Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2010**Open to Public
Inspection

	The organization may have to use a copy of this return to satisfy state reporting re	quirements
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Α	For the	2010 calendar year, or tax year beginning $JUN 1$, 2010 and e	nding M	AY 31, 2011	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	^s Central Illinois Foodbank, Inc.			
	Name change	Doing Business As		37-11	106465
	Initial return	,	Room/suite	E Telephone number	
	Termin ated	F.O. BOX 0220		(217))522-4022
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	14,079,410.
	Applica tion			H(a) Is this a group re	
	pendin	F Name and address of principal officer:		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	uded? 🔄 Yes 🔄 No
		mpt status: 🔟 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or	· 527	If "No," attach a	list. (see instructions)
		e:▶ www.centralilfoodbank.org		H(c) Group exemption	
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year (of formation: 1981 M	State of legal domicile: ${f IL}$
P		Summary			
e	1 1	Briefly describe the organization's mission or most significant activities:	table	food distr	ibution.
Governance		- 1 1			
ērn		Check this box 🕨 📖 if the organization discontinued its operations or dispose			
200		Number of voting members of the governing body (Part VI, line 1a)			<u> 13</u> 13
જ		Number of independent voting members of the governing body (Part VI, line 1b)			20
ties		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			478
Activities &		Total number of volunteers (estimate if necessary)			<u> </u>
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, line 34		7b Prior Year	
		Contributions and grants (Dart)/III line 1b)		10,718,459.	Current Year 13,300,234.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		616,740.	759,802.
ver		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,180.	10,037.
Ř		Dther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,652.	<2,094.>
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,346,031.	14,067,979.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	1 · -	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		621,044.	616,357.
nse	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		63,222.	0.
Expenses	b ·	Total fundraising expenses (Part IX, column (D), line 25)	6.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		10,121,677.	12,912,256.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,805,943.	13,528,613.
	19	Revenue less expenses. Subtract line 18 from line 12		540,088.	539,366.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	otal assets (Part X, line 16)		2,123,926.	2,698,925.
tAs	21	otal liabilities (Part X, line 26)		57,157.	92,790.
	22	Vet assets or fund balances. Subtract line 21 from line 20		2,066,769.	2,606,135.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		Data	
Sig				Date	
He	re	Type or print name and title			
			<u>іг</u>	ate Check	PTIN
Pai		Print/Type preparer's name Preparer's signature		9/09/11	
	L 1	Firm's name ECK, SCHAFER & PUNKE, LLP	Ս	Firm's FIN	1

Springfield, IL 62701-1624

Firm's address 600 E. Adams St.

Use Only

X	Yes		No
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Phone no. (217)525-1111

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		Form 9	90 (2
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 13,152,567.		
4d	Other program services. (Describe in Schedule O.)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4D	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
41-			
	the hungry and homeless.		
	of those products to other foodbanks, food pantries, and she	lters f	or
τd	Solicitation of food products from the food industry and dis	tributi	on
42	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 13, 152, 567 • including grants of \$) (Revenue \$	764,	75
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	ıd	
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L_Yes	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes	v
	children.		
	processors, wholesalers and retailers and redistribute those charitable agencies serving the poor, elderly, handicapped a		τo
	Collect and donate food and grocery items from growers, manu		
1	Check if Schedule O contains a response to any question in this Part III	<u></u>	<u></u>
Pa	rt III Statement of Program Service Accomplishments		

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Pa	rt IV Checklist of Required Schedules			<u> </u>
			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?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
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				
	and program service activities outside the United States? 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 assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more bospitals must attach audited financial statements (see instructions).	20h		
	ODECATE ODE OF THORE HOSTOLAIS THAST ALTACT AUDITED TIDANCIAL STATEMENTS (SEE INSTRUCTIONS)			

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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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	LTU		
zJa		25a		x
h		254		- 23
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
~~	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
~-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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	31		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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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	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 in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,

21

22

Yes

No

х

Х

5						
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	θΟ		14b		
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					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	Ible gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	is)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	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)?					Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts			
	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 se	rvices j	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			_		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	he during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	1			
	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:	- • •	I			
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	<i>(</i> 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-		
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	I			
~	Enter the amount of reserves on hand	130				
	Did the organization receive any payments for indoor tanning services during the tax year?	100	1	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
					990 (2010)

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

Central Illinois Foodbank, Inc.

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions.			
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.	other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Does the organization have members or stockholders?	[6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ne			
	governing body?		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year			
	by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	÷			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	de.)			
		-		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, a	ffiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	n?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	;			
	to conflicts?		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc	ribe			
	in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?	L	13	Х	
14	Does the organization have a written document retention and destruction policy?	L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	L	15b	Х	
	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				37
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
0	exempt status with respect to such arrangements?	<u></u>	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) available f	or		
	public inspection. Indicate how you make these available. Check all that apply.				
40	X Own website Another's website J Upon request	towart P	al .65		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	terest policy, and	u fina	ncial	
00	statements available to the public.		b		
20	State the name, physical address, and telephone number of the person who possesses the books and records Tom Killam $-217-522-4022$	or the organizati	on: 🏓	-	
	P.O. Box 8228, Springfield, IL 62791				
	1.00 DOX 0220, SPIINGIICIU, II 02/31		Form	990 (20101
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2010.03050 Central Illinois Foodbank,

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(cl	heck	Pos	ition		oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
AMY HAGEN										_
PRESIDENT	1.00	X		Х				0.	0.	0.
JOHN FARRELL										
VICE-PRESIDENT	1.00	X		Х				0.	0.	0.
CJ SALADINO										
TREASURER	1.00	X		Х				0.	0.	0.
ERICA RIPLINGER										
SECRETARY	1.00	Х		Х				0.	0.	0.
RABBI MICHAEL DATZ										
DIRECTOR	1.00	Х						0.	0.	0.
CAROL DOVE										
DIRECTOR	1.00	Х						0.	0.	0.
GARY L. DUNNINGTON, MD										
DIRECTOR	1.00	Х						0.	0.	0.
PENNY ROTH										
DIRECTOR	1.00	X						0.	0.	0.
KATHI KARR										
DIRECTOR	1.00	X						0.	0.	0.
ESTHER LAM, RN, BA, MA									_	_
DIRECTOR	1.00	X						0.	0.	0.
MARSHA PRATER									_	_
DIRECTOR	1.00	X						0.	0.	0.
DON HICKMAN										-
DIRECTOR	1.00	Х						0.	0.	0.
ROBBIE ROBERT										-
DIRECTOR	1.00	X						0.	0.	0.
PAM MOLITORIS										
EXECUTIVE DIRECTOR	40.00			X				81,296.	0.	2,845.
TOM KILLAM								-4 -6-		0 540
ASSISTANT DIRECTOR	40.00			X				71,795.	0.	2,513.
		-	-							
										000

032007 12-21-10

Form **990** (2010)

09320909 793956 371106465

	1990 (2010) Central								Inc.	37-110	<u>6465</u>	P	age 8
Par	t VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos				Reportable	Reportable	E	stimate	ed
		hours per	(C	heck	all	that	app	ly)	compensation	compensation	ar	nount	of
		week	7						from	from related		other	
		(describe	Individual trustee or director						the	organizations		npensa	
		hours for	e or d	tee			Highest compensated employee		organization	(W-2/1099-MISC)		rom th	
		related organizations	ruste	nstitutional trustee		ee	npen		(W-2/1099-MISC)		-	janizat	
		in Schedule	lual t	tiona		ploy	st cor yee	-				d relat	
		O)	ndivid	nstitu	Officer	Key employee	lighe mplo	Former			org	anizati	ons
		0,	-	-		×							
									152 001	0		<u> </u>	
1b	Sub-total								153,091.	0		5,3	
С	Total from continuation sheets to Part V	II, Section A							0.	0			0.
d	Total (add lines 1b and 1c)								153,091.	0	•	5,3	58.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 in reportable			
	compensation from the organization												0
												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, key	y en	nplo	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual					-		-	-	3		Х
4	For any individual listed on line 1a, is the su	um of reportab											
	and related organizations greater than \$15										4		Х
5	Did any person listed on line 1a receive or a												
-	rendered to the organization? If "Yes," corr					-		oide	iou organization or many		5		х
Sec	tion B. Independent Contractors			0/ 00	1011	pore							
1	Complete this table for your five highest co	mponented in	don	ando	nt o	ont	rooto		that received more than	\$100.000 of compo	nantion	from	
•	NONT	inpensated in	uep	snue			acic	151	inal received more than	\$100,000 of compe	Isation	nom	
	and organization.								(D)			~	
	(A) Name and business	address							(B) Description of s	ervices	Compe	C) Insatio	n
		addrood									compe	noutio	
								_					
2	Total number of independent contractors (ncludina but n	iot li	mite	d to	tho	se lis	sted	d above) who received n	ore than			
-	\$100,000 in compensation from the organi						0		,				
											Form	990 (;	2010)
02200	8 12-21-10										. 000		_010)

	Form 990 (20	10)	C	entral
1	Part VIII	Stater	nent of	Revenue

Central Illinois Foodbank, Inc. 37-1106465 Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f 	1b 1c 1d ions) 1e ts, and 1f 1a-1f: \$1	63,920. 422,565. 2813749. 2009219.	13300234.			
Program Service Revenue		Food distributi	on	Business Code 624200		759,802.		
Prog		All other program service reve Total. Add lines 2a-2f Investment income (including	dividends, intere	est, and	759,802.			10,037.
	4 5	other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds 🕨	10,037.			10,037.
	b c d	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	▶					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
levenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ 63,9 contributions reported on line						
Other Revenu	с	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac	b Iraising events tivities. See	<u>11,431.</u> ▶	<7,051.	>		<7,051.
	С	Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	hing activities returns	▶ 				
	c	and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	Business Code	4 957	4 957			
	b c d			624200	4,957.	4,957.		
03200 12-21	12	Total. Add lines 11a-11d Total revenue. See instructions.			4,957. 14067979.	764,759.	0.	2,986. Form 990 (2010)

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Central Illinois Foodbank, Inc.

7b, 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A)	(B)	(C)	
	, ,	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
~	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
	F				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	503,260.	210 200	155 106	20 275
7	Other salaries and wages	505,200.	319,399.	155,486.	28,375
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	72 770	40 010		2 700
9	Other employee benefits	73,778.	48,912.	21,068.	3,798
0	Payroll taxes	39,319.	24,896.	12,006.	2,417
1	Fees for services (non-employees):				
а	Management				
b	Legal	0 000		0 000	
С	Accounting	9,000.		9,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15 505			
g	Other	15,727.	11 (01	15,727.	
12	Advertising and promotion	11,601.	11,601.		
3	Office expenses	149,325.	29,367.	446.	119,512
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	88,250.	88,250.		
3	Insurance	37,812.	37,812.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Contributed Food Distib	11,866,894.	11,866,894.		
b	Product Costs	475,872.	475,872.		
с С	Vehicle Fuel	52,370.	52,370.		
с А	Contract Labor	44,439.	40,604.	3,835.	
e e	Freight	43,252.	43,252.		
f	All other expenses	117,714.	113,338.	4,302.	74
25	Total functional expenses. Add lines 1 through 24f	13,528,613.	13,152,567.	221,870.	154,176
5 6	Joint costs. Check here if following SOP			221,0,0.	101/1/0
.O	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form **990** (2010)

37110642

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Total liabilities and net assets/fund balances

Form 990 (2010)

1

2

3

4

5

Part X | Balance Sheet

2,123,926.

34

2,698,925.

Form 990 (2010)

		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined (under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd contributing			
		employers and sponsoring organizations of sec	tion 501(d	c)(9) voluntary			
		employees' beneficiary organizations (see instru	ictions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			841,539.		1,011,446.
	9	B			5,417.	9	3,353.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,029,049.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	542,341.	396,463.	10c	486,708.
	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	
	15	Other assets. See Part IV, line 11			313,645.	15	314,808.
	16	Total assets. Add lines 1 through 15 (must equ			2,123,926.	16	2,698,925.
	17	Accounts payable and accrued expenses			31,415.	17	6,698.
	18	Grants payable				18	
	19	Deferred revenue				19	54,000.
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete		21			
iliti	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi					
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third	l parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			25,742.	25	32,092.
	26				57,157.	26	92,790.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets		L	2,066,769.	27	2,448,145.
Bal	28	Temporarily restricted net assets		L		28	157,990.
pu	29	Permanently restricted net assets		L		29	
Ъ		Organizations that do not follow SFAS 117, c	heck her	re ▶ └── and			
Net Assets or Fund Balances		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed			31		
let	32	Retained earnings, endowment, accumulated in	other funds		32		
Z	33	Total net assets or fund balances			2,066,769.	33	2,606,135.

Central Illinois Foodbank, Inc.

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II

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(B) End of year

199.

754,511.

79,523.

48,377.

(A) Beginning of year

217.

521,529.

45,116.

1

2

3

4

5

Form	990 (2010) Central Illinois Foodbank, Inc.	37-	110646	5	Page	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		39,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,0	66,	, 76	<u>. 9</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,6	06,	,13	5.
Pa	rt XII Financial Statements and Reporting				г	
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			L	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Ye	es	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				x
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2k	<u>} 2</u>	ζ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.	-	
	review, or compilation of its financial statements and selection of an independent accountant?			; X	<u>د</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			a 2	ζ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					
			For	m 99	0 (2)	010)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.										lic
		nue Service		tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	Instructio			dentificati	ection	
Nan		the organizati		Tllingia Do	adhan	1e T.m.	~				dentificati 7-1106		
Pa	rt I	Beason		Illinois Fo ity Status (All organiz) See inst	ructions	57	-1100	400	
									ructions.				
	organ			because it is: (For lines									
1				s, or association of chur		ribed in se	ection 170	(b)(1)(A)(i)	•				
2	\square			'0(b)(1)(A)(ii). (Attach Sc	-		470/1-1/41						
3	\square	•		tal service organization					<u>,</u>	i) Entor th	na haanital	'o non	20
4				operated in conjunction	with a nos	pital desci	nbeu in se		()()(A)(II	IJ. Enter ti	ie nospital	Silali	le,
5		city, and stat		benefit of a college or u		wood or or	poratod by	a govorpr	nontal uni	t doscribo	nd in		
5			(b)(1)(A)(iv). (Comple		inversity of		Jeraleu Dy	a governi	nema um	t describe			
6				ent or governmental uni	t doscribo	d in coctio	n 170/h)/+						
7	X	-		eives a substantial part					r from tho	gonoral r	ublic dosc	ribod	in
'		-	b)(1)(A)(vi). (Comple	-	or its supp	onthoma	governme	antai uniit O		general p		nbeu	
8				ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	\square			eives: (1) more than 33	· ·	,	rom contri	butions m	embershi	n fees an	d aross re	ceints	from
•		•		nctions - subject to certa							•	•	
			-	axable income (less sect	-						-		
			509(a)(2). (Complete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,oqui ou b	y the ergu			, 10,	. 0.
10				perated exclusively to te	st for publ	ic safetv. S	See sectio	n 509(a)(4	.).				
11		•	•	perated exclusively for th	-	-			-	v out the i	purposes o	of one	or
		0	•	ations described in section		· •							
				organization and compl				/	•	~ /			
		а 🗌 Туре I		ר ^י ר		-	tionally int	egrated		d 🗌	Type III - (Other	
е				at the organization is not	controlled	l directly o	r indirectly	by one or	more dise	qualified p	••		an
				han one or more publicly									
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	- 111				
			rganization, check th										
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (i	iii) below,		Yes	No
		the gove	erning body of the su	upported organization?							. 11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							. 11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					. 11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the a			i notify the	(vi) Is organizațio	the	(vii) An	nount c	of
	orga	anization		(described on lines 1-9	governing	sted in your		0011 111 0001.	(I) organiz	ed in the	sup	port	
				above or IRC section	-		., .		U.S.				
				(see instructions))	Yes	No	Yes	No	Yes	No			

032021	12-21-10

Form 990 or 990-EZ.

Total

09320909 793956 371106465

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Central Illinois Foodbank, Inc.

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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.)

Calendar year (of fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total I office grants, contributions, and there parts or a regeneration is behalf 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 3 The value of services or facilities truning by governmental unit to the organization without charge 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 5 The portion of total contributions by acch person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 258 of the amount shown on line 11. 7035670. 7437612. 8068210. 10724111. 13300234. 465565837. 5 Creating services from inter 4. 7035670. 7437612. 8068210. 10724111. 13300234. 465565837. 6 Public support. Subject is storate 4 7035670. 7437612. 8068210. 10724111. 13300234. 465565837. 6 Cost income from interest, dividends, payments received on securities basis, rents, royalita and subsets and income from interest, dividends, payments received on securities basis, rents, royalita and subsets and income from interest, dividends, payments received on securities basis, rents, royalita and subsets and income from interest, dividends, payments received on securest basis and recex ston the second capital and recex stop terest	Sec	ction A. Public Support									
membership fees received. (10 not include any 'urusual grants') 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 3 The value of services or facilities furnished on its behalf 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 5 Tre portion of total contributions by each person (other than a govermental unit or publicly supported organization without charge down most line 11, column (1) 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 5 Public support. Sense to set to set to anount shown on line 11, column (1) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) retail 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 5 Public support. Sense to set to set to anount shown on line 11, column (1) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) retail 7035670. 7437612. 8068210. 10724111. 13300234. 46565837. 6 Gross income from simular sources and income from simular sources and income from simular sources and income from simular sources and or cos from the sale of capital aussets (Explain in Part N) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) retail 7035670. 7437612. 8068210. 10.799. 8, 180. 10, 037. 47, 970. 9 Net income from simular sources and income from simular sources and income from similar sources and or cos from the sale of capital auss	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
include any 'unusual grants',	1	Gifts, grants, contributions, and									
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											
Schedule A (Form 990 or 990-FZ) 2010	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l						

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

37110642

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

Section A. Public Support				-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						+
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(a) 2000	(b) 2007	(0) 2008	(u) 2009	(e) 2010	
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						1
14 First five years. If the Form 990 is for	the organization's	s first. second. thi	rd. fourth. or fifth t	tax vear as a section	on 501(c)(3) organi	zation.
check this box and stop here	•					·
Section C. Computation of Publ						
15 Public support percentage for 2010 (column (f))		15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2010. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2009. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 12-21-10						90 or 990-EZ) 2010
			15			

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

Π

6

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization Central Illinois Foodbank	Inc	Employer identification number 37-1106465
Pa	t I Organizations Maintaining Donor Advised Funds or	-	
1 4	organization answered "Yes" to Form 990, Part IV, line 6.		Coordinas. Complete il trie
		nor advised funds	(b) Funds and other accounts
1	Total number at end of year		(-)
2	A garagete contributions to (during vecy)		
3	A garagete grante from (during veer)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	assets held in donor advised fur	nds
Ŭ	are the organization's property, subject to the organization's exclusive lega		
6	Did the organization inform all grantees, donors, and donor advisors in writi		
•	for charitable purposes and not for the benefit of the donor or donor advise		•
	impermissible private benefit?		° — —
Pa	t II Conservation Easements. Complete if the organization answ		
1	Purpose(s) of conservation easements held by the organization (check all t		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	llv important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservati	on contribution in the form of a co	onservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure include		2c
	Number of conservation easements included in (c) acquired after 8/17/06,		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingu		
-	year ►		
4	Number of states where property subject to conservation easement is loca	ted ►	
5	Does the organization have a written policy regarding the periodic monitorin		
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	-	
8	Does each conservation easement reported on line 2(d) above satisfy the r		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements		
	include, if applicable, the text of the footnote to the organization's financial	•	
	conservation easements.		5
Pa	rt III Organizations Maintaining Collections of Art, Histo	rical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educa	-	
	the text of the footnote to its financial statements that describes these iten		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep	ort in its revenue statement and t	palance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, education, or re		
	relating to these items:	· · · · · ·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treasures, or othe		
	the following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
	Assets included in Form 990, Part X		
	· · · · · · · · · · · · · · · · · · ·		·····
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 99).	Schedule D (Form 990) 201
3205	1		- (
03205 12-20-	1 10	.6	

09320909 793956 371106465

		Illinois						-110646	
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures,	or Other	Similar A	ssets (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the	following that	at are a sig	nificant use o	of its collectio	n items
	(check all that apply):								
а	Public exhibition	c	1 Lo	an or exc	hange progra	ams			
b	Scholarly research	e	e 🗌 Ot	her					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they	/ further t	he organizati	on's exem	pt purpose ir	n Part XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical trea	asures, or oth	er similar a	assets	_	
	to be sold to raise funds rather than to be m							. L Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the o	rganizatio	on answered	"Yes" to F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							📖 Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	ole:					
								Amoun	t
	Beginning balance								
	Additions during the year						1d		
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F		21?					📖 Yes	└── No
Pa	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete		newored "V	'oo" to Eo	rm 000 Dort	IV line 10			
1 0		(a) Current year	(b) Pric					back (e) Fou	r veare back
1.	Designing of year balance	(a) Current year	(D) Prid	or year	(C) TWU yea		j milee years		years Dack
	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses Grants or scholarships								
	Other expenditures for facilities					-			
e									
f	and programs Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the year		<u> </u>						
a	Board designated or quasi-endowment		43. %						
	Permanent endowment	%							
		%							
	Are there endowment funds not in the posse		ation that a	are held a	and administe	ered for the	e organization	า	
	by:						9		Yes No
	(i) unrelated organizations							3a(i)	
	7							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipn								
	Description of investment	(a) Cost or c			t or other	(c) Acc	umulated	(d) Boo	k value
		basis (investr	ment)	basis	(other)	depr	eciation		
1a	Land				5,500.				5,500.
	Buildings			44	9,908.	3	14,085.	13	5,823.
	Leasehold improvements								
	Equipment				87,687.		28,888.		8,799.
e	Other				5,954.		99,368.	23	6,586.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	10(c).)		►	48	6,708.

Schedule D (Form 990) 2010

12-20-10

Schedule D (Form 990) 2010 Central Illinois Foodbank, Inc.

(a) Description of saturatives (b) Book value (c) Method of valuation: Code for and dynamic material (1) Franced derivatives (2) Code-yines (quity interests (2) (3) Other (3) (3) (4) (4) (4) (5) (4) (4) (6) (4) (4) (7) (4) (4) (6) (4) (4) (7) (4) (4) (6) (4) (4) (7) (4) (4) (7) (5) (5) (7) (6) (6) (7) (7) (7) (8) (6) (6) (9) (6) (6) (10) (10) (10) (11) (11) (11) (12) (11) (12) (13) (11) (12) (14) (12) (12) (15) (12) (12) (16) (12) (12)	Part VII Investments - Other Securities. Se	e Form 990, Part X, lin	ie 12.		
(2) Cosey held equity interests		(b) Book value	Cos		
(8) Other	(1) Financial derivatives				
(A) (B) (B) (C) (C) (C) (D) (D) (D) ((2) Closely-held equity interests				
(B) (C) (C) (C) (D) (D) (D) ((3) Other				
(C) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (D)	(A)				
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(B) (C) (G)					
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(+) (-) 0.0 (-) 0.10. (201(b) must equal Form 930, Part X, col (B) line 12.) ► (-) Part VIIII [Investments - Program Related. See Form 990, Part X, line 13. (-) (a) Description of Investment type (b) Book value (-) (1) (-) (-) (2) (-) (-) (3) (-) (-) (4) (-) (-) (5) (-) (-) (6) (-) (-) (7) (-) (-) (8) (-) (-) (9) (-) (-) (10) (-) (-) (11) (-) (-) (2) Accrued Interest 2, 026. (3) (-) (-) (4) (-) (-) (5) (-) (-) (6) (-) (-) (7) (-) (-) (8) (-) (-) (9) (-) (-) (9) (-) (-)					
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Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of year market value (1) (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (b) Book value (c) Method of valuation: Cost or end-of year market value (2) (b) Book value (c) Method of valuation: Cost or end-of year market value (3) (c) (c) (6) (c) (c) (6) (c) (c) (7) (c) (c) (9) (c) (c) (10) (c) Book value (c) Book value (11) (c) Text If Cate of Deposit (c) Zat. (c) (b) inst sequal Form 990, Part X, line 15. (2) Accrued Interest (c) Zat. (c) (c) inst sequal Form 990, Part X, col (b) inst 15. (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (9) (c) (c) (10) (c) (c) (11) (c) (c) (12) (c) Accrued Compensation (c) Anount					
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(4) (3) (6) (4) (7) (7) (8) (9) (10) (10) must equal Form 990, Part X, col (8) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Certificate of Deposit 312.782. (2) Accrued Interest 2,026. (3) (3) (6) (10) (7) (10) (8) (10) (9) (10) (10) (10) (11) (11) (12) Corued Compensation 31.617. (3) Payroll Taxes 475. (4) (10) (5) (10) (11) Taxes 475. (2) Accrued Compensation 31.617. (3) Payroll Taxes 475. (4) (10) (10) (11) (11) (11) (2) Accrued Compensation 31.617. (3) (32.092. (4) (4) (5) (10) (11					
(6) (7) (8) (7) (9) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ► (9) Book value (11) Certificate of Deposit 312,782. (2) Accrued Interest 2,026. (3) (9) (9) (4) (9) (9) (6) (9) (9) (10) (10) (10) (11) Faderal income taxes (9) Art X, col (B) line 15.) (12) (13) Faderal income taxes (14, 808.) (2) Accrued Compensation 31, 617. (3) (9) Description of liability (b) Amount (11) Faderal income taxes 475. (3) (11) (11) (12) (12) (13) (13) (14) (15) (14) (15) (16) (15) (17) (18) (19) (19) (10) (10) (10) (10) (11) (10) (10)					
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(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Certificate of Deposit 312, 782. (2) Accrued Interest 2, 026. (3) (4) (5) (6) (7) (6) (7) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) > 314, 808. Part X Other Liabilities. See Form 990, Part X, line 25. 1 (1) (a) Description of liability (b) Amount (1) Federal income taxes 31, 617. (3) Part X Other Liabilities. See Form 990, Part X, col (B) line 25. (4) (5) (1) (5) (2) Accrued Compensation (7) (6) (7) (8) (9) (10) (11) (11) (2) (13) (2) (32, 092. (14) (2) (32, 092. (15) (32, 092.					
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 314, 808. Part X Other Liabilities. See Form 990, Part X, line 25. 314, 808. (1) Federal income taxes (b) Amount (2) Accrued Compensation 31, 617. (3) Payroll Taxes 475. (4) (6) (6) (7) (1) (1) (8) (1) (1) (9) (1) (1) (10) (1) (1) (11) (2) (2) (7) (2) (2) (4) (5) (4) (5) (1) (1) (6) (2) (2) (10) (1) (2) (11) (2) (2) (12) (3) (3) (13) (2) (2) (14) (3) (4) (5) (3) (2) (6) (2) (3) (7	(3)				
(6) (7) (8) (9) (10) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 314, 808. Part X Other Liabilities. See Form 990, Part X, line 25. 314, 808. (1) Federal income taxes 31, 617. (2) Accrued Compensation 31, 617. (3) Payroll Taxes 475. (4) (6) (7) (8) (9) (10) (10) (11) (12) (2) Accrued Compensation 31, 617. (3) Payroll Taxes 475. (4) (5) (6) (7) (7) (7) (8) (9) (10) (11) (11) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 32, 092. This 48, K62 740. (2) (32, 092. 2 FN 48, K62 740. (30) 02005 Schedule D (Form 990) 2010	(4)				
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(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) > 314, 808. Part X Other Liabilities. See Form 990, Part X, line 25. > 314, 808. 1 (a) Description of liability (b) Amount (1) Federal income taxes					
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) > 314, 808. Part X Other Liabilities. See Form 990, Part X, line 25. > > 1. (a) Description of liability (b) Amount > (1) Federal income taxes 311, 617. > (2) Accrued Compensation 31, 617. > (3) Payroll Taxes 475. > (4)					
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(2) Accrued Compensation 31,617. (3) Payroll Taxes 475. (4) (10) (7) (10) (10) (11) Total, (Column (b) must equal Form 990, Part X, col (B) line 25.) 32,092. FIN 48 (ASC 740). 32,092. 032053 12-20-10 Schedule D (Form 990) 2010					
(3) Payroll Taxes 475. (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 32,092. FIN 48 (ASC 740). Foonote: in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that positions under 2. FIN 48 (ASC 740). Schedule D (Form 990) 2010			31 617		
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) FiN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 12-20-10 Schedule D (Form 990) 2010					
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(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 32,092. Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740). Schedule D (Form 990) 2010					
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(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fiability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 12-20-10 Schedule D (Form 990) 2010					
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) FiN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 12-20-10 Schedule D (Form 990) 2010					
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) > 32,092. Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FiN 48 (ASC 740). 032053 12-20-10 Schedule D (Form 990) 2010					
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Filv 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 12-20-10 Schedule D (Form 990) 2010					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 32,092. FiN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 12-20-10					
Fiv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740). 032053 032050 12-20-10 Schedule D (Form 990) 2010	Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	32,092.		
	Ein 48 (ASC 740) Ecotrote in Part YiV, provide the text of the footbole to	o the organization's financial s	statements that reports the organization	zation's liability for uncertain	tax positions under
	032053 12-20-10			Sche	dule D (Form 990) 2010

09320909 793956 371106465

	dule D (Form 990) 2010 Central Illinois Foodbank,			:-! 0!		1106465	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite			atemen		070
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		14,067	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		13,528,	<u>, 813.</u> , 366.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		559	, 300 •
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			0.
9	Total adjustments (net). Add lines 4 through 8			9		530	,366.
10 Dai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		th Roven				, 300 .
				-		14,079,	410.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					11,075	, 110.
ے a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			-		
c	Recoveries of prior year grants	20 2c			-		
d	Other (Describe in Part XIV.)	2d	11	L,431	1.		
e	Add lines 2a through 2d	·				11	,431.
3	Subtract line 2e from line 1					14,067	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			-		
	Add lines 4a and 4b				4c		0.
5						14,067	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme						
1	Total expenses and losses per audited financial statements					13,540	,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIV.)	2d	11	L,431	1.		
е	Add lines 2a through 2d				. 2e		,431.
3	Subtract line 2e from line 1				3	13,528,	,613.
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 XIV.)	4b					
	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	13,528,	,613.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Par	t IV, line	s 1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						
Par	rt X, Line 2: The Foodbank follows accounti	ng p	princir	ples	gene	rally	
200	cepted in the United States of America rela	tođ	to the		rount	ing for	
<u>act</u>	septed in the onited btates of America feid	leu			Joune	ing ioi	
uno	certainty in income taxes, which sets a min	imun	n threa	shold	l for	financi	lal
sta	atement recognition of the benefit of a tax	pos	sition	take	en or	expecte	ed
to	be taken in a tax return. Tax positions f	or t	he ope	en ta	ax ye	ars as d	of
May	y 31, 2011 were reviewed, and it was determ	ined	l that	no p	provi	sion for	<u> </u>
uno	certain tax positions is required.						

Schedule D (Form 990) 2010

032054 12-20-10

Schedule D (Form 990) 2010 Central Illinois Foodbank, Inc. Part XIV Supplemental Information (continued)	37-1106465 Page5
Part XII, Line 2d - Other Adjustments:	
Special Event Expenses netted with Revenue on 990	11,431.
Part XIII, Line 2d - Other Adjustments:	
Special Event Expenses netted with Revenue on 990	11,431.
032055	Schedule D (Form 990) 2010
12-20-10 20	

(Form	990	or	990-	EZ)
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Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

Open To Public Inspection

OMB No. 1545-0047

Name of the organization		-		•		Employer ide	ntification number
Central	Illinois Foodbank	:, I	nc.			37-1106	465
Part I Fundraising Activities required to complete this par	Complete if the organization answe t.	ered "\	/es" to	o Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2010

37110642

032081 01-13-11

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37110642

		(a) Event #1	(b) Event #2	(c) Other events	() =
		Harvest Ball Dinner	(None	(d) Total events (add col. (a) through
2		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	68,300.			68,300
2	Less: Charitable contributions	63,920.			63,920
3	Gross income (line 1 minus line 2)	4,380.			4,380
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	5,974.			5,974
6 7	Food and beverages				
8					5,457
9				L	(11,431
10					<7,051
art	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	\$15,000 on Form 990-EZ, line 6a.				
			(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(C) Other gaming	col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
2					
2 3 4	Noncash prizes				
3	Noncash prizes Rent/facility costs				
2 - 3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses		└── Yes % └── No	└── Yes %	
- 3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	No	No	
3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No	No	No No	
- 3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No	No	No No	
- 3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line	gh 5 in column (d)	□ No	No No	(
3 4 5 6 7 8 En a Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line nter the state(s) in which the organization oper the organization licensed to operate gaming a	gh 5 in column (d)	□ No	No No	(
3 4 5 6 7 8 En a Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line	gh 5 in column (d) 1, column d, and line 7 rates gaming activities: activities in each of these s	No No	No No	
3 4 5 6 7 8 8 En a Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line nter the state(s) in which the organization oper the organization licensed to operate gaming a	gh 5 in column (d) 1, column d, and line 7 rates gaming activities: activities in each of these s	No No	No No	
3 3 5 6 7 8 8 b If '	Noncash prizes	gh 5 in column (d) 1, column d, and line 7 rates gaming activities: activities in each of these s	No No	▶	
- 3 4 5 6 7 8 8 En a Is b If ' 	Noncash prizes	gh 5 in column (d)	No	▶	
3 4 5 6 7 8 En a Is b If ' 	Noncash prizes	gh 5 in column (d)	No	▶	

Schedule G (Form 990 or 990-EZ) 2010 Central Illinois Foodbank, Inc.	37-11	<u>064</u> 65	Page 3
11 Does the organization operate 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 for			
to administer charitable gaming?	L	_ Yes	└── No
13 Indicate the percentage of gaming activity operated in:a The organization's facility		20	%
b An outside facility		3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and			/0
Name 🕨			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ie?	Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the second sec	ne amount		
of gaming revenue retained by the third party \blacktriangleright \$			
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:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	Ver	🗌 No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes	
organization's own exempt activities during the tax year ▶ \$	spent in the		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2	2b, columns (iii) an	d (v), and	d Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional structure of the second structure of the sec	onal information (s	ee instru	ctions).
032083 01-13-11 Sch	nedule G (Form 9	90 or 90)_F7) 2010
23		55 01 550	5 2010
320909 793956 371106465 2010.03050 Central Illinois F	oodbank,	371	10642

09

(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. ► See separate instructions.

Open To Public Inspection

L

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	entral I	11ino	ie For	odbank	Inc			Employer 37-11			number
					n 501(c)(4) organizatio	ons only).		57 11	0010	5	
								t V, line 40)b.		
(a) Name of disgualified person (b) Description of transaction									(c) Corr	rected?	
(a) Name of	disqualified pers	SON			(b) Description	ortransa	CLION			Yes	No
2 Enter the amount of tax i section 4958	•	0	•	•	ied persons during the			▶ \$			
3 Enter the amount of tax,											
	.,	<u> </u>	_								
Part II Loans to and											
					line 26, or Form 990-E			38a.	proved	(-)))	
(a) Name of interested person and purpose	(b) Loan the organ				(d) Balance due	(e) In default?		by board or		(g) Writter agreement	
	То	From				Yes	No	Yes	No	Yes	No
Total	·			> \$	-		- -		-		
Part III Grants or As		-									
Complete if the c		vered "Yes						())		<u> </u>	
(a) Name of interest	ted person		(b) Relat		een interested person ganization	and		(c) Am	iount an assistar	d type o ice	T
					-		-				
							-				
							+				
							+				
							+				
							+				
	hier Act Nation	aaa tha In	atructions	for Form 00	0 ar 000 EZ		Cabad	ulo I (For		~ 000 E	7) 00 10

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

Schedule L (Form 990 or 990-EZ) 2010

032131 12-21-10

Page 2

Schedule L	(Form 990	or 990-EZ	2010

Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Business Transactions Involving Interested Persons.

Complete in the organization answered fres on Form 990, Part IV, inte 20a, 20b, or 20c.								
(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?					
			Yes	No				
Board President	75,119.	Organizatio		Х				
	(b) Relationship between interested	(b) Relationship between interested person and the organization (c) Amount of transaction	(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of transaction	(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of transaction(e) Sha organiz reverVeryYes				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Amy Hagen, V.P. of US Bank, N.A.

(d) Description of Transaction: Organization has a certificate of

deposit held at U.S. Bank.

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SCHEDULE	Μ
(Form 990)	

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public

37-1106465

OMB No. 1545-0047

Inspection Employer identification number

Name of the organization

10

Department of the Treasury

Internal Revenue Service

Daut

Central Illinois Foodbank, Inc.

Pa	IL I	Types of Property								
			(a)	(b)	(c)	1	(d			
			Check if applicable	Number of contributions or	Noncash contr amounts repor		Method of d noncash contrib		•	
			applicable		Form 990, Part VI		noncash contino	ution a	mount	5
1	Art	Works of art								
2		Historical treasures								
3		Fractional interests								
4		ks and publications								
5		hing and household goods								
6		s and other vehicles								
7		ts and planes								
8		llectual property								
9		urities - Publicly traded								
10		urities - Closely held stock								
11		urities - Partnership, LLC, or								
••		t interests								
12		urities - Miscellaneous								
13		lified conservation contribution -								
13										
14		oric structures								
15		l estate - Residential								
16		l estate - Commercial								
17		l estate - Other								
18		ectibles	x	424	12 000	210	nmaduat	1	ion	
19		d inventory	Δ	424	12,009,	219.	product val	Luai	101	_su
20		gs and medical supplies								
21		idermy								
22		orical artifacts								
23		entific specimens								
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25	Oth	er 🕨 ()								
26	Oth	er 🕨 ()								
27	Oth	er 🕨 ()								
28	Oth	er 🕨 ()								
29		nber of Forms 8283 received by the organiz								
	for v	which the organization completed Form 828	33, Part IV,	Donee Acknowledg	gement	29				
									Yes	No
30a	Dur	ng the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, line	es 1-28 tha	at it must hold for			ĺ
	at le	east three years from the date of the initial c	contribution	, and which is not	required to be use	d for exen	pt purposes for			
	the	entire holding period?						30a		X
b		es," describe the arrangement in Part II.								
31	31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?					31		Х		
32a	Doe	s the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sel	I noncash				
	con	tributions?		-				32a		Х
b	lf "Y	′es," describe in Part II.								
33		e organization did not report an amount in o	column (c) f	or a type of prope	rty for which colun	nn (a) is ch	ecked,			
		cribe in Part II.	. /		-					
	-	w Demonstructure Deduction Act Nation and			0		Cohodulo M	/F	000	0040

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Schedule M (Form 990) (2010)

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SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	\vdash
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on	
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	



Name of the organization

Central Illinois Foodbank, Inc.

Employer identification number 37 - 1106465

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11 27 09320909 793956 371106465 2010.03050 Central Illinois Foodbank, 37110642