Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning \underline{JUN} 1 , 2013, and ending \underline{MAY} 31 ,20 1.4

2013

OMB No. 1545-1878

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form	887900.	
Name of exempt organization	Employer	identification number
Central Illinois Foodbank, Inc.	37-1	106465
Name and title of officer		
CJ Saladino		
President		
Part 1 Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fron line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	19,363,617.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2h	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 9)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here ► b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		
Part II Declaration and Signature Authorization of Officer		
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceeding the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an oebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizeturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	electronic s zation's fed 5. Treasury l institutions ad resolve is	funds withdrawal (direct eral taxes owed on this Financial Agent at Involved in the esues related to the
X Lauthorize Eck, Schafer & Punke LLP	to enter m	37110
ERO firm name	to enter in	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charprogram, I will enter my PIN on the return's disclosure consent screen. Officer's signature	thorize the	aforementioned ERO to
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 3722925251 do not enter all zeros		
certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me e-file Providers for Business Returns.	ne organizat F) Informati	tion indicated above. I lon for Authorized IRS
ERO's signature > Brent W. Freak Date > 0	1-17-	14

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

LHA For Paperwork Reduction Act Notice, see instructions. 323051

Form 8879-EO (2013)

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A For the 2013 calendar year, or tax year beginning JUN 1, 2013 and ending MAY 31, 2014 Check if C Name of organization D Employer identification number Address Central Illinois Foodbank, Inc. Name Doing Business As 37-1106465 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1937 East Cook Street (217)522 - 4022Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 19,545,950. Applica-tion pending Springfield, IL 62703 H(a) Is this a group return F Name and address of principal officer: CJ Saladino for subordinates? Yes X No same as C above H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.centralilfoodbank.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1981 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: Charitable food distribution. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 21 6 Total number of volunteers (estimate if necessary) 1134 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year Contributions and grants (Part VIII, line 1h) Revenue 16,094,997. 18,399,162. Program service revenue (Part VIII, line 2g) 917,770. 984,943. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,722. -25,507.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,799.5,019. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,010,690. 19,363,617. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 101,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 694,237. 736,442. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25)
193,944. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,203,335. 18,056,825. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,998,572. 18,793,267. 19 Revenue less expenses. Subtract line 18 from line 12 1,012,118. 570,350. Beginning of Current Year End of Year Total assets (Part X, line 16) 5,167,441. 5,493,853. 21 Total liabilities (Part X, line 26) Vet A 424,885. 180,947. Net assets or fund balances. Subtract line 21 from line 20 4,742,556. 5,312,906. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other man officer) is based on all information of which preparer has any knowledge. Signature of officer Salage Sign CJ Saladino, President Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Brent Leach rent 11 P00331592 Preparer Firm's name Eck, Schafer & Punke LLP Firm's EIN 37-1335003 Use Only Firm's address 600 East Adams Springfield, IL 62701-1624 Phone no 217-525-1111 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

37110641

Pa	art IV Checklist of Required Schedules	0403)F	Page 3
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes." complete Schedule 4		37	
2	If "Yes," complete Schedule A	1	X	V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
041	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			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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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		Х
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 temporarily restricted endowments, permanent	9		- 11
	endowments, 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, 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		Х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 162 if "Ven." complete Sets of the D. Bert VIII.	11a	Λ	v
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	
e	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 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		X
þ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
40	foreign organization? 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 other assistance to			192192
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	X	~
	complete Schedule G, Part III	40		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		21
	The state of the s	-00		

37-1106465 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A). line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 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 25a X 24a 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 any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25h 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 35h 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 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O X 38

Form 990 (2013)

Form 990 (2013) Central Illinois Foodbank, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
4 -		F 1		[SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
ь	The first applicable	1b	0			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming		v	
22	(gambling) winnings to prize winners?	i I		1c	X	8 00000
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.1			
h	filed for the calendar year ending with or within the year covered by this return	2a	21		v	
U	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
oa	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	>
10	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	*******	3b	-	+-
44	At any time during the calendar year, did the organization have an interest in, or a signature or other					
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		>
D	If "Yes," enter the name of the foreign country:					
F	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			.
oa '-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		_
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	gifts			
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	1		7c		X
	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			7e		
Î	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	***************************************	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization contribution of cars, boats, airplanes, or other vehicles, did the organization contribution of cars, boats, airplanes, or other vehicles, did the organization contribution of cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, or other vehicles, did the organization cars, boats, airplanes, airp	ation fil	e a Form 1098-C?	7h	00000000000	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the su	pporting			
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		*********	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1				
d	Gross income from members or shareholders	11a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
120	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		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
d	Is the organization licensed to issue qualified health plans in more than one state?	*******	· · · · · · · · · · · · · · · · · · ·	13a		
L.	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	312				
122	organization is licensed to issue qualified health plans	13b				
140	Enter the amount of reserves on hand	13c				
49	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		ERSENZAGIEC I CERCENCE COCCUTES	-		

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

0	Check if Schedule O contains a response or note to any line in this Part VI		**************		*****		X
Sec	ction A. Governing Body and Management						
1a	Enter the number of voting members of the governing hady at the and of the towns	1.		11		Yes	No
10	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	1a		11			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b		46		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		anu athau	11			
_					•	*******	Х
3	Did the organization delegate control over management duties customarily performed by or under			****	2		Λ
	of officers, directors, or trustees, or key employees to a management company or other person?				2		X
4	Did the organization make any significant changes to its governing documents since the prior Form	000	a filed?		3		X
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		X
6	Did the organization have members or stockholders?	226121			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	oppoint			0		Δ
					7-		Х
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	stookh	aldoro or		7a		Λ
					71-		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	and by th	a fallowing.	1000	7b		Λ
а	The governing body?	ear by th	e following:		•	v	
b		******			8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				8b	Λ	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acned	at the		_		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	2	0-1-1	14.11	9		Λ
	The state of this decirent is requests information about policies not required by the internal in	revenue	Code.)			× .	
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10-	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				10a		Λ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	napters	s, amiliates,	- 1	101		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	du befe	o filio o tha farm		10b	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	dy belo	e ming the form	f	11a	^	
12a					10-	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	o to cont	lioto 2		12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Voc " de	nots:		12b	Λ	
	in Schedule O how this was done	7 es, de	scribe		12c	х	
13	Did the organization have a written whistleblower policy?			· -		X	
14	Did the organization have a written document retention and destruction policy?		****************		13	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by in	donondont		14	A.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	arby III	dependent				
а	The organization's CEO, Executive Director, or top management official				45-	Х	
b	Other officers or key employees of the organization				15a	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		*) *** * * * * * * * * * * * * * * * *		15b	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?			18	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its n	articination		ioa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	'e				
	exempt status with respect to such arrangements?	meation	3		16b		
Sect	ion C. Disclosure				OD		
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 990-1	(Section	on 501(c)(3)s only	v) av	ailabl		
3	for public inspection. Indicate how you made these available. Check all that apply.	1000110	00 1 (0)(0)3 0111	,, av	MIGDIE	*:	
	X Own website X Another's website X Upon request Other (explain	in Scho	edule (1)				
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of	interest policy	and t	financ	leis	
	statements available to the public during the tax year.	iot OI	interest policy,	and I	manc	ııaı	
0	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	ds of the organi	zatio	n· 🕨		
	Dane Kiel - 217-522-4022	.5 1600	oo or the organi	Latio	11.	-	
	P.O. Box 8228, Springfield, IL 62791						
	10.29-13				-	200	Service of

Form 990 (2013)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	week	off	not o k, unle icer ar	check ess pe	erson	than	th an	Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CJ SALADINO	1.00									
PRESIDENT	1 00	X		X				0.	0.	0
(2) MARSHA PRATER	1.00									
VICE-PRESIDENT	1 00	X		X	-	_		0.	0.	0
(3) ERICA RIPLINGER SECRETARY	1.00	v		W				0		
(4) SARA RATCLIFFE	1.00	X		X	_			0.	0.	0
TREASURER	1.00	X		X				0.	0.	0
(5) PHIL BORGIC	1.00	Λ		Λ		-		0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(6) AMY HAGEN	1.00					-		0.	0.	0
DIRECTOR		X						0.	0.	0
(7) ROBBIE ROBERT	1.00									
DIRECTOR		X						0.	0.	0
(8) RICHARD MADDEN	1.00									
DIRECTOR		X						0.	0.	0
(9) JANET ALBERS, MD	1.00									
DIRECTOR	1 00	X						0.	0.	0
(10) JANICE SCHRAMM	1.00						i		187	
DIRECTOR	1 00	X		_				0.	0.	0
(11) SHELEDA DOSS DIRECTOR	1.00	77								
(12) PAM MOLITORIS	40.00	X				-	-	0.	0.	0
EXECUTIVE DIRECTOR	40.00			X				06 524	0	10 060
(13) TOM KILLAM	40.00		-	Λ			-	96,524.	0.	10,868
ASSISTANT DIRECTOR	10.00			Х				84,150.	0.	12 205
(14) JANE KIEL	40.00	-		44				04/150.	0.	13,285
ASSISTANT DIRECTOR				Х				4,905.	0.	0.
					1					

Form 990 (2013)

300000	Wiles Control	Check if Schedule O cont	ains a respons	e or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					312-311
oun		Membership dues						
Am G		Fundraising events		76,999.				
ar		Related organizations						
S, C		Government grants (contribut		402,646.				
rSi		All other contributions, gifts, gran	The state of the s					
the		similar amounts not included abo		17,919,517.				
HOP	q	Noncash contributions included in lines	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	1000	Total. Add lines 1a-1f			18,399,162.			
				Business Code				
Program Service Revenue	2 a			624200	984,943.	984,943.		
Sei	c							
eve	d							
R	e							
P	f	All other program service reve	intre	-			_	
		Total. Add lines 2a-2f			984,943.			
	3	Investment income (including						
		other similar amounts)			3,216.			3,216
	4	Income from investment of ta						
	5	Royalties	Constitution of the contract o	THE RESERVE OF THE PARTY OF THE				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory		145,132.				
	b	Less: cost or other basis						
		and sales expenses	_	173,855.				
	С	Gain or (loss)		-28,723.				
	d	Net gain or (loss)			-28,723.			-28,723.
e e	8 a	Gross income from fundraisin	The second second second					
eni		including \$76	,999. of					
Rev		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18		a 7,476.				
oth	b	Less: direct expenses		b 8,478.				
		Net income or (loss) from fund	- 5/	······	-1,002.			-1,002.
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from garr						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		b				
	<u>c</u>	c Net income or (loss) from sales of inventory				_		
		Miscellaneous Revenu	е	Business Code				
	_	Miscellaneous		624200	6,021.	6,021.		
	b							
	C	All other reviews						
	d	All other revenue			6 000			
	20000	Total Add lines 11a-11d		ASSESSMENT OF THE PROPERTY OF	6,021.	000 004	^	26 500
20000	12	Total revenue. See instructions.			19,363,617.	990,964.	0.	-26,509.

Part IX Statement of Functional Expense	Part IX Statement	of	Functional	Expenses	,
---	-------------------	----	-------------------	----------	---

	Check if Schedule O contains a resp	or se or note to any line	In this Part IX		
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				одренаев
2	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
3	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
1	United States. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
•	Compensation of current officers, directors,		ENTONIA BIT AND CONTROL		
6	trustees, and key employees	179,159	114,662.	51,956.	12,54
	Compensation not included above, to disqualified				1 1000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	412,435	266,089.	120,672.	25,674
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	97,979.	71,376.	21,165.	5,438
	Payroll taxes	46,869.		13,933.	2,979
	Fees for services (non-employees):		23/30/1	13/333.	2,913
а	Management	5,840.			5 040
b	Legal	3,975.		3,975.	5,840
Ċ	Accounting	12,273.		12,273.	
t	Lobbying			12,213.	
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
3	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	96,408.	80,284.	16,124.	
	Advertising and promotion	4,136.		10,124.	
	Office expenses	181,307.		4,272.	141,472
	Information technology		55/555.	7/2/20	141,4/2
	Royalties				
	Occupancy	87,392.	87,392.		-
	Travel		077332.		
	Payments of travel or entertainment expenses				
1	or any federal, state, or local public officials				
(Conferences, conventions, and meetings				****
	nterest				
Į	Payments to affiliates				
I	Depreciation, depletion, and amortization	121,577.	121,577.		
- 54	nsurance	52,057.	52,057.		
2	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)	52,657.	32,037.		
(Contributed Food Distib	16,503,531.	16 502 521		
I	Product Costs	659,948.	16,503,531.		
	Repairs & Maintenance	132,703.	659,948.		
E	reight	100,566.	132,703.		
	li other expenses		100,566.	0.010	
	otal functional expenses. Add lines 1 through 24e	95,112.	86,064.	9,048.	
J	pint costs. Complete this line only if the organization	18,793,267.	18,345,905.	253,418.	193,944
Le	eported in column (B) joint costs from a combined				
Ar	ducational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

-		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		065 015	1	1 100 055
	2	Savings and temporary cash investments		865,015.	2	1,123,955.
	3	Pledges and grants receivable, net	30,483.	3	14,080.	
	4	Accounts receivable, net	500	36,239.	4	54,438
1	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated e	mployees. Complete			
1		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified per	E. C.			
1		section 4958(f)(1)), persons described in section 4958	The contract of the contract o			
j		employers and sponsoring organizations of section 50			6	
	7	employees' beneficiary organizations (see instr). Comp			7	
	8	Notes and loans receivable, net		1,158,781.	8	1.340.933
	9	Inventories for sale or use Prepaid expenses and deferred charges		3,714.	9	1,340,933 7,121
ĺ		Land, buildings, and equipment: cost or other		3,711.	J	,,,,,,
1	100	basis. Complete Part VI of Schedule D	3.087.996.			
	h	Less: accumulated depreciation 10b	467,117.	2,752,393.	10c	2,620,879
ĺ	11	Investments - publicly traded securities		2/152/555	11	2/020/0/5
- 1	12	Investments - other securities. See Part IV, line 11		12		
1	13	Investments · program-related. See Part IV, line 11		13		
- 1	14	Intangible assets	1 1 1 1 1 1 1 1 1 1		14	
-	15	Other assets. See Part IV, line 11	320,816.	15	332,447	
- 1	16	Total assets. Add lines 1 through 15 (must equal line	5,167,441.	16	5,493,853	
	17	Accounts payable and accrued expenses		350,440.	17	29,925.
	18	Grants payable		18		
1	19	Deferred revenue		23,455.	19	104,711
1	20	Tax-exempt bond liabilities			20	
1	21	Escrow or custodial account liability. Complete Part IV			21	
	22	Loans and other payables to current and former office	ers, directors, trustees,			
		key employees, highest compensated employees, and	100			
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
1	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	4). Complete Part X of		E	
		Schedule D	(M. 1914) :	50,990.		46,311
-	26	Total liabilities. Add lines 17 through 25		424,885.	26	180,947
		Organizations that follow SFAS 117 (ASC 958), che	100			
		complete lines 27 through 29, and lines 33 and 34.	1.	4 710 074		5,298,826
1	27	Unrestricted net assets		4,712,074.	27	14,080
	28	Temporarily restricted net assets		30,402.		14,000
	29		-0. 1 1 5 5		29	
		Organizations that do not follow SFAS 117 (ASC 95	o8), check here			
	20	and complete lines 30 through 34.			20	
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipme			31	
,	33	Retained earnings, endowment, accumulated income Total net assets or fund balances		4,742,556.	33	5,312,906
- 1	34	Total liabilities and net assets/fund balances		5,167,441.		5,493,853
	54	Total habilities and het assets/fulld balances		3/13//1110	07	Form 990 (2013

orm	1990 (2013) Central Illinois Foodbank, Inc.	37-1	106465	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
- 81	Check if Schedule O contains a response or note to any line in this Part XI	*****			
1	Total revenue /must equal Port VIII. column (A) line 19	1	19,363	3.6	17.
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	18,793		
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,742		
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,312	2,9	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e 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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	
			Form	990	(2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2013

Employer identification number Central Illinois Foodbank, Inc. 37-1106465 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 11, 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.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(i) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary organization in col. (i) listed in your organization in col. (described on lines 1-9 organization in col. (i) organized in the U.S.? above or IRC section support governing document? (i) of your support? (see instructions)) Yes No Yes No Yes No HA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 Central Illinois Foodbank, Inc. 37-11064

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	Marcon V								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not						Constant and the Constant			
	include any "unusual grants.")	10724111.	13300234.	15051905.	16094997.	18399162.	73570409.			
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									
4	Total. Add lines 1 through 3	10724111.	13300234.	15051905.	16094997.	18399162.	73570409.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						70570400			
	Public support. Subtract line 5 from line 4.						73570409.			
	ction B. Total Support		-		T					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	Amounts from line 4	10/24111.	13300234.	15051905.	16094997.	18399162	73570409.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	0 100	10 027	7 010	4,722.	3,216	33,965.			
	and income from similar sources	8,180.	10,037.	7,810.	4,122.	3,210	33,903.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on		-2/-							
10	Other income. Do not include gain									
	or loss from the sale of capital	5,085.	4,957.	5,296.	3,630.	6 021	24,989.			
	assets (Explain in Part IV.)	3,003.	4,937.	3,290.	3,030.	0,021	73629363.			
	Total support. Add lines 7 through 10	-4- / i4 4i	>			12	1,206,440.			
	Gross receipts from related activities			of formal and fifth a			1/200/110.			
13	First five years. If the Form 990 is fo	A CHARLES SHOW AND A SECOND SHOW AND ASSESSMENT OF			ax year as a section					
Sec	organization, check this box and stoction C. Computation of Pub	ic Support Pe	rcentage							
	Public support percentage for 2013 (The state of the s		column (fi)		14	99.92 %			
	Public support percentage from 2012		King and Haller	07075			99.90 %			
	33 1/3% support test - 2013. If the									
	stop here. The organization qualifies						N 37			
b	33 1/3% support test - 2012. If the									
	and stop here. The organization qua									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b										
	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-cir									
18	Private foundation. If the organization				b, check this box	and see instructio	ns ▶ 🔲			
					Sch	edule A (Form 99	0 or 990-EZ) 2013			

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	4	-		BM15. =
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						
	check this box and stop here						
	ction C. Computation of Publi					T 1	
	Public support percentage for 2013 (li					15	
	Public support percentage from 2012				*****	16	
Se	ction D. Computation of Inves	tment Incom	ne Percentage	1		1995	
17	THE REPORT OF THE PROPERTY OF A STANDARD CONTRACT OF THE PROPERTY OF THE PROPE					17	
18		2012 Schedule A.	Part III, line 17			18	
198	33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. Th	e organization qua	ilifies as a publicly	supported organia	zation	>
ŧ	33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly supp	ported organization	·······
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check	this box and see in	structions	>
	23 09-25-13				Sc	hedule A (Form 99	0 or 990-EZ) 20

15

S	chedule A	(Form 990 or 990-EZ) 20	13 Centr	al Illi	nois 1	Foodbank,	Inc.	37-1106465 Page 4
	Part IV	Supplemental Inf	ormation.	rovide the exp	lanations i	equired by Part II	, line 10; Part II, line	17a or 17b; and Part III, line 12.
-		Also complete this part					**	
-	-							
-		***************************************				-	A CONTRACTOR OF THE PARTY OF TH	
-						-		
_								
_								-
							4 4000	The second secon
0.0								
_								
-	-	and the second section in the section in the second section in the section in the second section in the						
								
-								
-								WALL THE
9					****			
0			-					***
							-	
						and the second s		
				1000				
								Hamer of the second
٠.	1							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2013
Open to Public Inspection

Name of the organization

Employer identification number Central Illinois Foodbank, Inc. 37-1106465 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, 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 3 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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) No 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X **▶**\$

Cabac	dule D (Form 990) 2013 Central	Illinois H	Foodbank,	Inc.		37-1	10646	5 F	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures, or	Other	r Similar Ass	sets(contin	nued))
3	Using the organization's acquisition, accession	on and other record	s check any of the	following that	are a sic	nificant use of i	ts collectio	n iter	ms
	(check all that apply):) , a a otrioi 1000ia	3, 3,103,104,17						
	Public exhibition	d	Loan or exc	change program	ns				
a		e		ondingo program					
b	Scholarly research	e	Other						
С	Preservation for future generations	0 - 2	. b th footbar	the organizatio	n'e even	ant nurnose in F	art XIII.		
4	Provide a description of the organization's co	ollections and explain	now they further	the organizatio	r nimilar	accete	Care 7 dilli		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	asures, or othe	Sillia	233613	Yes		No
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple	ne organization's c	on answered "	Yes" to F	Form 990, Part I			
40	Is the organization an agent, trustee, custodi	AND DESCRIPTION OF THE PARTY OF	liany for contributio	ns or other ass	ets not i	included			
1a	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table.				Amour	nt	
	5					1c	7 4110		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance						Yes		No
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		N . A N/III			F	= 110
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has bee	n provided in F	V line 1	0			
Par	TV Endowment Funds. Complete	if the organization an		orm 990, Part	v, line i	(n Ti	- I I I I I	151/00	re back
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years ba	ick (e) Fol	ir year	IS DACK
1a	Beginning of year balance			-			_		
b	Contributions				-				199
С	Net investment earnings, gains, and losses								- Ayres
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
a	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1g, column	(a)) held as:					
	Board designated or quasi-endowment ▶		%						
b		%							
1000	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c sho	The second secon							
32	Are there endowment funds not in the poss		ation that are held	and administe	red for t	he organization			
Ja		ossion or the organiz	auton mar are men			-		Ye	s No
	by: (i) unrelated organizations						3a(i)		
							3a(ii)	
	(ii) related organizations		Cahadula D2		*****				
4	Describe in Part XIII the intended uses of th		ownient lunus.						
Pa	nt VI Land, Buildings, and Equipr	nent.	Dest IV line 11a	San Form 990	Part X	line 10			
	Complete if the organization answere					ccumulated	(d) Bo	ok va	alue
	Description of property	(a) Cost or		st or other		preciation	(4) 50	OK VE	alac
-		basis (invest		is (other)	ue	preciation	1	15	000.
1a	Land			15,000.		44,527.			406.
b	Buildings		2,4	14,933.	- Control of the Cont	44,521.	213	01	100
c	Leasehold improvements			14 (27		134,916.	,	70	721.
d	Equipment			14,637.					752
	Other			43,426.		287,674.			
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line	e 10(c).)	*******	<u>></u>		-	879
1010	in Alea intes to though to toolonin to must					Sche	dule D (Fo	rm 9	90) 201

09-25-13

Schedule D (Form 990) 2013 Central IIIInois Part VII Investments - Other Securities.	s roodban	ik, inc.	-1100403 Page
Complete if the organization answered "Yes" to Form	990. Part IV. line	11b. See Form 990, Part X, line 12.	
	Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
	100	11	
(A) (B)			
(G)			
(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" to Form	000 Part IV line	11c See Form 990, Part X, line 13.	
) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to Form	000 Part IV line	11d See Form 990, Part X, line 15.	
(a) Description		110.00010111100011011111111111111111111	(b) Book value
Carlifficate of Donogit			321,933
Telescot			514
Constant Description			10,000
(4)			
(5)			
(6)			
(7)			
(8)	- Armer		
(9)			332,447
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.			
Complete if the organization answered "Yes" to Form	n 990. Part IV. line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability		(b) Book value	
(1) Federal Income taxes (2) Accrued Compensation	-	46,100.	
(3) Payroll Taxes		211.	
(0) _ 0 / 1 0 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

(4) (5) (6) (7) (8) 46,311. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Central Illinois Foodbank, Inc.

37-1106465 Page 4

Schedule D (Form 990) 2013 Central Illinois Foodbank, Inc. Part XIII Supplemental Information (continued)	37-1106465 Page 5
Part XIII Supplemental Information (continued)	
	Water Control of the
Part XII, Line 2d - Other Adjustments:	
Special Event Expenses netted with Revenue on 990	8,478.
	Schedule D (Form 990) 2013

09-25-13

SCHEDULE G (Form 990 or 990-EZ)

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.

Inspection

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 37-1106465 Central Illinois Foodbank, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual fundralser have custody or control of contributions? to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 Central Illinois Foodbank, Inc. 37-1106465 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events None Harvest Ball (add col. (a) through Dinner col. (c)) (total number) (event type) (event type) 84,475. 84,475. 1 Gross receipts 76,999. 76,999. 2 Less: Contributions 7,476. 7.476. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 5,300. 5,300. Rent/facility costs 7 Food and beverages 700. 700. Entertainment 2,478. 2,478. Other direct expenses 8,478. 10 Direct expense summary. Add lines 4 through 9 in column (d) -1,002.Net income summary. Subtract line 10 from line 3, column (d) Part 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue ... 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2013 332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 Central Illinois Foodbank, Inc. 37-1	1064	65	Page 3
	Does the organization operate gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es [No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility			%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Υ.	es	No
Ŀ	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name		Netic) a	
	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	120000		-
	retain the state gaming license?	Y	es	No
Ì	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
-	organization's own exempt activities during the tax year ▶ \$		1 40	451
PE	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	ines 9, 9	101, 101	0, 150,
				10 ft - 10 ft
				ALL CALLS

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No. 1545-0047

Open To Public Inspection

lame of the or		Central	Illinois	Foc	odba	nk. Inc.			-	SOCIETY ENGINE	064		on nu	mber
	xcess Ber	nefit Transa	ctions (section 5	01(c)(3	3) and s	section 501(c)(4) orga								
	omplete if the	The second secon	elic microscopico			art IV, line 25a or 25b	, or Forr	n 990-EZ, P	art V,	line 40	b.	(n	0	4 10
(a) Name of	of disqualified	person (b) Relationship bet person and c 			ified (c) Descri	otion of tran	sactio	n		(a) Ye		No
The same of the sa			person and c	rganiz	ation					- miss		16	25	IVO
				- 10 h										SII) - C
-U-187						A CONTRACTOR OF THE CONTRACTOR								
											_			
				17.00		qualified persons du				2				
section 49						ganization				\$				
5 Effective	amount of ta	A, II arry, Orr life	2, above, reiribui	sed by	the on	garrization				Ψ.	-			
Part II L	oans to ar	nd/or From	Interested Per	rsons).									
С	omplete if the	e organization a	answered "Yes" on	Form	990-EZ	, Part V, line 38a or F	orm 990	, Part IV, lir	ne 26;	or if th	ne orga	nizatio	on	
re	ported an an	nount on Form	990, Part X, line 5,	1					1		//L\ An-			
0 8 6	ame of	(b) Relations			oan to or m the	(e) Original	(f) Balance due			g) In (h) Approv		ard or	d or	
mereste	ed person	with organiza	tion of loan	-	ization?	principal amount					comm	V.114		T
				10	From				Yes	No	Yes	No	Yes	No
				+-										
								444						
3														
														_
- Acharaman				-					-					
									-	-	-			
		_								-				-
Total						> \$								
	arants or A	Assistance I	Benefiting Inte	reste	ed Pe						**********			121100000000
			answered "Yes" or											
	e of interested		(b) Relationship			(c) Amount of		(d) Type				Purp		f
		4341	interested pe		nd	assistance		assistanc				assist	ance	
			the organiz	zation									_	
												_		
		N-1												
		With the Sheet Control		-			-							
42.00														
										-				

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

Schedule L (Form 990 or 990-EZ) 2013 Centr	al Illinois Foodbank	, Inc.	37-1106	465	Page 2
Part IV Business Transactions Invol					
Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	380			Yes	No
Amy Hagen, V.P. of US Ban	kBoard Member	79,482.	Organizatio		X
The second secon					
Part V Supplemental Information					
	6.1.1.1.7	:			
Provide additional information for res	ponses to questions on Schedule L (see	instructions).			
Sch L, Part IV, Business	Transactions Involvi	na Interest	ed Persons:		
ben if, rait iv, business	ITAMSACCIONS INVOIVE	ng inceres	ed ICIBOID.		
(a) Name of Person: Amy H	agen. V.P. of US Ban	k. N.A.			
(a) name of forbone may in	agen, viri or ob ban	K/ 110110			
(d) Description of Transa	ction: Organization	has a certi	ficate of		
deposit held at U.S. Bank					
3.00					
And the state of t	Wasterfeld of				
	The second secon				
Martin and the state of the sta					
			ac same of		
					
				The same of the sa	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization Central Illinois Foodbank, Inc. Employer identification number 37-1106465

Part	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g.	(d) Method of det noncash contribut	ermining tion amount	s
1 /	Art - Works of art						
2 /	Art - Historical treasures						
3 /	Art - Fractional interests						
4	Books and publications						
5 (Clothing and household goods					-	-
6 (Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities · Publicly traded						-
0	Securities - Closely held stock						
	Securities · Partnership, LLC, or trust interests						
	Securities - Miscellaneous						
	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution · Other						
	Real estate · Residential						
	Real estate - Commercial		_				
	Real estate - Other		+				
18	Collectibles	V	400	16,701,531.	product val	uation	n su
19	Food inventory		10,	0 10//02/0			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other • ()						
	Other (
28	Other -						
28 29	Number of Forms 8283 received by the orga	nization dur	ing the tax year for	contributions			
The same of the sa	Number of Forms 8283 received by the orga	nization dur 3283, Part IV	ing the tax year for /, Donee Acknowle	contributions adgement 29		Va	s No
29	Number of Forms 8283 received by the organization completed Form 8	3283, Part I\	/, Donee Acknowle	dgement29		Ye	s No
29	Number of Forms 8283 received by the organization completed Form 8	3283, Part IV	/, Donee Acknowle	reported in Part I, lines 1 - 28	that it must hold for	Ye	s No
29	Number of Forms 8283 received by the organization completed Form 8	3283, Part IV	/, Donee Acknowle	reported in Part I, lines 1 - 28	, that it must hold for empt purposes for		
29	Number of Forms 8283 received by the organization completed Form 8 During the year, did the organization receives at least three years from the date of the initial	3283, Part IV by contribution	/, Donee Acknowle ation any property I on, and which is no	reported in Part I, lines 1 - 28 of required to be used for exe	mpt purposes for	Ye 30a	
29 30a	Number of Forms 8283 received by the organization completed Form 8 During the year, did the organization receive at least three years from the date of the initial the entire holding period?	3283, Part IV by contribution	/, Donee Acknowle	reported in Part I, lines 1 - 28 of required to be used for exe	mipt purposes for	30a	Х
29 30a b	Number of Forms 8283 received by the organization the organization completed Form 8283 received by the organization completed Form 8284 puring the year, did the organization receives at least three years from the date of the initial the entire holding period? If "Yes," describe the arrangement in Part II.	by contributed contributed by contri	/, Donee Acknowle Ition any property I on, and which is no	reported in Part I, lines 1 - 28 of required to be used for exe	ibutions?	30a	Х
29 30a b	Number of Forms 8283 received by the organization completed Form 8 During the year, did the organization receive at least three years from the date of the initial the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance.	by contribution of the policy that each of the policy that each or related	tion any property in the state of the state	reported in Part I, lines 1 - 28 of required to be used for executive of any non-standard controllicit, process, or sell noncas	ibutions?	30a	x X
30a b 31 32a	Number of Forms 8283 received by the organization that organization completed Form 8283 received by the organization that the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third particularly contributions?	by contribution of the policy that each of the policy that each or related	tion any property in the state of the state	reported in Part I, lines 1 - 28 of required to be used for executive of any non-standard controllicit, process, or sell noncas	ibutions?	30a	X
30a b 31 32a	Number of Forms 8283 received by the organization completed Form 8 During the year, did the organization receive at least three years from the date of the initial the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third partic contributions?	by contribution of the policy that each or related	tion any property in the state of the state	reported in Part I, lines 1 - 28 of required to be used for exercise of any non-standard controllicit, process, or sell noncase.	ibutions?	30a	X
30a b 31 32a	Number of Forms 8283 received by the organization that organization completed Form 8283 received by the organization that the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third particularly contributions?	by contribution of the policy that each or related	tion any property in the state of the state	reported in Part I, lines 1 - 28 of required to be used for exercise of any non-standard controllicit, process, or sell noncase.	ibutions?	30a	X

(Form 990) (2013)	central	IIIInois	roodbank,	Inc.	37-1106465	Page 2
Supplemental is reporting in Part this part for any ac	Information I, column (b), to ditional information	1. Provide the info ne number of contr ation.	rmation required by ributions, the numb	Part I, lines 30 er of items rece	b, 32b, and 33, and whether the organizatived, or a combination of both. Also com	ation iplete

	······································				100	
		24				
				Mount !		
						1112
aw <u>a na mana mana mana mana mana mana mana</u>						
and the second s	MANUAL CONTRACTOR OF THE STATE					
						Care pr
		The state of the s				
- Salin aka - Akir sa						
		u e e e e e e e e e e e e e e e e e e e			- Control of the Cont	
					Schedule M (Form	000) (201)
	Supplemental is reporting in Part this part for any action and action and action and action are action as a supplemental is reporting in Part this part for any action and action are action as a supplemental is reporting in Part this part for any action and action are action as a supplemental is reporting in Part this part for any action are action as a supplemental is reporting in Part this part for any action are action as a supplemental is reporting in Part this part for any action are action as a supplemental is reported by the suppl	Supplemental Information is reporting in Part I, column (b), this part for any additional information in part I, column (b), the part for any additional information in part I, column (b), the part I is reported in part I	Supplemental Information. Provide the info is reporting in Part I, column (b), the number of cont this part for any additional information.	Supplemental Information. Provide the information required by is reporting in Part I, column (b), the number of contributions, the numb this part for any additional information.	(Form 990) (2013) Central Tillinois Foodbank, Inc. Supplemental Information. Provide the information required by Part I, lines 30 is reporting in Part I, column (b), the number of contributions, the number of Items receits part for any additional information.	Supplemental Information. Post the information required by Part I, lines 30b. 32b, and 33, and whether the organize inspecting in Part I, column (b). The number of contributions, the number of items received, or a combination of both. Also contributions part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization Central Illinois Foodbank, Inc.	Employer identification number 37-1106465
Form 990, Part VI, Section B, line 11:	
	viound as necessary
Explanation: Copies of the 990 are made available and rev	
to all board members at a meeting prior to filing. Copie	es are also made
available on the organization's website.	
Town 000 Part W. Costion P. Line 12gs	
Form 990, Part VI, Section B, Line 12c:	Clint of interest
Explanation: Each board member signs new copies of the co	
policy on an annual basis, informing the Organization of	any conflicts.
Form 990, Part VI, Section B, Line 15:	
Explanation: The Board of Directors approves the salary of	of the Executive
Director. The Board approves an average increase of all	other wages, which
is then applied by the Executive Director to all employee	es as necessary.
Form 990, Part VI, Section C, Line 18:	
Explanation: A copy of the 990 is available on the organ.	ization's website
and is also available upon request.	and the same of th
Form 990, Part VI, Section C, Line 19:	
Explanation: A financial statement summary is available	in the annual
report, which is sent to all donors annually. Also, the	
the public upon request.	