Illinois, each of which pays membership dues.

Form 990, Part VI, Section A, line 7a:

The lead executives, whose titles vary - President and CEO, Executive

Director and CEO, Executive Director, or Food Bank Manager, of the

respective member food banks, or their designees, comprise the governing

body (i.e., Board of Directors).

Form 990, Part VI, Section B, line 11b:

As soon as the first draft of the Form 990 is completed, it will be sent to the entire Board of Directors for review; requesting any questions or corrections submitted within 10 business days. Once any of those are addressed and any necessary changes made, the final draft will be resent to the entire board for a vote and approval before submission.

Form 990, Part VI, Section B, Line 12c:

Annually, the Board of Directors and State Director review the Conflicts of

Interest Policy and their signed statements. They are reminded of their

on-going responsibility to disclose. This conversation is documented in the
board meeting minutes.

Form 990, Part VI, Section B, Line 15a:

The compensation level of the Executive Director was derived through

Schedule O (Form 990) 2021	Page 2
Name of the organization Feeding Illinois	Employer identification number 37-1415188
compensation comparisons for the comparable position in si	milar size and
type organizations, discussed among and agreed on by the B	oard of
Directors, and the decision and offer documented.	
Form 990, Part VI, Section C, Line 19:	
Governing documents and financial statements are available	upon request.
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	