Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning and	ending					
B c	heck if	C Name of organization		D Employer identific	cation number			
	Addre	MIDWEST FOOD BANK NFP						
	Name chang	Doing business as		41-21201				
	Initial return Final return	2031 WAREHOUGE BOAD	Room/suite	E Telephone number 309-663-5350				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	507,434,259.			
	Amen return	NORMAL, IL 61761		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: EKIC HODEL		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
1 7	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemptio				
K F	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2003 N	M State of legal domicile; IL			
	_	Briefly describe the organization's mission or most significant activities: ALLEY	VIATIN	IG HUNGER ANI	D			
Governance		MALNUTRITION LOCALLY AND THROUGHOUT THE W						
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			76			
Activities &	6	Total number of volunteers (estimate if necessary)			36346			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		0.			
		Ought the strong and accords (Dest VIIII From 41s)		Prior Year 133,351,480.	Current Year 504,150,101.			
Revenue	l	Contributions and grants (Part VIII, line 1h)		128,643.				
	9	Program service revenue (Part VIII, line 2g)		381,335.				
Be	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,071,938.				
	11 12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		134,933,396.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		115,686.	19,070.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,352,761.				
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,202,80						
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,794,490.	498,384,628.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	131,262,937.	503,265,602.			
		Revenue less expenses. Subtract line 18 from line 12		3,670,459.	2,734,048.			
Assets or			В	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		75,721,541.	76,766,675.			
it As	21	Total liabilities (Part X, line 26)		7,393,748.	5,214,101.			
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		68,327,793.	71,552,574.			
	ırt II	Signature Block			. Lorenda de la condita Data de la Contra de			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ knowledge and belief, it is			
ue,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on all information of wh	iicii preparei	nas any knowieuge.				
Sigi	•	Signature of officer		Date				
Her		ERIC HODEL, CHIEF EXECUTIVE OFFICER						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid			CPA (05/13/24 self-employ	P01246734			
Prep	arer	Firm's name SIKICH LLC			6-3168081			
Use	Only	Firm's address 3051 HOLLIS DRIVE, 3RD FLOOR						
		SPRINGFIELD, IL 62704		Phone no. 21	7-793-3363			
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			
НΔ	For	Panerwork Reduction Act Notice see the senarate instructions 232001 10	2-21-22		Form 990 (2023)			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AS A FAITH BASED ORGANIZATION, IT IS THE MISSION OF MIDWEST FOOD BANK
	TO SHARE THE LOVE OF CHRIST BY ALLEVIATING HUNGER AND MALNUTRITION
	LOCALLY AND THROUGHOUT THE WORLD AND PROVIDING DISASTER RELIEF, ALL
	WITHOUT DISCRIMINATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 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	(Code:) (Expenses \$ 490,781,087. including grants of \$ 19,070.) (Revenue \$ 320,820.)
	MIDWEST FOOD BANK PROVIDES FOOD TO PARTNERING NON-PROFIT ORGANIZATIONS
	SUCH AS FOOD PANTRIES, SOUP KITCHENS, HOMELESS SHELTERS, CHURCHES, AND
	OTHER NON-PROFIT ORGANIZATIONS, FREE OF CHARGE, TO BE DISTRIBUTED IN
	THEIR COMMUNITIES.
4b	(Code:) (Expenses \$ 5,604,423 • including grants of \$) (Revenue \$)
	MIDWEST FOOD BANK PARTNERS WITH OTHER DISASTER RELIEF NON-PROFIT
	ORGANIZATIONS TO PROVIDE FOOD AND SUPPLIES TO AREAS AFFECTED BY NATURAL
	DISASTER.
4c	(Code:) (Expenses \$ 2,916,476. including grants of \$) (Revenue \$)
	MIDWEST FOOD BANK DISTRIBUTES CHILD-FRIENDLY FOOD ITEMS TO DEDICATED
	SCHOOL VOLUNTEERS. THE VOLUNTEERS PACKAGE IT TOGETHER IN A BAG TO GIVE
	TO THE STUDENTS ON FRIDAYS TO HELP THEM THROUGH THE WEEKEND. HOPE PACKS
	ENSURES CHILDREN DON'T GO AN ENTIRE WEEKEND WITHOUT ACCESS TO FOOD.
	ENDONED CHIEDRAL PON I CO IN ENTITED WEIGHT HOUSE TO 1005
	Other program services (Describe on Schedule O.)
тu	(Expenses \$ 1,208,302. including grants of \$) (Revenue \$ 117,565.)
 4е	Total program service expenses 500,510,288.
⊤ ⊏	Form 990 (2023)
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Form 990 (2023) 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	L,		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
'		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		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
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		Х
c	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		x
ч	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	ــــّــــ		
13	,	10		x
20-	complete Schedule G, Part III	202		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
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			\ ₃₇
	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 (2023) MIDWEST FOOD BANK NFP 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		Х
06	Schedule L, Part I	25b		
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4 -	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 43 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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Part V	Statements	Regarding Ot	her IRS	Filings and Tax Comp	oliance (continued)		

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 76								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
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							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х						
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 shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	51.11 1.11 1.11 1.11 1.11 1.11 1.11 1.1								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b	1							
C	Enter the amount of reserves on hand	4.4		₩					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?									
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	-							
	ii 100, complete i omi 0000.								

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Form **990** (2023)

MIDWEST FOOD BANK NFP 41-2120170 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

61761

MIDWEST FOOD BANK - 309-663-5350 2031 WAREHOUSE ROAD, NORMAL, IL

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ERIC HODEL CEO	40.00	-		Х				238,523.	0.	27,623.
(2) JADA HOERR CRO	40.00			х				175,000.	0.	13,855.
(3) PATRICK BURKE	40.00	-		X					0.	
(4) LISA MARTIN	40.00							150,000.		19,759.
(5) KATHY SUE ANDERSON-MARTIN	40.00			Х				120,000.	0.	11,924.
DIRECTOR	10.00					Х		102,378.	0.	21,814.
(6) DAVID KIESER PRESIDENT	10.00	x		х				0.	0.	0.
(7) DAVE HODEL SECRETARY/TREASURER	2.00	Х		х				0.	0.	0.
(8) BILL LEMAN	2.00									
VICE PRESIDENT (9) DENNIS MOTT	10.00	Х		Х				0.	0.	0.
DIRECTOR		х						0.	0.	0.
(10) ERIC SHELDAHL DIRECTOR	10.00	x						0.	0.	0.
(11) TRENT SCHOLL DIRECTOR	2.00	х						0.	0.	0.
(12) RALPH ENDRESS DIRECTOR	10.00	х						0.	0.	0.
(13) ANN KAFER DIRECTOR	5.00	X						0.	0.	0.
(14) JIM GAPINSKI	5.00									
DIRECTOR (15) BRANDON LIPPS	2.00	Х						0.	0.	0.
DIRECTOR		х						0.	0.	0.
(16) ARTHUR NEAL DIRECTOR	2.00	Х						0.	0.	0.
(17) MATT KEES	2.00									
DIRECTOR		X		<u> </u>				0.	0.	990 (2022)

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	Form 990 (2023) MIDWEST FOOD BANK NFP 41-2120170 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Estir amo	F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		fror organ and r	ensation in the dization related dizations	
	Cultivated								785,901.		0.	9.1	,975.	
c <u>d</u>	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							785,901. 785,901.		0.	0. 0.		
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Tv	5 es No	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•		•	•	•		•		•	[3	X	
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X	
	rendered to the organization? If "Yes." com											5	Х	
1	Complete this table for your five highest control the organization. Report compensation for the	•	•							•	ensati	on from	l	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) ompens	ation	
	Total number of independent contractors (in	ncludina but na	ot lin	nite	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	•				C					-	orm 9 9	90 (2023)	

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Form 990 (2023) MIDWEST
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	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
SS	1:	Federated campaigns 1a	418,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
ŢŖ,		d Related organizations 1d					
ية إق			2,153,397.				
Sir.		Government grants (contributions) 1e	2,133,337.				
utic	'	All other contributions, gifts, grants, and	501 579 704				
ë		***	501,578,704.				
o d	•		485,809,154.	504150101.			
Oa		Total. Add lines 1a-1f	Business Code	304130101.			
		MENINED MEDCIEC	624210	117 565	117 565		
ice	2 8		024210	117,565.	117,565.		
Program Service Revenue	ŀ						
n S	(
Jrar 3e∖	•						
o L							
۵		All other program service revenue					
_		Total. Add lines 2a-2f		117,565.			
	3	Investment income (including dividends, interest					
		other similar amounts)		256,664.			256,664.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	•	Rental income or (loss) 6c					
	(Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 866,191.	99,750.				
	ŀ	Less: cost or other basis					
ne		and sales expenses 7b 866,191.	128,477.				
her Revenue	(Gain or (loss) 7c 0.	-28,727.				
Re	(d Net gain or (loss)		-28,727.			-28,727.
Je	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	1,623,168.				
	ŀ	Less: direct expenses 8b	439,941.				
		Net income or (loss) from fundraising events		1,183,227.			1183227.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
_		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	MISCELLANEOUS REVENUE	900099	320,820.	320,820.		
ine Due	ı			-			
Miscellaneous Revenue	(
SS R	Ì	All other revenue					
Σ		e Total. Add lines 11a-11d		320,820.			
	12	Total revenue. See instructions		505999650.	438,385.	0.	1411164.

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Form **990** (2023)

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 3,906. 3,906. 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 15,164. 15,164. Benefits paid to or for members Compensation of current officers, directors, 756,684. 105,837. 539,248. 111,599. 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) 3,390,874. 2,349,285. 533,031. 508,558. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 401,137. 274,094. 64,895. 62,148. Other employee benefits 9 313,209. 187,926. 78,302. 46,981. 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, 239,764. 283,671. 36,865. 7,042. column (A), amount, list line 11g expenses on Sch O.) 195,724. 19,573. 9,786. 166,365. Advertising and promotion 12 Office expenses 13 69,878. 34,939. 698,785. 593,968. Information technology 14 15 Royalties 2,104,771. $61,7\overline{33}$ 130,577. 1,912,461. 16 Occupancy 152,832. 114,624. 30,566. 7,642. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 16,476. 16,146. 330. 20 Payments to affiliates 21 1,535,517. 1,504,807. 30,710. Depreciation, depletion, and amortization 22 347,082. 329,728. 17,354. 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.) 488,449,284.488,449,284. FOOD, DRINKS, AND OTHER $2,778,\overline{215}$ 2,727,372. SHIPPING & SUPPLIES 26,447. 24,396. 897,389. 887,087. 10,302. REPAIRS & MAINTENANCE 572,922. 572,922. FUEL 351,960. 206,340. 43,062. 102,558. e All other expenses 503,265,602.500,510,288. 1,552,509. 1,202,805. 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. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,805,149.	1	10,341,658.
	2	Savings and temporary cash investments	252,918.	2	904,159.
	3	Pledges and grants receivable, net	944,313.	3	558,606.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	40,185,255.	8	43,242,974. 127,606.
As	9	Prepaid expenses and deferred charges	81,178.	9	127,606.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 26,239,631.			
	b	Less: accumulated depreciation 10b 11,862,584.	14,624,694.	10c	14,377,047. 2,944,316.
	11	Investments - publicly traded securities	3,230,256.	11	2,944,316.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	500,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,597,778.	15	3,770,309.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	75,721,541.	16	76,766,675.
	17	Accounts payable and accrued expenses	355,090.	17	626,813.
	18	Grants payable	4 504 000	18	450.005
	19	Deferred revenue	1,781,808.	19	468,296.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	720 204	22	407.006
_	23	Secured mortgages and notes payable to unrelated third parties	738,284.	23	427,896.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	4,518,566.	05	3,691,096.
	06	of Schedule D	7,393,748.	25 26	5,214,101.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	7,333,740.	20	J, Z14, 101.
S		and complete lines 27, 28, 32, and 33.			
ğ	27	•	66,901,919.	27	70 943 507.
ala	28	Net assets without donor restrictions Net assets with donor restrictions	1,425,874.	28	70,943,507. 609,067.
B	20	Organizations that do not follow FASB ASC 958, check here	1/125/0/11	20	00370071
필		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	68,327,793.	32	71,552,574.
Ž	33	Total liabilities and net assets/fund balances	75,721,541.	33	76,766,675.
	, 55	Total habilition and not addete/fully palations	, , , ,	55	Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	505					
2	Total expenses (must equal Part IX, column (A), line 25)	2	503					
3	Revenue less expenses. Subtract line 2 from line 1	3		,73				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 68							
5	Net unrealized gains (losses) on investments	5		488	8,8	98.		
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			1,8	35.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	71	<u>, 552</u>	2,5	74.		
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1		
	separate basis, consolidated basis, or both:					1		
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:					l		
	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 Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	İ		
				Form	990	(2023)		

SCHEDULE A

(Form 990)

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

Open to Public Inspection

Name of the organization

MIDWEST FOOD BANK NFP

Employer identification number

		EST FOOD B						1-2120170				
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.					
The orga	anization is not a private found											
1	A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).						
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).						
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental un	it describe	ed in				
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local go	ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 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). (C	Complete Part II.)										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)								
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a l	and-grant	college				
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or				
	university:											
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts from				
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11	An organization organized	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).						
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or				
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 5	09(a)(3). (Check the box on				
_	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving				
	the supported organization			majority o	of the direc	ctors or trustee	s of the su	upporting				
_	organization. You must o	=										
b L	Type II. A supporting org	•				-		-				
	control or management of			ame perso	ns that co	ntrol or manag	e the supp	ported				
_	organization(s). You mus	-										
c L	Type III functionally inte						y integrate	ed with,				
	its supported organizatio		•									
d L	Type III non-functionally						-	* *				
	that is not functionally int	•	• ,	•		•	an attentiv	/eness				
	requirement (see instruct	•					T					
e L	Check this box if the orga					Type I, Type II	, Type III					
4 Fm	functionally integrated, or	* *	nally integrated supporting	ig organiz	ation.							
	nter the number of supported on ovide the following information	•	nd organization(s)									
9 ''	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see in:	structions)	support (see instructions)				
			above (see instructions)		-110							
				<u> </u>	<u> </u>							
Total												

332021 12-21-23

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	278057209	419983328	449087167	433351480	504150101	2084629285.
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	278057209	419983328	449087167	433351480	504150101	2084629285.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						316845696
6	Public support. Subtract line 5 from line 4.						1767783589.
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		278057209	419983328				2084629285.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	114,040.	79,697.	133,477.	200,188.	256,664.	784,066.
9	Net income from unrelated business	·	•	,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	193,060.	517,963.	566,661.	985,830.	1183227.	3446741.
11	Total support. Add lines 7 through 10		-		_		2088860092.
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	868,753.
13	First 5 years. If the Form 990 is for the	ne organization's fir				01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	84.63 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	86.51 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. 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 qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	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 organization	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
							(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		

Par	art IV 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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	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		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 MIDWEST FOOD BANK NFP			41-2120170 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

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

instructions).

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

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)						
Section	Section D - Distributions Cu									
1	Amounts paid to supported organizations to accomplish exe		1							
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity	2								
3	Administrative expenses paid to accomplish exempt purpose	3								
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2023 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
		(i)	(ii)		(iii)					
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
a	From 2018									
b	From 2019									
С	From 2020									
<u>d</u>	From 2021									
<u>e</u>	From 2022									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2023 distributable amount									
i_	Carryover from 2018 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2023 distributable amount									
с	Remainder. Subtract lines 4a and 4b from line 4.									
	Remaining underdistributions for years prior to 2023, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
	Remaining underdistributions for 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
	Breakdown of line 7:									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
	Excess from 2022									
е	Excess from 2023									

Schedule A (Form 990) 2023

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 2019 AMOUNT: \$ 193,060. 517,963. 2020 AMOUNT: \$ FUNDRAISING INCOME 2021 AMOUNT: \$ 566,661. 2022 AMOUNT: \$ 985,830. 2023 AMOUNT: \$ 1,183,227.

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

Par	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (for example, recreation or e	education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
С.	Number of conservation easements on a certified historic structure in	***************************************	2c
d	Number of conservation easements included on line 2c acquired after		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the	organization during the tax
	year	- In and - I	
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	a of violations, and enforcing cons	
U	Stan and volunteer hours devoted to monitoring, inspecting, nanding	g of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations and enforcing conservat	tion easements during the year
•	7 thount of expenses incurred in monitoring, inspecting, harding of v	iolations, and officioning conservat	non outerness during the year
8	Does each conservation easement reported on line 2d above satisfy	the requirements of section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of Art, F	listorical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhil	oition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	tements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB ASC 958 $$	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Coll	ections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(continue	d)
3	Using the organization's acquisition, accession,	and other record	ls, check	any of the f	ollowing that	t make sig	nificant u	se of its		
	collection items (check all that apply).									
а	Public exhibition	C		Loan or exc	hange progra	am				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain	n how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be mainta								Yes	No
Par	t IV Escrow and Custodial Arrange	ments Comple	ete if the	organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?							\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line	21, for 6	escrow or cu	ıstodial acco	unt liabilit	y?		Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pai	t V Endowment Funds Complete if the	organization and	swered "	Yes" on For					1	
	(a	a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four year	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 current	year end balanc	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possession	on of the organiza	ation tha	t are held ar	nd administer	red for the)			
	organization by:								Ye	s No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•							3b	
4	Describe in Part XIII the intended uses of the org		wment f	unds.						
Pai	t VI Land, Buildings, and Equipmen			, ,, ,, ,						
	Complete if the organization answered "Y	1								
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book va	alue
		basis (investr	ment)		(other)	dep	reciation		000	010
	Land				9,213.	4 -	41 10			213.
	Buildings			14,02	6,572.	4,5	41,12	18 •	9,485,	444.
	Leasehold improvements			11 00	2 046		01 45	_	2 050	200
	Equipment			11,27	3,846.	1,3	21,45	00.	3,952,	390.
	Other	L							4 200	0.45
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part	X. line 1	0c. column	(B))			<u> 1</u>	4,377,	U47.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MIDWEST FOOD	BANK NFP	41	-2120170 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			d of coordinate colors
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
	- F 000 D+ IV I'	44 - O Farm 000 Bart V Br - 40	
Complete if the organization answered "Yes" o			1 - 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	on Form 000 Part IV line	11d Soo Form 990 Part V line 15	
Complete if the organization answered "Yes" o	Description	Tru. See Form 990, Part A, line 15.	(h) Book value
	rescription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES			3,691,096.
(3)			
(4)			

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

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.

Schedule D (Form 990) 2023

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

1,169,433.

505,999,650.

Sche	dule D (Form 990) 2023 MIDWEST FOOD BANK NFP			41-	2120170	Page
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	507,169,	083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	488,898.			
b	Donated services and use of facilities	2b	678,700.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	1,835.			

505,999,650. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 503,944,302. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 678,700. a Donated services and use of facilities **b** Prior year adjustments Other (Describe in Part XIII.) 678,700. Add lines 2a through 2d 503,265,602. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information

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

PART X, LINE 2:

Add lines 2a through 2d

Subtract line 2e from line 1

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

THE ORGANIZATION IS ORGANIZED AS AN ILLINOIS NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AND STATE OF ILLINOIS AS EXEMPT FROM INCOME TAXES UNDER IRC SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. THE ORGANIZATION FILES VARIOUS FEDERAL AND STATE NON-PROFIT TAX RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE LEAD TRUST

1,835.

Schedule D (Form 990) 2023 Part XIII Supplemental Inform	MIDWEST FOOD	BANK NFP	41-2120170 Page 5
Part XIII Supplemental Inform	mation (continued)		
			_
-			
_			
_			

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** MIDWEST FOOD BANK NFP 41-2120170 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA FASO PROGRAM SERVICES FOOD DISTRIBUTION 1,155,443. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA ARUBA, BAHAMAS PROGRAM SERVICES FOOD DISTRIBUTION 220,673. 1 1 SUB-SAHARAN AFRICA ANGOLA, BENIN, CHARTTABLE DONATION TO A BOTSWANA, BURKINA GRANTS TO RECIPIENTS PARTNERING AGENCY FOR LOCATED IN THE REGION THEIR PROGRAMS FASO 15,164. INVESTMENT - LOAN SUB-SAHARAN AFRICA 500,000. 3 1,891,280. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

LHA 332071 11-29-23

and 3b)

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

1,891,280.

Schedule F (Form 990) 2023

recipient who rec	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
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)		
			CHARITABLE DONATION TO PARTNERING AGENCY FOR THIER PROGRAMS	8,720.		0.				

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

3 Enter total number of other organizations or entities

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is needed	d.					
(a) Type of grant or assistance	(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) 2023 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332075 11-29-23 Schedule F (Form 990) 2023

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

2023

Open to Public Inspection

Name of the organization Employer identification number 41-2120170 MIDWEST FOOD BANK NFP Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

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

		or furficialsing event contributions and gro	333 111001110 0111 01111 330	LZ, III C3 T and Ob. List C	venta with gross receipt	3 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING	DINNER	7	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			0.50		227 426	1 500 150
3ev	1	Gross receipts	273,833.	961,899.	387,436.	1,623,168.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	273,833.	961,899.	387,436.	1,623,168.
	4	Cash prizes				
	5	Noncash prizes	25,148.	6,572.	10,645.	42,365.
enses	6	Rent/facility costs	19,591.	10,844.	21,433.	51,868.
Direct Expenses	7	Food and beverages	18,836.	65,265.	22,180.	106,281.
Dir	8	Entertainment	526.	8,972. 52,043.	64,710. 85,126.	74,208.
	9	Other direct expenses		52,043.	85,126.	165,219.
	10	Direct expense summary. Add lines 4 through				439,941. 1,183,227.
Pa	11 rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		990 Part IV line 19 or r		1,105,227.
		\$15,000 on Form 990-EZ, line 6a.		1 000, 1 4, 11, 11, 11, 10, 01 1		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				sings/progressive sings		301. (u) a nough 301. (0)
Re	1	Gross revenue				
S	2	Cash prizes				
pense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Vac 0/			
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)			
C	Ent	er the state(s) in which the organization condu	ucte gaming activities:			
		he organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	If "`	Yes," explain:				
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 MIDWEST FOOD BANK NFP 41-2	<u> </u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	MIDWEST FOOD	BANK	NFP	41-2120170	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
-						

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

MIDWEST FOOD BANK NFP

Employer identification number

41-2120170

			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			
	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	X	
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	X	
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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		X
	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		<u>X</u>
b	Any related organization?	6b		X
	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	Х	
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		

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

Schedule J (Form 990) 2023

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	able on prior		reported as deferred on prior Form 990	
(1) ERIC HODEL (i)	215,000.	23,523.	0.	8,269.	19,354.	266,146.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) JADA HOERR (i)	175,000.	0.	0.	6,731.	7,124.	188,855.	0.
CRO (ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICK BURKE	150,000.	0.	0.	6,000.	13,759.	169,759.	0.
coo (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
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(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(i) (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 WAS ELIGIBLE FOR BONUS COMPENSATION DURING 2023 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.

Employer identification number 41-2120170

	MIDWEST FOOD	BANK	NFP				41-2	120	<u> 170</u>	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) Method of de cash contribu		_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
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 \dots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	7,576	485,350,	040.	FAIR	MARKET	VA]	LUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (OTHER ITEMS)	X	684				MARKET			
26	Other (EQUIPMENT)	X	6	132,	892.	FAIR	MARKET	VA]	LUE	
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organic	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29									
									Yes	No
30a	During the year, did the organization receive b	-			_		ıt it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard	contributi	ons?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell r	noncash					
	contributions?							32a	X	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

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
DONATED PROPERTY ITEMS ARE BASED ON THE ACTUAL ITEMS RECEIVED AND THE
NUMBER OF INSTANCES IN WHICH FUEL WAS DONATED.
SCHEDULE M, LINE 32B:
THE ORGANIZATION USES IDONATE TO PROCESS AND SELL NONCASH DONATIONS

SCHEDULE O (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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

MIDWEST FOOD BANK NFP

Employer identification number 41-2120170

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MIDWEST FOOD BANK PRODUCES AND DISTRIBUTES TENDER MERCIES MEALS WHICH

IS A HIGH PROTEIN RICE AND BEAN MEAL FORTIFIED WITH ESSENTIAL VITAMINS.

EXPENSES \$ 1,208,302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 117,565.

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 DIRECTORS. THE WRITTEN CONFLICT OF INTEREST POLICY IS DISCUSSED AND ENFORCED ANNUALLY AT A SCHEDULED BOARD MEETING. EACH DIRECTOR, OFFICER, AND 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 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.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** MIDWEST FOOD BANK NFP 41-2120170 THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF MFBS KEY EMPLOYEES, 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: CHANGE IN VALUE OF CHARITABLE LEAD TRUST 1,835.