Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service

Open to Public

Α	For the	2021 calendar year, or tax year beginning and	ending									
В	Check if applicab	C Name of organization		D Employer identific	cation number							
	Addre	MIDWEST FOOD BANK NFP										
	Name chang			41-21201	70							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r							
	Final return	2031 WAREHOUSE ROAD	1-2-2									
	termir ated			G Gross receipts \$	450,331,214.							
L	Amen	NORMAL, IL 01701		H(a) Is this a group re								
	Application pendi			for subordinates	—							
_		SAME AS C ABOVE		H(b) Are all subordinates in								
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions							
		e: ► WWW.MIDWESTFOODBANK.ORG organization: X Corporation Trust Association Other ►	1. 1/2	H(c) Group exemptio								
	art I	Summary	L Year	or formation: 2003 N	1 State of legal domicile: IL							
	1	Briefly describe the organization's mission or most significant activities: ALLE	VTATTN	G HUNGER ANI	<u> </u>							
Se	'	MALNUTRITION LOCALLY AND THROUGHOUT THE W		o monomic imi								
Governance	2	Check this box if the organization discontinued its operations or dispose		than 25% of its net ass	ets.							
Ver	3			3	9							
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9							
Š	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			69							
Vitie Vitie	6	Total number of volunteers (estimate if necessary)			25013							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.							
			_	Prior Year	Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)	4	19,099,892.	449,087,167.							
len.	9	Program service revenue (Part VIII, line 2g)		240,596.	55,947.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-25,186. 940,345.	127,652. 726,331.							
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,255,647.	449,997,097.							
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,252.	19,080.							
	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)		2,838,208.	3,656,822.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
De C	. b	Total fundraising expenses (Part IX, column (D), line 25)	87.									
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3		440,099,899.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3	94,000,699.	443,775,801.							
_	19	Revenue less expenses. Subtract line 18 from line 12		26,254,948.	6,221,296.							
Net Assets or	9		Ве	ginning of Current Year	End of Year							
sset	20	Total assets (Part X, line 16)		60,209,514.	66,677,904.							
etAg	21	Total liabilities (Part X, line 26)		1,406,770.	1,210,070.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		58,802,744.	65,467,834.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is							
	,	(cite) that composer social and or property (cite) that composer or all mornances or the	non proparor	nae any mierie agei								
Sig	n	Signature of officer		Date								
He		ERIC HODEL, CHIEF EXECUTIVE OFFICER										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature	l	Date Check	PTIN							
Pai			CPA 0	5/12/22 self-employ								
	parer	Firm's name SIKICH LLP		Firm's EIN ▶	36-3168081							
Use	Only	Firm's address 3201 W. WHITE OAKS DR., STE. 102	4	01	7 702 2262							
_		SPRINGFIELD, IL 62704		Phone no. 21	7-793-3363							
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AS A FAITH BASED ORGANIZATION, IT IS THE MISSION OF MIDWEST FO	OD BANK
	TO SHARE THE LOVE OF CHRIST BY ALLEVIATING HUNGER AND MALNUTRI	
	LOCALLY AND THROUGHOUT THE WORLD AND PROVIDING DISASTER RELIEF	
	WITHOUT DISCRIMINATION.	,
2		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes _A_No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a		159,670.
	MIDWEST FOOD BANK PROVIDES FOOD TO PARTNERING NON-PROFIT ORGAN	IZATIONS
	SUCH AS FOOD PANTRIES, SOUP KITCHENS, HOMELESS SHELTERS, CHURC	HES, AND
	OTHER NON-PROFIT ORGANIZATIONS, FREE OF CHARGE, TO BE DISTRIBUTIONS	TED IN
	THEIR COMMUNITIES.	
41.	(Code:) (Expenses \$ 4,054,027. including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$4, U54, U2/- including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$))
	ORGANIZATIONS TO PROVIDE FOOD AND SUPPLIES TO AREAS AFFECTED E	NATURAL
	DISASTER.	
4c		55,947.
	MIDWEST FOOD BANK PRODUCES AND DISTRIBUTES TENDER MERCIES MEAL	
	IS A HIGH PROTEIN RICE AND BEAN MEAL FORTIFIED WITH ESSENTIAL	VITAMINS.
	•	
	Other program convices (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 807, 431. including grants of \$) (Revenue \$	\
	444 400 005)
<u>4e</u>	Total program service expenses ▶ 441,420,905.	Form 990 (2021)
		FORM 330 (2021)

Form 990 (2021) MIDWEST FOOD BANK NFP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) MIDWEST FOOD BANK Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			77
	Schedule K. If "No," go to line 25a	24a		_X_
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05.	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ט	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
۵.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
13200	4 12-09-21		990	(2021)

Form 990 (2021) MIDWEST FOOD BANK NFP

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Ester the number of employees reported on Form WS. Transmittal of Wege and Tax Statements. 1861 for the celerator year ending with or within the year ecovered by this return. 2				Yes	No			
the for the calendary year ending with or within the year covered by this return b if all least on the reported on line 2.4 did the organization line all required to derive employment tax returns? 30 bit the organization heave unretated business prosis increme of \$1.000 or more during the year? 31 bit the organization heave unretated business prosis increme of \$1.000 or more during the year? 32 bit five any time during the calendary year, did the organization have an interest in, or a signature or other autherity over, a minarcial account in a foreign country located as a bacecount, securities account, or their financial accountry or the calendary year, did the organization have an interest in, or a signature or other autherity over, a minarcial account in a foreign country located as a bacecount, securities account, or other financial accountry in the calendary year. 52 bit in the calendary of the organization from 114, Report of Foreign Bank and Financial Accounts (FBAF). 53 Was the organization a party to a prohibitot tax sholter transaction at any time during the tax year? 54 Did any taxobe party northly the organization file Form 888617 55 Was the organization and prosince that this was or as party to a prohibitot tax shelter transaction or gifts were not tax deductible? 55 Was a lift to require the organization file Form 888617 56 Was a lift to require the organization tax that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 56 Was 11 **Ves*, if the organization receive as payment is excess of \$75 masp party as a contribution or payment that such contributions or gifts were not tax deductible? 56 Was 11 **Ves*, if the organization tax that were not tax deductible to the value of the goods or services provided? 57 Organizations that may receive deductible contributions under section 170(c). 58 Was 11 **Ves*, if the organization receive as payment is excess of \$75 masp party as a contributio	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.						
b If a least one is reported on line 2a, dith the organization file all required to define see instructions. Note: If the sum of lines 1 and 2a is greater than 25, you may be required to g. (iii. See instructions.) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule D 34 At any time during the calendar year, of the organization have an interest in, or a significant or other authority over, a financial account; a foreign country. But the second of the second								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-rise. See instructions. 3	b	, , , , , , , , , , , , , , , , , , , ,	2b	Х				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If *Yes,** inst fried a form 980 or part part of \$1,000 or more during the year? 4c 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 lawn's account, securities account, or other financial account)? 5c Alimination of the foreign country is the same and the foreign country is the same of the foreign same same same same same same same same								
b If Yes, 'Insist Iffeed a Form 990-T for this year', et 'No' to time 3b, provide an explanation on Schedule O and any time during the calendary 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)? If 'Yes,' retire the name of the foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' retire the name of the foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' retire the name of the foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' distinct or party to a prohibited tax where transaction at any time during the tax year? Sa	За		За		Х			
4a A 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; accurrise account, or other financial accounts (FBAR). b if "Yes," enter the name of the foreign country \(\bar{\text{NENTA}} \) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization name of the foreign country \bar{\text{NENTA}} \) 5c if "Yes to line for oft, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c \bar{\text{Sol}} \) 6c if "Yes to line for oft, old the organization the foreign 88861" \bar{\text{Sol}} \) 6c if "Yes to line for oft, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c \bar{\text{Sol}} \) 6c \bar{\text{Sol}} \) 6c \bar{\text{Yes}} \) 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax eductibles a charlatable contributions? 6c \bar{\text{Sol}} \) 6d If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlatable contribution and party for goods and services provided to the payor? 6d If "Yes," idd the organization notify the donor of the value of the goods or services provided? 6d If "Yes," indicate the number of forms 88282 filed during the year 6d If "Yes," indicate the number of forms 88282 filed during the year 6d If the organization received a contribution of a growing the personal personal benefit contract? 7e X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
b if Yes, "enter the name of the foreign country ➤ KENYA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes 1 time 5a or 5b, did the organization the form 8886 17 to 8 to 14 to 15 to 25 to								
See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 11 If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 12 If Yes," did the organization receive a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 12 If Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 15 Sponsoring organization have excess business holdings at any time during the year? 15 Sponsoring organization have excess business holdings at any time during the year? 16 If the organization installation device a distribution of the organization file organization file a Form 1098-C? 16 Did the sponsoring organization maintaining domor advised f		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6 Di I*Yes,** fide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization netwee a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88827? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88827. 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received an contribution of casification property, did the organization file Form 8889 as required? 7 Did the organization received an contribution of casification property, did the organization file Form 8889 as required? 8 Sponsoring organizations enabled an contribution of casification property, did the organization file Form 8886 as required? 9 Did the sponsoring organization make a distribution such donor advised fund maintained by the sponsoring organization make a distribution in the funding the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised f	b	If "Yes," enter the name of the foreign country ► KENYA						
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	.,		17					

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

						X				
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		9						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:							
а										
b										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent							
	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			15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a							
	taxable entity during the year?			16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi									
	exempt status with respect to such arrangements?			16b						
Sec	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 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	oflict o	of interest policy, ar	nd finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	DANA WILLIAMSEN - 309-663-5350									
	2031 WAREHOUSE ROAD NORMAL IL 61761									

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

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

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

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

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

Check this box if neither the organization		orga T	niza			nper	sate			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box, unless per officer and a d			person is both an a director/trustee)			compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	cer	Key employee	hest c	Former			organizations
	line)	lnd	Inst	Officer	Key	E High	For			
(1) ERIC HODEL	40.00	1								
CEO				Х				217,871.	0.	19,137.
(2) JADA HOERR	40.00	1								
CRO				Х				130,206.	0.	15,233.
(3) DAVID KIESER	15.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) DAVE HODEL	10.00								_	_
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(5) BILL LEMAN	10.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DENNIS MOTT	15.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) ERIC SHELDAHL	15.00									
DIRECTOR		Х						0.	0.	0.
(8) TRENT SCHOLL	5.00									
DIRECTOR		Х						0.	0.	0.
(9) RALPH ENDRESS	10.00									
DIRECTOR		Х						0.	0.	0.
(10) ANN KAFER	5.00									
DIRECTOR		Х						0.	0.	0.
(11) JIM GAPINSKI	5.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21		_			_	_	_		·	Form 990 (2021

Form **990** (2021)

41-2120170

Section A. Off	ficers, Directors, Trust	tees, Key Emp	oloy ⁽	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B)	(C)						(D)	(E)			(F)	
Name and	d title	Average	(do		Posi) than o	nne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	۱		nount	of
		week		Cer ai	iu a u	recto	I / II us	iee)	from	from related			other	
		(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MIS			pensa om the	
		related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	ا (ا		anizati	
		organizations	truste	Institutional trustee		ee/	Highest compensated employee		1099-NEC)	1000 1120)		•	d relate	
		below	idual	ution	je.	key employee	est co	er	,		organizatio			ons
		line)	Indiv	Instit	Officer	Key e	High	Former						
			_											
											\dashv			
			•											
			_	-							\dashv			
											\neg			
			_								\dashv			
1h Cubtatal						<u> </u>			348,077.		0.		4,3'	70
1b Subtotal c Total from continua									0.		0.		-, ,	0.
d Total (add lines 1b a									348,077.		0.	3	4,3'	
								o re	eceived more than \$100,					
compensation from t	•						,		· · · · · · · · · · · · · · · · · · ·					2
													Yes	No
3 Did the organization	list any former officer,	director, truste	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on				
												3		X
									ner compensation from t				77	
									or such individual			4	Х	
• •		•				•			ed organization or individ			5		Х
Section B. Independent		piete Scriedule	<u> </u>	or st	ICH Ļ	bers	OH .							
1 Complete this table f	for your five highest cor	mpensated ind	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensati	ion fro	om	
the organization. Rep	port compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A) Name and business	addraga	37/		_				(B)	am daga	0.	(C		_
	TVAITIE ATTU DUSTTIESS	address	MC	ONE	5				Description of s	ervices		Jilipei	nsatio	-
			—					\dashv		+				
2 Total number of inde	pendent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than				
	sation from the organiz					C								
												Form	990 ₍₂	2021)

Form 990 (2021) MIDWEST
Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
			,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	•	b Membership dues 1b					
جَ ق		Fundraising events 1c					
ffs,							
ig ig			216,964.				
Sir		Government grants (contributions)	210,304.				
utic er		f All other contributions, gifts, grants, and	118 870 203				
έş		similar amounts not included above 1f	448,870,203.				
		Noncash contributions included in lines 1a-1f Table Askel Page 4a 46	434,716,840.	449087167.			
<u>0</u> 8		n Total. Add lines 1a-1f		44908/10/.			
		MENDED MEDGIEG	Business Code	EE 047	EE 047		
<u>ic</u>	2		_ 624210	55,947.	55,947.		
er re		·	_				
n S	•	<u> </u>	_				
e S		d	_				
Program Service Revenue	•	e	_				
٩		f All other program service revenue					
		Total. Add lines 2a-2f		55,947.			
	3	Investment income (including dividends, inf					
		other similar amounts)	>	133,477.			133,477.
	4	Income from investment of tax-exempt bon	d proceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	>				
	7	a Gross amount from sales of (i) Securities	es (ii) Other				
		assets other than inventory 7a	18,500.				
		Less: cost or other basis					
ē		and sales expenses	24,325.				
en		Gain or (loss) 7c	-5,825.				
Şe.		d Net gain or (loss)		-5,825.			-5,825.
her Revenue		a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 876,453.				
			8b 309,792.				
		Net income or (loss) from fundraising event	s	566,661.			566,661.
		a Gross income from gaming activities. See					
			9a				
			9b				
		Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		·	10a				
			10b				
		Net income or (loss) from sales of inventory	•				
			Business Code				
sno	11 :	a MISCELLANEOUS REVENUE	999999	159,670.	159,670.		
nec Jue		0		, ,	,		
Miscellaneous Revenue							
Sce		d All other revenue					
Σ		e Total. Add lines 11a-11d		159,670.			
	12	Total revenue. See instructions		449997097.	215,617.	0.	694,313.

132009 12-09-21

Form **990** (2021)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 19,080. 19,080. Benefits paid to or for members Compensation of current officers, directors, 382,447. 38,245. 255,054. 89,148. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,733,188. 1,667,087. 638,377. 427,724. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 290,123. 162,055. 94,654. 33,414. Other employee benefits 9 251,064. 147,243. 64,798. 39,023. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 214,339. 36,381. 273,905 23,185. column (A), amount, list line 11g expenses on Sch O.) 104,590. 104,590. Advertising and promotion 12 Office expenses 13 212,195. 84,878. 106,097. 21,220. Information technology 14 15 Royalties 84,040. 1,066,740. 76,762. 905,938. 16 Occupancy 72,011. 28,804. 36,006. 7,201. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 39,943. 37,946. 1,997. 20 Payments to affiliates 21 27,640. 1,382,000. 1,354,360. Depreciation, depletion, and amortization 22 281,871. 267,777. 14,094. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 432,882,879.432,882,879. FOOD, DRINKS, AND OTHER SHIPPING & SUPPLIES 2,001,568. 1,950,425. 19,005. 32,138. 1,001,674. 988,489. 13,185. REPAIRS & MAINTENANCE 520,698. 520,698. d FUEL 259,825.150,662. 28,581. 80,582. e All other expenses 443,775,801.441,420,905. 1,419,909. 934,987. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

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

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,103,591.	1	10,626,973.
	2	Savings and temporary cash investments			902,583.	2	391,839.
	3	Pledges and grants receivable, net			2,377,016.	3	52,550.
	4	Accounts receivable, net			234,917.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ξ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			33,236,733.	8	37,619,234.
Ä	9	Description of the second state of the second			22,051.	9	177,960.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,202,359.			
	b	Less: accumulated depreciation	10b	9,273,586.	13,966,712.		13,928,773. 3,880,575.
	11	Investments - publicly traded securities			2,290,296.	11	3,880,575.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1	75,615.	13	0.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			60,209,514.	16	66,677,904.
	17	Accounts payable and accrued expenses			214,559.	17	273,364.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of these	-		1 100 011	22	026 706
_	23	Secured mortgages and notes payable to unrelate			1,192,211.	23	936,706.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	•				
		of Schedule D			1,406,770.	25	1,210,070.
	26				1,400,770.	26	1,210,070.
ű		Organizations that follow FASB ASC 958, chec	ck ner				
nce	0.7	and complete lines 27, 28, 32, and 33.			55,514,268.	27	64,853,401.
ala	27	Net assets with donor restrictions			3,288,476.	28	614,433.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			3,200,470.	20	014,433.
'n.		and complete lines 29 through 33.	o, che	ck nere			
ō	20	,				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
\ss(30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	31 32	Total net assets or fund balances			58,802,744.	32	65,467,834.
Ž				60,209,514.	33	66,677,904.	
	33	Total liabilities and net assets/fund balances		L	00,200,014.	აა	Garra 990 (2001)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	449,99	7,0	<u>97.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,77	5,8	01.			
3	Revenue less expenses. Subtract line 2 from line 1	3	6,22	1,2	96.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,80	2,7	44.			
5	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 on Schedule O)	9	2,358.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	65,46	7,8	34.			
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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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 Sin							
	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	ed audit	-					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization MIDWEST FOOD BANK NFP 41-2120170 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	(=,/ == - : :	(2) = 2 : 2	(-)	(-,	(-,	(-)			
	membership fees received. (Do not									
	include any "unusual grants.")	165591695	237975570	278057209	419983328	449087167	1550694969.			
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	165591695	<u> 237975570</u>	<u> 278057209</u>	419983328	449087167	1550694969.			
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,						161818131			
	column (f)						161715131			
	Public support. Subtract line 5 from line 4.						1388979838.			
			# N 00 / 0	4 3 2242	/ N 2222	() 222 ((0			
	ndar year (or fiscal year beginning in)	(a) 2017 165591695	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 1550694969.			
	Amounts from line 4	103331033	<u> </u>	2/605/209	419903340	44900/10/	1550694969.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	162 015	143,450.	114,040.	79 697	133,477.	632,679.			
•	and income from similar sources	102,013.	143,430.	114,040.	13,031.	133,477.	032,073.			
9	Net income from unrelated business activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	131.370.	178.625.	193.060.	517,963.	566.661.	1587679.			
11	Total support. Add lines 7 through 10	232/3/30	27070201	230,0001	32773031	300,0020	1552915327.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12	215,617.			
	First 5 years. If the Form 990 is for the	•	,							
	organization, check this box and stop	· ·		•		. , , ,				
Sec	tion C. Computation of Publi		centage							
14	Public support percentage for 2021 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	89.44 %			
	Public support percentage from 2020					15	77.19 %			
	33 1/3% support test - 2021. If the					ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X			
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□			
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the				
	organization meets the facts-and-circ		-	• •	• • •		. \square			
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>			

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	,	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	nne)		
' a				
b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	e ii isii uciiOH	Yes	No
a			. 55	
_	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а		3a		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		
	OF Its supported digalizations: IT "yes " describe in Fail VI the role biaved by the organization in this regard	1 30		ı

Schedule	Δ	(Form	aan)	2021

5

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

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

3

<u>4</u> 5

6

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2017 AMOUNT: \$ 131,370. 2018 AMOUNT: \$ 178,625. 2019 AMOUNT: \$ 193,060. 517,963. 2020 AMOUNT: \$ FUNDRAISING INCOME 2021 AMOUNT: \$ 566,661.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MIDWEST FOOD BANK NFP

Employer identification number 41-2120170

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other S	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	.	
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advised fun	ds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose confer	ring
_	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or	terminated by the organ	ization during the tax
_	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	nd emorcing conservation	on easements during the year
7	Amount of expanses incurred in monitoring inspecting hand	lling of violations, and or	oforning concentration of	coments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	nording conservation ea	sements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) abov	ro actiofy the requiremen	to of acotion 170/b)/4)/P	\/;\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	lote to the organization.	s ili lanciai statements ti	at describes the
Pai		Art, Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finar	•		
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:			p
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
				. .
2	If the organization received or held works of art, historical treations			
_	the following amounts required to be reported under FASB A	•	•	•
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other :	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make sigi	nificant us	e of its	•	
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b										
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes	No
Pai	t IV Escrow and Custodial Arran								ine 9, or	<u>.</u>
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	n has been	provided on	Part XIII				
	t V Endowment Funds. Complete i									<u>.</u>
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%	,	,,					
b	Permanent endowment									
С		 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administe	red for the	organizati	ion		
	by:	· ·					Ü		Ye	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the	•								•
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV,	, line 11a. S	See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulated	ı	(d) Book v	alue
	,	basis (investr			(other)	1 ' '	eciation		` ,	
1a	Land			97	3,613.				973,	613.
b	Buildings				8,855.	3,4	10,18	7.	9,768,	
	Leasehold improvements			•	<u> </u>	,				
	Equipment			8,81	3,468.	5,8	63,39	9.	2,950,	069.
	Other				6,423.		-			423.
	. Add lines 1a through 1e. (Column (d) must e		X. colum					▶ 1	3,928,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MIDWEST FOO	D BANK NFP	41	-2120170	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
• • •				
(C)				
(D)				
(E)				
<u>(F)</u>				
(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"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
-	Description		(b) Book va	alue
(1)			. ,	
(2)				
(3)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>	>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		_
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2021

(9)

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s With	n Revenue per Re	turn.	· .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			_1_	450,775,202.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
		nrealized gains (losses) on investments	2a	441,436.		
		ed services and use of facilities	2b	334,311.		
		reries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	2,358.		
е		nes 2a through 2d			2e	778,105.
3		act line 2e from line 1			3	449,997,097.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	U.
5 Doi		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)				449,997,097.
Pai	LAII	Reconciliation of Expenses per Audited Financial Statemen	its wii	ın Expenses per F	tetur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				444 110 110
1		expenses and losses per audited financial statements			1	444,110,112.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		224 211		
		ed services and use of facilities	2a	334,311.	-	
		/ear adjustments	2b			
		losses	2c			
		(Describe in Part XIII.)				224 211
		nes 2a through 2d			2e	334,311. 443,775,801.
3		act line 2e from line 1			3	443,773,601.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	ا ما			
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b		4-	n
		nes 4a and 4b			4c 5	443,775,801.
5 Pai	† XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			<u> </u>	<u> </u>
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1	h and 2h: Part V line 4	· Part	Y line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, i ait	A, IIIIe Z, I alt AI,
11103	Zu anu	To, and I are Mi, into 24 and 45. Also complete this part to provide any addition	Jilai IIIIC	imation.		
PAF	х тя	, LINE 2:				
		, ==:== = ·				
MII	WES'	T FOOD BANK IS ORGANIZED AS AN ILLINOIS	NONE	ROFIT CORPO	RAT	ION AND
HAS	BE	EN RECOGNIZED BY THE IRS AND STATE OF II	LINC	DIS AS EXEMP	T F	ROM INCOME
ΓΑΣ	KES	UNDER IRC SECTION 501(A) AS ORGANIZATION	IS DE	ESCRIBED IN	IRC	SECTION
50I	1(C)	(3), QUALIFIES FOR THE CHARITABLE CONTRI	BUT	ON DEDUCTIO	N U	NDER IRC
SEC	CTIO	NS 170(B)(1)(A), AND HAS BEEN DETERMINED	ON	TO BE A PR	IVA	TE
FOT	JNDA'	TION.				
PAF	X TS	I, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	MGE	IN VALUE OF CHARITABLE LEAD TRUST				2,358.

Schedule D (Form 990) 2021	MIDWEST FOOD	BANK NFP	41-2120170 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Infor	mation (continued)		-
	(ocritinaea)		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MIDWICH HOOD DA					41 010015	0
MIDWEST FOOD BA	MK NFP	ctivities Out	side the United States. Comple	ete if the organi	41-212017	es" on
Form 990, Part IV			orac are critical estates. Comple	ete ii tile organi	ization answered T	es on
		n maintain record	ds to substantiate the amount of its gra	ants and other a		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and oth	ner assistance outsi	de the
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	FOOD DISTRI	BUTION	860,353.
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	FOOD DISTRI	BUTION	313,179.
			PROGRAM - RELATED			
SUB-SAHARAN AFRICA	1	1	INVESTMENTS	FIXED ASSET	S	9,000.
				CHARITABLE :	DONATION TO A	
SUB-SAHARAN AFRICA	1	1		THEIR PROGR		19,800.
3 a Subtotal	3	3				1,202,332.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	3	3				1,202,332.

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

Schedule F (Form 990) 2021

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	nization by the IRS, o	r for which the grantee	recognized as charities by the or counsel has provided a se			> _		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MTDWEST FOOD BANK NFP 41-2120170

	TOOD DANK NII				41 2120	170			
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
Indicate whether the organization rais		a activ	itias (Check all that apply					
	· · ·	-		overnment grants					
				nment grants					
b Internet and email solicitations			-	-					
c Phone solicitations	g L Special	tunara	ising 6	events					
d In-person solicitations									
2 a Did the organization have a written o									
key employees listed in Form 990, Pa					Yes				
b If "Yes," list the 10 highest paid indiv		ant to	agreer	nents under which th	ne fundraiser is to be	•			
compensated at least \$5,000 by the	organization.								
		/iii\	Did		(v) Amount paid				
(i) Name and address of individual	(ii) Activity	(iii) fundr have ci	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)			
or entity (fundraiser)	(ii) / iotivity	or con	trol of	from activity	fundraiser listed in col. (i)	organization			
					iisted iii coi. (i)				
		Yes	No						
⁻ otal			•						
3 List all states in which the organizatio	n is registered or licensed to solicit o	ontrib	ıtions	or has been notified	it is exempt from red	nistration			
or licensing.				5. Has 255	in to one input in our re,	9.0.1.0.1.0.1			

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on 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

		of fundraising event contributions and gre	oss income on Form 990	-EZ, III les Tario 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING	DINNER	4	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	231,835.	477,466.	167,152.	876,453.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	231,835.	477,466.	167,152.	876,453.
	4	Cash prizes				
S	5	Noncash prizes	32,694.	368.	1,741.	34,803.
xpense	6	Rent/facility costs	31,990.	3,713.	15,005.	50,708.
Direct Expenses	7	Food and beverages	23,332.	44,406.	6,376.	74,114.
	8	Entertainment		2,050.	19,912.	21,962.
	9	Other direct expenses	11,679.	71,690.	44,836.	128,205.
		Direct expense summary. Add lines 4 through	. ,		>	309,792.
Do	11 rt I	Net income summary. Subtract line 10 from li			· · · · · · · · · · · · · · · · · · ·	566,661.
Га	ונו	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 0111 01111 030 EZ, IIIIC 0a.	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ж	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	Г					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_			Yes No
		No," explain:				res No
-	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
IJ	<u>"</u>	Yes," explain:				
			<u> </u>			

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 MIDWEST FOOD BANK NFP 41	-21201/0 Pa	age 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. []	
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party \$\bigs\\$		
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		٦
retain the state gaming license?	Yes L	_ No
b 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 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 1	10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990)	MIDWEST FOOD BANK NFP	41-2120170 Page 4
Part IV Supplemen	MIDWEST FOOD BANK NFP (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MIDWEST FOOD BANK NFP

 $\begin{array}{c} \text{Employer identification number} \\ 41-2120170 \end{array}$

Pa	art I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	X Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х		
	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		X	
b	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		1	

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D)	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ERIC HODEL	(i)	210,172.	7,699.	0.	0.	19,137.	237,008.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE CEO AND CRO WERE ELIGIBLE FOR BONUS COMPENSATION DURING 2021 THAT WAS
DETERMINED BY THE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

MIDWEST FOOD BANK NFP

Employer identification number 41-2120170

Par	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amoun	ıts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial	X	4	125,506.	FAIR MARKET VALUE	1
17	Real estate - Other					
18	Collectibles		0.054	101 105 011		
19	Food inventory	X	8,071	434,437,811.	FAIR MARKET VALUE	}
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts		000	152 502		
25	Other • (OTHER DONATIO)	X	280	153,523.	FAIR MARKET VALUE	i
26	Other ()					
27	Other					
28	Other ()					
29	Number of Forms 8283 received by the organiz	-				
	for which the organization completed Form 828	13, Part V, L	onee Acknowleag	ement 29	Vac	T N =
200	During the year, did the organization receive by	contributio	n any proporty rop	arted in Dart L lines 1 throug	Yes	No
Sua	must hold for at least three years from the date					
	exempt purposes for the entire holding period?		•	'		Х
h					30a	12
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	auires the review (of any nonstandard contribut	tions? 31 X	
	Does the organization have a gift acceptance p					+
JZd	contributions?		~		32a X	
b					02u 11	
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked.	
	describe in Part II.	(0) 101	, p= =, p; opo(t)	25.41111 (4) 10 01100		
						1

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

Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS OF FOOD INVENTORY IS THE TOTAL NUMBER OF
TRUCKLOADS THE ORGANIZATION RECEIVED DURING THE YEAR. THE NUMBER OF
REAL ESTATE OTHER IS BASED ON THE ACTUAL NUMBER OF DONATIONS RECEIVED
DURING THE YEAR. THE NUMBER OF DONATED PROPERTY ITEMS ARE BASED ON THE
ACTUAL ITEMS RECEIVED AND THE NUMBER OF INSTANCES IN WHICH FUEL WAS
SCHEDULE M, LINE 32B:
THE ORGANIZATION USES IDONATE TO PROCESS AND SELL NONCASH DONATIONS

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Internal Revenue Service **Employer identification number** Name of the organization MIDWEST FOOD BANK NFP 41-2120170 FORM 990, PART LINE 4D, OTHER PROGRAM SERVICES: III, OTHER PROGRAM SERVICES - HOPE PACKS EXPENSES \$ 807,431. INCLUDING GRANTS OF \$ 0. REVENUE \$ FORM 990, PART VI, SECTION B, LINE 11B: BEFORE THE FORM 990 WAS FILED, THE 990 WAS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: POTENTIAL CONFLICTS OF INTEREST INVOLVING ANY & ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REPORTED TO THE BOARD OF THE WRITTEN CONFLICT OF INTEREST POLICY IS DISCUSSED AND DIRECTORS. ENFORCED ANNUALLY AT A SCHEDULED BOARD MEETING. EACH DIRECTOR, OFFICER, MEMBERS OF THE BOARD OF DIRECTORS, AS WELL AS KEY EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. AN INDIVIDUAL INVOLVED, DIRECTLY OR

IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TRANSACTION MAY INDIRECTLY, NOT PARTICIPATE IN ANY DISCUSSION OF THE RELEVANT TRANSACTION.

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

ALL BOARD MEMBERS ARE UNPAID. COMPENSATION (IF COMPENSATED) OF THE MANAGEMENT TEAM IS DETERMINED ANNUALLY BY MEMBERS OF THE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF MFBS KEY EMPLOYEES

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

Schedule O (Form 990) 2021

OMB No. 1545-0047

Open to Public

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** MIDWEST FOOD BANK NFP 41-2120170 NAMELY THE CEO AND CHIEF RESOURCE OFFICER. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN MANY CASES, THEY ARE ALSO AVAILABLE ON THE COMPANY WEBSITE FOR PUBLIC REVIEW. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 2,358. CHANGE IN VALUE OF CHARITABLE LEAD TRUST