Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning 03/01/20, and ending 02/28/21

-*6657

NORTHFIELD TOWNSHIP FOOD PANTRY

Net Asset / Fund Balance at Begi	nning of Year			682,539
Revenue Contributions	1	,579,489		
Program service revenue				
Investment income	***************************************			
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	<u>3,600</u>			
Direct expenses				
Net income		3,600		
Other income		500		
Total revenue			<u>1,583,589</u>	
Expenses				
Program services		442,079		
Management and general		130,353		
Fundraising				
Total expenses			572,432	
Excess / (deficit)				1,011,157
Changes				
·				1 600 606
Net Asset / Fund B	alance at End of Year			<u>1,693,696</u>
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus:		Less: Doi Prid Los Oth Plus:		
Investment expenses			estment expenses	
Other	1 502 500	Oth		F70 400
Total revenue per return =	1,583,589		Total expenses per retu	urn 572,432
Assets	Beginning 698,482	Balance She Ending 1,732,	Difference	ces
Liabilities	15,943	38,		
Net assets	682,539	1,693,	696 1,011	<u>,157</u>
	Miscellaneo Amended return	us Information		
	Return / extended due	date 01/18	$3/2\overline{2}$	
	Failure to file penalty		The state of the s	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning 3/01, 2020, and ending 2/28, 25 21

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

Go to www.irs.gov/Form8879EO for the latest information.

PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box for the return being filed with his form was beautiful the property of the	Name of exempt organization or person subject to tax	Taxpayer identification number
Part I: Type of Return and Return Information (Whole Dollars Only) Check the box of line 1a, 2a, 3a, 4d, 5a, 6a, or 7a below, and the amount on that line for the return being filed with his form was blank, then leave line 1b, 2a, 3a, 4d, 5a, 6a, or 7a below, and the amount on that line for the return being filed with his form was blank. Then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (so not enter -0.) But, I you entered -0 on the pericable line below. Do not complete more than one sine in Part 1. 1a Form 990 Check here -	NORTHFIELD TOWNSHIP FOOD PANTRY	**-***6657
Part Type of Return and Return Information (Whole Dollars Only) Check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return to which you are using this Form 887-5C and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blaint, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blaink (on not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-Check here b b Total tarvenue, if any (Form 990, Part VIII, column (A), line 12) b Total tarvenue, if any (Form 990, Part VIII, column (A), line 12) b Total tarvenue, if any (Form 990-PE, Ille 19) c Total Promosed Processor (Ille 10) c Form 990-PE, Part VI, line 5) c Form 990-PE, Part VI, line 5) c Form 990-PE, Part VI, line 6, b Total tarvenue, if any (Form 990-PE, Part VI, line 6) c Form 990-PE, Part VI, line 6, b Total tarvenue, if any (Form 990-PE, Part VI, line 6) c Form 990-PE, Part VI, line 6, b Total tarvenue, if any (Form 990-PE, Part VI, line 6) c Form 990-PE, Part VI, line 6, b Total tarvenue, if any (Form 990-PE, Part VI, line 6) c Form 990-PE, Part VI, line 6, b Total tarvenue, and the form 990-PE, Part VI, line 6, b Total tarvenue, and the Column of the Column of the Part VI, line 6, b Total tarvenue, and the Column of the Column of the Column of the Column of partity, line 6, b Total tarvenue, and the Column of the C	Name and title of officer or person subject to tax SHIVA MOHSENZADEH	
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1a Form 990-EZ check here		
Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1920-PC, check here		1ь 1,583,589
3a Form 1120-POL check here		
4a Form 990-PF check here		
5a Form 8886 check here ▶ b b Balance due (Form 8868, line 3c) 5b 5c Form 9897 check here ▶ b Total tax (Form 970-7, Part III, line 4) 5c Form 4720 check here ▶ b Total tax (Form 970-7, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4) 7b Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 4720 che	4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
See Form 999-T check here?		
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalises of perjury. I declare that XI arm an officer of the above organization of United Penalises of perjury. I declare that XI arm an officer of the above organization of the properties of organization. I declare that XI arm an officer of the above organization of the properties of the properties of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return consent or allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic flunds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-88-8354-8547 no later than 2 business days to the payment (settloment) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal dentification number (PIN) as a my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize Lauterbach & Amen, LLP ERO firm name to enter my PIN as my signature of the return is being filled vittin. If have indicated within this return that a copy of the return is being filled with a state agency(les) regulating charities as part of the IRS Fed/State program, I	6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
DecLaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization o	7a Form 4720 check here ▶	7b
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8 N (8.5 .4 Th) F (17 B 6	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To De	

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 03/01/20, and ending 02/28/21 D Employer identification number C Name of organization Check if applicable: NORTHFIELD TOWNSHIP FOOD PANTRY Address change **-***6657 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 2550 WAUKEGAN ROAD, SUITE 100 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated IL 60025 Glenview 1,583,589 G Gross receipts\$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates? Yes X No Application pending SHIVA MOHSENZADEH H(b) Are all subordinates included? If "No." attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) () 4 (insert no.) 4947(a)(1) or WWW.NORTHFIELDTOWNSHIP.COM H(c) Group exemption number Form of organization: X Corporation Year of formation: 2003 M State of legal domicile: Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance See Schedule O 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 370 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 454,879 8 Contributions and grants (Part VIII, line 1h) 1,579,489 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 438 100 455,317 1,583,589 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 55,000 57,000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 515,432 334,571 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 389,571 572,432 65,746 1,011,157 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 698,482 ,732,646 21 Total liabilities (Part X, line 26) 15,943 38,950 682,539 1,693,696 22 Net assets or fund balances. Subtract line 21 from line 20 ... Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer Jother than officer) is based on all information of which preparer has any knowledge. 01 Signature of officer Sign PRESIDENT SHIVA MOHSENZADEH Here Preparer's signature Print/Type preparer's name PTIN Check if ***** Paid Ronald J Amen, CPA Ronald J Amen, CPA 01/12/22 self-employed Preparer **-***3681 Lauterbach & Amen, LLP Firm's EIN ▶ Firm's name Use Only 668 N. River Rd. Naperville, IL 630-393-1483 Firm's address 🕨

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	SHIP FOOD PANTRY	**-***6657	Page 2
rt III Statement of Program Se			
Check if Schedule O conta	ins a response or note to a	iny line in this Part III	X
Briefly describe the organization's mission:			
ee Schedule O			,
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,			
Did the organization undertake any significa			Yes X No
prior Form 990 or 990-EZ?	the dute O		Yes A No
f "Yes," describe these new services on Sc Did the organization cease conducting, or m		conducte any program	
			Yes X No
f "Yes," describe these changes on Schedu	de O		105 21 140
		three largest program services, as measured	by
		ort the amount of grants and allocations to other	
the total expenses, and revenue, if any, for		service and an end and an end and	,,,
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Code:) (Expenses \$ 3	35,769 including grants of	(\$) (Revenue \$)
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			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	X	1
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			х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
•	alastian in affect during the tay yours I filled I append to School II C. Bert II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1-		
•	assessments, or similar amounts as defined in Revenue Procedure 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	Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	arsesses.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>	2730		
а	complete Schedule D, Part VI	44-		v
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		X
	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	11.5		-41
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		<u> </u>
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	140		
	for any foreign againstance of "Van" complete School de E. Barta II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

-*6657	ŧ	*	_	*	×	×	6	6	5	7	
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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. 34 X or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	-	<u>2b</u>		200000
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а			-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	100000	X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		1
6a	· · · · · · · · · · · · · · · · · · ·			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b		1		
	gifts were not tax deductible?	6b	1550055000	2000000
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		28.25	1904900
	and services provided to the payor?	7 <u>a</u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c	2221762	1.45 (1867)
d			1974	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		 	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		ļ	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C? 7h	1000 (1000) 1000 (1000)	i de dident
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			la de la composición
	sponsoring organization have excess business holdings at any time during the year?	8		300000
9	Sponsoring organizations maintaining donor advised funds.	100		1.6999.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	BD	ideoxeo	236000
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
а	,			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources			
b	()			
42.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	tviksini.	\$ \$500 A 500
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			351030
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	and the second s	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			30000
h	and the contract of the contra			
b	the organization is licensed to issue qualified health plans 13b			
С				
14a		14a		X
	transfer to the transfer to th			
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		, ,	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	. 60, 60, 60	X
16	•	10		
	If "Yes," complete Form 4720, Schedule O.			1.00.0000

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

Sec	tion A. Governing Body and Management					1	
				_		Yes	N
la	Enter the number of voting members of the governing body at the end of the tax year	1a		7	_		
	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		ļ				
	committee, explain on Schedule O.		1.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		3
	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3	<u> </u>	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?			4	<u> </u>	_
	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		ij
	Did the organization have members or stockholders?				6	<u> </u>	Ľ
3	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?	<i></i>			7a		
)	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	.			7b		L
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e yea	ır by	the follow	ving:		
l	The governing body?				8a	Х	L
)	Each committee with authority to act on behalf of the governing body?				8b	X	L
	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				9		
C	tion B. Policies (This Section B requests information about policies not required by the	Inter	rna	<u>l Reven</u>	<u>ue Co</u>		_
					f	Yes	-
	Did the organization have local chapters, branches, or affiliates?				10a		Ŀ
ŧ	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?				10b		
ł	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the	form?	11a		•
•	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
3	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		
•	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to o	conflicts?	12b	X	
>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done				12c	X	
	Did the organization have a written whistleblower policy?		,		13		:
	Did the organization have a written document retention and destruction policy?				14	X	
	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 decisi						
ŀ	The organization's CEO, Executive Director, or top management official				15a		3
•	Other officers or key employees of the organization			,,,,,,,,,	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	<i>.</i>			16a		3
3	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?				16b		
C	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ▶ II.						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website Upon request Other (explain on Schedule O)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	est p	olicy, and	1		
	financial statements available to the public during the tax year.		٠	÷ ·			
	State the name, address, and telephone number of the person who possesses the organization's books and	record	ds I	▶			
ſ.	COLE KOZLOWSKI 2550 WAUKEGAN ROAD, SUITE 100						
	ENVIEW TI. 6002	5		847	-72	4-8	3

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	(d bo	x, unle licer a	Pos check ess pe nd a d	rson lirecto	than o	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,	, , , , , , , , , , , , , , , , , , , ,	related organizations
(1) GAYLE CURCIO	0.00								· · · · · · · · · · · · · · · · · · ·	
TREASURER	0.00	X		X				0	0	0
(2) CARYN FLIEGLER										
	0.00									
SECRETARY	0.00	X	╄	X		-		0	0	0
(3) SHIVA MOHSENZAD	20.00				ĺ					
PRESIDENT	0.00	X		x				o	0	0
(4) SCOTT OTTENHEIM		+	T	1	-				***************************************	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00									
DIRECTOR	0.00	X			<u></u>			0	0	0
(5) VINCENT PACE										
	0.00							_	•	•
DIRECTOR COUNCY	0.00	X	-	-	 	1		0	0	0
(6) DANIEL SCHACK	0.00		1							
DIRECTOR	0.00	X						0	0	0
(7) KATHLEEN SPEARS			\top	1	†	·				
(-,	0.00									
DIRECTOR	0.00	X						0	0	0
(8)										

(9)			1							
(10)	and the state of t									
	ļ									
(11)			†							

(A) Name and title	(B) Average hours per week (list any	, unle	heck ss pe	ition more rson i	than d is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
									A.W	
,										
							,			
, ,										
to Total from continuation shed Total (add lines 1b and 1c)	eets to Part VII	, Se	ctio	n A .			A A			
Total number of individuals (i reportable compensation from				to th	ose	liste	d at	pove) who received more t	than \$100,000 of	Yes No
 Did the organization list any 1 employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and person listed on line 	," complete Sch ne 1a, is the sur anizations great	edui n of er th	repo an \$	for s ortab 3150	<i>uch</i> ole c ,000	indiv ompo)? If	ridua ensa "Yea	alation and other compensa s," complete Schedule J fo	tion from the or such	3 X 4 X
for services rendered to the c Section B. Independent Contract	organization? <i>If</i> tors	"Yes	s," c	отр	lete	Sche	edul	le J for such person		5 X
Complete this table for your f compensation from the organ	five highest com nization. Report (A) I business address	con	sate pen	d ind satio	depe on fo	ende or the	nt co	lendar year ending with or	ore than \$100,000 of within the organization's (B) tion of services	tax year. (C) Compensation
170070-000	3,000,000									
2 Total number of independent received more than \$100,000	t contractors (in	clud	ing l	out n	ot lii	mited	l to	those listed above) who	0	

Pa	rt V	III Statement of Revenue Check if Schedule O con	tains a response or	note to any line in	this Part VIII.		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	Business Co	1,579,489			
Progi	f	All other program service revenue Total. Add lines 2a–2f	.,	-			
		Income from investment of tax-exem Royalties	pt bond proceeds	•			
	b c d	Gross rents 6a Less: rental expenses 6b Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities		-			
Other Revenue	C	sales of assels other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss)					
Othe	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 3,60				
	c 9a	Less: direct expenses Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	9a 9b	3,600			
	с 10а	Net income or (loss) from gaming ac Gross sales of inventory, less returns and allowances Less: cost of goods sold	tivities				
Miscellaneous Revenue	С	Net income or (loss) from sales of in Miscellaneous Income	Business Co				500
Misce	е	All other revenue Total, Add lines 11a–11d Total revenue. See instructions		→ 500 → 1,583,589	A CONTRACTOR OF THE PROPERTY O	0	500

Statement of Functional Expenses Part IX

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 (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 57,000 57,000 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management <u>1,401</u> 1,401 Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 1 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 23,211 23,211 Office expenses 13 4,595 4,595 Information technology 14 15 Royalties 26,000 26,000 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 240 240 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Food Purchases 440,823 440,823 9,885 9,885 Bank Fees 4,170 4,170 Special Assistance C 1,309 3,798 1,309 Equipment Purchases 1,256 2,542 e All other expenses 442,079 572,432 130,353 0 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) DAA Form 990 (2020)

			(A)		(B)
			Beginning of year 648,135		End of year 1,669,698
1			, , , ,	1	1,009,090
2	Savings and temporary cash investments			2	
3	,.,.,			3	
4	Accounts receivable, net		4		
5	Loans and other receivables from any current o				
	trustee, key employee, creator or founder, subs				
	controlled entity or family member of any of the			5	energy army army are a second at the second of the second at the second
6	•				
2	under section 4958(f)(1)), and persons describe		_6		
7	Notes and loans receivable, net			7	<u> </u>
8	Inventories for sale or use		48,947	8	62,388
9	Prepaid expenses and deferred charges		1,400	9	<u>560</u>
10	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
	Less: accumulated depreciation	10b		10c	·
11				11	
12		11		12	
13	Investments—program-related. See Part IV, line	e 11		13	-
14	Intangible assets	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	
15	Other assets. See Part IV, line 11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	
16			698,482	16	1,732,646
17	Accounts payable and accrued expenses		15,943	17	38,950
18	Grants payable		18		
19			19		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Loans and other payables to any current or forr				
22	trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
ã	controlled entity or family member of any of the			22	
23	Secured mortgages and notes payable to unrel	ated third parties		23	
24				24	
25					
	parties, and other liabilities not included on line	s 17-24), Complete Part X	-		
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	<u>38,950</u>
	Organizations that follow FASB ASC 958, ch	eck here X			
3	and complete lines 27, 28, 32, and 33.				
27	•		682,539	27	<u>1,693,696</u>
S 28	to a late to the state of			28	
2	Organizations that do not follow FASB ASC				
	and complete lines 29 through 33.	*****			
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32				29	
30	·			30	
31				31	
32	_			32	1,693,696
** الغ	Total liabilities and net assets/fund balances			33	1,732,646

orn	990 (2020) NORTHFIELD TOWNSHIP FOOD PANTRY **-**6657			Pi	age 12
Pa	rt XI Reconciliation of Net Assets				•
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			589
2	Total expenses (must equal Part IX, column (A), line 25)	2			432
3	Revenue less expenses. Subtract line 2 from line 1	3			157
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		582,	539
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1.0	593,	696
Pa	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	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		1999		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2	X	10000000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				The state of
٠	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	,	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on		·····		
	Schedule O.				
3~	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		P/2/55		111000000
vа			38	,	X
h	Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····· ———————————————————————————————	+	
IJ	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31		
************	required addition addition explain with the obligation of and describe any dropo tallow to differ addition				0 (2020)
					. (

SCHEDULE A (Form 990 or 990-EZ)

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NORTHFIELD TOWNSHIP FOOD PANTRY

Employer identification number **-***6657

P	art	Reas	on for Public Charity	/ Status. (All organizatio	ons mus	st comp	lete this part.) See instr	uctions.				
The	orga	nization is no	t a private foundation becar	use it is: (For lines 1 through 1	2, check	only one	box.)					
1		A church, co	nvention of churches, or as	sociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).					
2	\$100,0000	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)					
3	Varians			vice organization described in								
4	Sagarasa			ed in conjunction with a hospit				the hospital's r	name.			
		city, and stat		•				•	·			
5				of a college or university own	ed or ope	erated by	a governmental unit describe	ed in				
-		_	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	:			governmental unit described i	n section	n 170(b)(1)(A)(v).					
7		An organizat	n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	1			170(b)(1)(A)(vi). (Complete F	Part II.)							
9	Menatrice.	An agricultur	al research organization de	escribed in section 170(b)(1)(of agriculture (see instruction	A)(ix) op							
40	v	university:	.,,,,,,	(1) more than 33 1/3% of its s								
10	A	receipts from support from	n activities related to its exe gross investment income a	mpt functions, subject to certa and unrelated business taxable	ain except e income	tions; and (less sec	I (2) no more than 331/3% of tion 511 tax) from businesses	its				
44	1.1			30, 1975. See section 509(a)								
11	estent.	_	-	d exclusively to test for public				rnaaaa				
12		of one or mo	re publicly supported organ	d exclusively for the benefit of, sizations described in section that describes the type of sup	509(a)(1) or secti	on 509(a)(2). See section 5	09(a)(3).				
	а	the supp	orted organization(s) the po	perated, supervised, or contro ower to regularly appoint or ele	ect a majo			y giving				
	t			complete Part IV, Sections /		eith ita au	anastad arganization(s), by bo	wina				
	D	control o	r management of the suppo	supervised or controlled in con orting organization vested in the se Part IV, Sections A and C.	ne same p							
	С	Type III	functionally integrated. A	supporting organization operastructions). You must compl	ated in co	nnection IV, Section	with, and functionally integrations A, D, and E.	ted with,				
	d	Type III	non-functionally integrate	ed. A supporting organization ne organization generally mus	operated	in conne	ction with its supported organ					
		requirem	ent (see instructions). You	must complete Part IV, Sec	tions A a	nd D, an	d Part V.					
	6			ceived a written determination on-functionally integrated supp								
	f	Enter the nu	mber of supported organiza	ations								
	g	Provide the f	ollowing information about	the supported organization(s)								
(1) Nam	e of supported	(ii) EIN	(III) Type of organization	1' '	organization	(v) Amount of monetary	(vi) Amour				
	org	janization		(described on lines 1-10		ar governing ment?	support (see instructions)	other suppor	•			
				above (see instructions))	Yes	No	instructions)	instruction	15)			
/A\					165	110						
(A)												
(B)												
(C)												
(D)												
(E)												
_					i falliantisa	550000000						

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

Schedule A (Form 990 or 990-EZ) 2020

m 990 or 990-EZ) 2020 NORTHFIELD TOWNSHIP FOOD PANTRY **-***6657 Page 2

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

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

Sec	tion A. Public Support			······································		,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	515,704	408,032	462,727	454,879	1,579,489	3,420,831
2	Tax revenues levied for the organization'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	515,704	408,032	462,727	454,879	1,579,489	3,420,831
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)						
6	Public support. Subtract line 5 from line 4						3,420,831
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	515,704	408,032	462,727	454,879	1,579,489	3,420,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)					500	500
11	Total support. Add lines 7 through 10				l.		3,421,331
12	Gross receipts from related activities, etc.	c. (see instructions	s)			12	59,033
13	First 5 years. If the Form 990 is for the o	organization's first				1(c)(3)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stop he	ere					_
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2020 (line	6, column (f) divid	led by line 11, col	ımn (f))		14	99.99%
15	Public support percentage from 2019 Sc	hedule A, Part II, I	ine 14	,		15	96.65%
16a	33 1/3% support test—2020. If the orga	nization did not cl	neck the box on lir	ne 13, and line 14	is 33 1/3% or mor	re, check this	
	box and stop here. The organization qua	alifies as a publicl	y supported organ	ization			▶ X
b	33 1/3% support test—2019. If the orga	anization did not cl	neck a box on line	13 or 16a, and lin	ne 15 is 33 1/3% o	r more, check	
	this box and stop here. The organization	n qualifies as a pu	blicly supported o	rganization			▶
17a	10%-facts-and-circumstances test—2	020. If the organiz	ation did not chec	k a box on line 13	, 16a, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the "facts-and-	circumstances" te	st, check this box	and stop here. E	Explain in	
b	Part VI how the organization meets the "organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the	019. If the organiz	ation did not chec	k a box on line 13 es" test, check thi	, 16a, 16b, or 17a s box and stop h e	, and line ere. Explain	▶□
18	organization Private foundation. If the organization of instructions	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see	

Schedule A (Form 990 or 990-EZ) 2020

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.)

	If the organization fails to	o quality under	the tests listed	a below, pleas	e complete Pa	irt II.)	
	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	545 504	400 000	****	454 050		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	515,704	408,032	462,727	454,879	1,579,489	3,420,831
	organization's tax-exempt purpose	5,510	27,946	10,022	11,955	3,600	59,033
3	Gross receipts from activities that are not an unrelated trade or business under section 513			380	1,244	500	2,124
4	Tax revenues levied for the organization'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	521,214	435,978	473,129	468,078	1,583,589	3,481,988
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support				<u> </u>		3,481,988
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(0) 2020	(f) Total
	• • • • • •	· ' ·				(e) 2020	(f) Total
9	Amounts from line 6	521,214	435,978	473,129	468,078	1,583,589	3,481,988
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						***************************************
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	521,214	435,978	473,129	468,078	1,583,589	3,481,988
14	First 5 years. If the Form 990 is for the	•		-			£ 2773
	organization, check this box and stop he						>
	tion C. Computation of Public S					1 .= 1	
15	Public support percentage for 2020 (line						100.00%
16	Public support percentage from 2019 Sc			,		16	96,65%
	tion D. Computation of Investm						
17	Investment income percentage for 2020			13, column (f))			<u>%</u>
18 in	vestment income percentage from 2019					18	%
19a	• • • • • • • • • • • • • • • • • • • •						_ : Ú :
	17 is not more than 33 1/3%, check this						
b	33 1/3% support tests—2019. If the org						
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	gig not check a bo	c on line 14, 19a,	or 190, check this		ructions	500 C 10 C

Part IV Supporting Organizations

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

Section	Α.	All	Supporting Organizations	

- 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 12a or 12b in Part I, answer (b) and (c) 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 3a		
3b 3c		
4a		
4 b		
4c		
_40		
5a 5b		
5c		***************************************
6		
7		
9b		
9c		
10a		

Sched	ule A (Form 990 or 990-EZ) 2020 NORTHFIELD TOWNSHIP FOOD PANTRY **-**665	57		Page 5
Pai	rt 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			····
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Senonocen	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cast	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations	T		
	NATURE AND	62946363	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	94(94)999	
Sact	ion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
المحادد	ion of the type in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			erinestrist.
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	elui terrespi eleut	+ other second reference
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruci	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			野野 美艺
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

NORTHFIELD TOWNSHIP FOOD PANTRY Schedule A (Form 990 or 990-EZ) 2020

-*6657

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1¢ 1d d Total (add lines 1a, 1b, and 1c) e 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, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedu Par	ile A (Form 990 or 990-EZ) 2020 NORTHFIELD TOWNS t V Type III Non-Functionally Integrated 509(a)(
rai	Type in Non-Functionally integrated 505(a)(oj Supporting Organ	izations (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pa	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	inization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			***************************************
3	Excess distributions carryover, if any, to 2020			
	From 2015	<u> </u>		
b	From 2016			
С	From 2017			
đ	From 2018	<u> </u>		
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			and the second of the second o
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years		~~~~	
b	Applied to 2020 distributable amount			
c	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			- New York Control of the Control of
8	Breakdown of line 7:	March		
а	Excess from 2016			
	Excess from 2017	M. Addison addison		A STATE OF THE STA
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
			Schedule A	(Form 990 or 990-EZ) 2020

Schedule A (For	m 990 or 990-EZ) 2020	NORTHFIELD	TOWNSHIP	FOOD		**-***6657	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; I	formation. Provide /, Section A, lines 1, Part IV, Section C, li	the explanatior 2, 3b, 3c, 4b, 4 ne 1; Part IV, S	ns require 4c, 5a, 6 Section D	ed by Part II, lin , 9a, 9b, 9c, 11a), lines 2 and 3;	e 10; Part II, line 17a or ı, 11b, and 11c; Part IV Part IV, Section E, lines	17b; Part , Section s 1c, 2a, 2b,
	3a, and 3b; Part \	V, line 1; Part V, Sec Also complete this p	ction B, line 1e; eart for any add	Part V, i itional in	Section D, lines formation. (See	5, 6, and 8; and Part V instructions.)	, Section E,
	11100 2, 0, 0110 07	, noo complete and p					
, , , , , ,	, ,		• • • • • • • • • • • • • • • • • • • •				•••••
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

NORTHFIELD	TOWNSHIP FOOD PANTRY	**-***6657
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private f	foundation
illers of: form 990 or 990-EZ form 990 or 990-EZ form 990-PF fineck if your organizations. form organizations. for an organization or more (in mone contributor's total pecial Rules X For an organizations under 13, 16a, or 16b, \$5,000; or (2) 29 For an organization organization organization organization of the year o	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
Note: Only a section 501 instructions.	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contr y or property) from any one contributor. Complete Parts I and II. See instru- contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line ions of the greater of (1)
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the gear, total contributions of more than \$1,000 exclusively for religious clional purposes, or for the prevention of cruelty to children or animals. Conto instead of the contributor name and address), II, and III.	s, charitable, scientific,
contributor, during contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ they the year, contributions exclusively for religious, charitable, etc., purposed led more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any of plies to this organization because it received nonexclusively religious, charitable, etc., purpose.	es, but no such tions that were received f the parts unless the aritable, etc., contributions
990-EZ, or 990-PF), but i	that isn't covered by the General Rule and/or the Special Rules doesn't fit must answer "No" on Part IV, line 2, of its Form 990; or check the box or 2, to certify that it doesn't meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ or on its

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

Name of organization

NORTHFIELD TOWNSHIP FOOD PANTRY

Page 1 of 1 Page
Employer identification number
-*6657

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Thomas Laird 2245 Royal Ridge Drive Northbrook IL 60062	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 TAWANI FOUNDATION	Total contributions	Type of contribution
2	SUSAN RIFKIN 53 W. JACKSON BLVD CHICAGO IL 60604	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• • • • • • • • • • • • • • • • • • • •		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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 Open to Public Inspection

	· · · · · · · · · · · · · · · · · · ·		
N	ORTHFIELD TOWNSHIP FOOD PANTRY		**-***6657
Pa	ort I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	unds or Other Similar Funds n Form 990, Part IV, line 6.	or Accounts.
		(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 t	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or ed	lucation Preservation of a historica	lly 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 con	servation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	.,,,,,,,,,,,		
C	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/2		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above satist	, , , , , , , , , , , , , , , , , , , ,	
_	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	ų.	
	organization's accounting for conservation easements.	ne organization s ilitariciai statements	that describes the
Ps	art III Organizations Maintaining Collections of Ar	t Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under FASB ASC 958, not to		palance sheet works
	of art, historical treasures, or other similar assets held for public exhi		
	service, provide in Part XIII the text of the footnote to its financial sta		•
ь	If the organization elected, as permitted under FASB ASC 958, to re		nce sheet works of
	art, historical treasures, or other similar assets held for public exhibit		
	provide the following amounts relating to these items:		,
			▶ \$
	(ii) 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 financial da	in, provide the
	following amounts required to be reported under FASB ASC 958 rela		•
а			▶ \$
	Assets included in Form 990, Part X		

Sch	edule D (Form 990) 2020 NORTHELE					××-×					Page ∡
Pa	art III Organizations Maintain	ing Collections	of Art, Hi	storica	l Treasu	res, or C	ther S	imila	ar Ass	ets (c	ontinued
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and other rec	ords, check	any of th	e following t	hat make :	significar	nt use	of its		
a	Public exhibition	d	Loan or exc	hange p	rogram						
b	Scholarly research	e	Other	• .	•						
C	Preservation for future generations	*******	,,								
4	Provide a description of the organization's	s collections and exp	lain how the	y further	the organiz	ation's exe	empt purp	ose i	n Part		
	XIII.	•			J						
5	During the year, did the organization solid	cit or receive donation	ns of art. his	torical tre	easures, or o	other simila	ar				
	assets to be sold to raise funds rather tha									Y	es No
P	art IV Escrow and Custodial A	rrangements.									
SOUTH STATE	Complete if the organizat 990, Part X, line 21.		es" on Fo	rm 990	, Part IV,	line 9, o	r report	ed a	n amo	ount on	Form
	Is the organization an agent, trustee, cust	todian or other intern	nediany for co	ontributio	ns or other	accate not				***************************************	
14			•							:****: v ,	es No
h	If "Yes," explain the arrangement in Part 3	VIII and complete the						• • • • • •	• • • • • • •		35 NO
IJ	ir res, explain the analigement in rait	Am and complete me	: ioliowing ta	DIE.			٦			Amoun	.+
	Dayler back at the state of						-			Amoun	L
	Beginning balance							1c	·····		
d	Additions during the year							1d		·····	
e	• , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1e			
f	Ending balance						L	1f		·····	
	Did the organization include an amount of										
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation	has be	en provided	on Part XI	<u> </u>				
Pa	irt V Endowment Funds.										
	Complete if the organizat	<u>ion answered "Y</u>	<u>es" on Fo</u>	m 990	, Part IV,	line 10.					
		(a) Current year	(b) Prior	year	(c) Two ye	ears back	(d) Thre	e years	back	(e) Fou	r years back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and										
	losses		Ì							1	
d	Grants or scholarships										
	Other expenditures for facilities and								***************************************		
_	programs		[
f	Administrative expenses										
	End of year balance									İ	····
2	Provide the estimated percentage of the o	vieront voor and halo	noo (lino 1a	column	(a)) hold so		<u> </u>			Ĺ	
	Board designated or quasi-endowment		ince (inte 19	COMMIN	(a)) neiù as	•					
a	Dormanet endowment										
D	Permanent endowment ▶ % Term endowment ▶ %										
C	*******	abautal agual 4000/									
α-	The percentages on lines 2a, 2b, and 2c s										
Зa	Are there endowment funds not in the pos	ssession of the organ	ilzation that	are neid	and adminis	stered for t	ne			ı	
	organization by:									-	Yes No
	(i) Unrelated organizations								.,	3a(i)	
	(ii) Related organizations	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as re	quired on Sc	hedule F	₹?					3b	
4	Describe in Part XIII the intended uses of		ndowment fu	nds.							
Pa	rt VI Land, Buildings, and Eq			.	_	_					
	Complete if the organizati	<u>ion answered "Y</u> i	<u>es" on For</u>	<u>m 990,</u>	<u>, Part IV, I</u>	<u>ine 11a.</u>	See Fo	orm (990, F	<u>'art X,</u>	line 10.
	Description of property	(a) Cost or other	basis	(b) Cost or	other basis	(c) A	ccumulated	i		(d) Book	value
		(investment)	-	(oth	er)	de	preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements			,							
	Equipment										
	Other										······································
Total	I. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990 1	Part X. colun	ın (B). Jir	ne 10c)	<u> </u>		▶	1		
			,	(/; ''							

Schedule D (Form 990) 2020

Schedule D (I	Form 990) 2020 NORTHFIELD TOWNSHIP F	OOD PANTRY	<u>**-***6657</u>	Page
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial	derivatives			
	eld equity interests			
(3) Other	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(A)				
(P)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(È)				
	,			
(G)				
	// / / / / / / / / / / / / / / / / / /			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" or	n Earm 990 Part IV	line 11c See Form 990	Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of val	
	(a) beautiful of investment	(b) GOSK VIIIGO	Cost or end-of-year m	
/1\				
<u>(1)</u> (2)				
(3)				
(4)	<u> </u>	<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
· · · · · · · · · · · · · · · · · · ·	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	<u>n Form 990, Part IV</u>	<u>, line 11d. See Form 990</u>	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		······································		
(5)				
<u>(6)</u>				
(7)				
(8)		•		
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part X	Other Liabilities.	******************		
	Complete if the organization answered "Yes" or	n Form 990. Part IV	. line 11e or 11f. See For	m 990. Part X.
	line 25.		,	,
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)	The state of the s			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				7
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization	n's financial statements that re	ports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Ch	eck here if the text of the	e footnote has been provided in	Part XIII

DAA

Sche	edule D (Form 990) 2020 NORTHFIELD TOWNSHIP FOOI			Page 4
Pa	art XI Reconciliation of Revenue per Audited Financia			urn.
	Complete if the organization answered "Yes" on Fo			
1	Total revenue, gains, and other support per audited financial statements	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1,583,589
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,583,589
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,583,589
Pa	art XII Reconciliation of Expenses per Audited Financi			eturn.
	Complete if the organization answered "Yes" on Fo			
1	***************************************			572,432
2	•	1 1		
	Donated services and use of facilities			
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		<u> 2e</u>	
3	Subtract line 2e from line 1		3	572,432
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	**********		
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	**********		572,432
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ee 18.)	5	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ne 18.)	and 2b; Part V, line 4; Pa	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	and 2b; Part V, line 4; Pa	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	ne 18.) nd 4; Part IV, lines 1b t to provide any additio	and 2b; Part V, line 4; Pa	rt X, line

Schedule D (E	orm 990) 2020	NORTHFIELD	TOWNSHIP	FOOD	PANTRY	**-***6657	Page 5
Part XIII	Suppleme	NORTHFIELD ntal Information (continued)			T. T. T	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization

NORTHFIELD TOWNSHIP FOOD PANTRY	**-***6657
Form 990 - Organization's Mission	
THE NORTHFIELD TOWNSHIP FOOD PANTRY PROVIDES	FOOD, GROCERY GIFT CARDS AND
OTHER SERVICES TO QUALIFIED LOW-INCOME RESID	ENTS OF NORTHFIELD TOWNSHIP,
ILLINOIS. THE PANTRY'S MISSION IS SIMPLE: H	UNGER IS UNACCEPTABLE IN OUR
COMMUNITY.	
Form 990, Part VI, Line 11b - Organization's	Process to Review Form 990
The President and Treasurer are provided a c	opy of the Form 990 for review
prior to submission by the accounting firm.	
Form 990, Part VI, Line 12c - Enforcement of	Conflicts Policy
The Pantry President and four directors are	elected officials
of Northfield Township. As such, they must	file annual economic interest
disclosures with Cook County, Illinois.	
Form 990, Part VI, Line 15b - Compensation P	rocess for Officers
The officers and directors are unpaid. Empl	oyee compensation is reviewed
and approved by the Board of Directors as pa	rt of the annual budgeting
process.	
Form 990, Part VI, Line 19 - Governing Docum	ents Disclosure Explanation
Governing documents, financial statements (i	ncluding audit reports) and the
conflict of interest statements are available	e in the Northfield Township
business office during business hours. Key	documents, including financial
and audit reports, are available on the Nort	hfield Township Food Pantry

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
NORTHFIELD TOWNSHIP FOOD PANTRY	**-***6657
website. Copies of documents requested by interested	parties are supplied
by mail or electronically. These documents are also	coutinely included in
grant requests to potential funding agencies.	
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	Page 1 of 1

Two Year Comparison Report 2019 & 2020 Form 990 For calendar year 2020, or tax year beginning 03/01/20 , ending 02/28/21 Name Taxpayer Identification Number NORTHFIELD TOWNSHIP FOOD PANTRY **-***6657 2019 2020 **Differences** 315,266 1. Contributions, gifts, grants 1. 1,254,623 939,357 2. Membership dues and assessments 2. 139,613 324,866 3. Government contributions and grants 3. 185,253 4. Program service revenue 4. 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events -806 3,600 4,406 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 1,244 500 -744 11. 11. Other revenue 455,317 12. 1,583,589 1,128,272 12. Total revenue. Add lines 1 through 11 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 55,000 57,000 2,000 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees 1,348 18. 1,401 26,000 19. Occupancy, rent, utilities, and maintenance 19. 24,000 2,000 20. Depreciation and Depletion 20. 309,223 488,031 178,808 21. Other expenses 21. 389,571 65,746 182,861 945,411 22. Total expenses. Add lines 13 through 21 22. 572,432 1,011,157 23. 23. Excess or (Deficit). Subtract line 22 from line 12 1,583,589 455,317 1,128,272 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 26. Total excludable revenue 1,244 500 -744 26. 698,482 1,732,646 1,034,164 27. Total assets 27. 15,943 38,950 28. Total liabilities 23,007 28. 29. Retained earnings 682,539 1,693,696 1,011,157 29. 30. Number of voting members of governing body 30. 31. Number of independent voting members of governing body 31. 7 7 0 0

32.

537

370

32. Number of employees

33. Number of volunteers

A SEA OF THE OWNER OWNER OF THE OWNER OWN						
NORTHFIELD	TOWNSHIP FOOD	D PANTRY			Employ	Employer Identification Number
	ĺ		2018	2019	2020	2021
Contributions, gifts, grants	515,704	408,032	462,727	454,879	1,579,489	
Drawa sauto rousano						NATIONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)	5,510	16,329	-1,565	-806	3,600	
Gaming revenue (income/loss)						
Other revenue	265	50	380	1,244	200	
Total revenue	521,479	424,411	461,542	455,317	1,583,589	
Grants and similar amounts paid	331,787					
Benefits paid to or for members	THE PROPERTY AND THE PR					
Compensation of officers, etc.						
Other compensation	55,000	104,455	41,250	55,000	57,000	
Professional fees			- 1	1,348	1,401	
Occupancy costs	24,000		24,000	24,000	26,000	**************************************
Depreciation and depletion	- 1	ŀ	į	- 1	- 1	
Other expenses	17,914	٦	- 4	-4	-	
Total expenses	429,901		-	389,571	572,432	
Excess or (Deficit)	91,578	63,096	120,941	65,746	1,011,157	
Total exempt revenue	521,479	424,411	461,542	455,317	1,583,589	
Total unrelated revenue	265	20				777077777777777777777777777777777777777
Total excludable revenue		1	380	1,244	200	
Total Assets	442,631	497,556	631,223	, w	1	
Total Liabilities	9,875	-	14,430	15,943	38,950	
Not Elizad Boloncos	747 707	10F 0F0	C1C 702	OCH COV	707 607 6	

Name NORTHF * Income shown net of expenses Business activity profit/loss	COS SINSKEON CISTSHEGON	l					
* Income shown net of exper Business activity profit/loss	TETET TOMNSTITE	FOOD FANTRY	X			Empt	Employer Identification Number
Business activity profit/loss	ses						
Business activity profit/loss	2016	2017		2018	2019	2020	2021
Capital gains/iosses						The state of the s	
Partner and S Corp gain/loss						***************************************	
Rental income*							
Debt-financed income*							
Controlled organizations income/interest*	nterest*						
Investment income, specific organizations*	nizations*						
Exploited exempt activity income*	ome*						
Other income		.5	50				
Total trade or business income.	.ome. 265	.5	50				
Compensation of officers, ect.							
Other salaries and wages							
Repairs and maintenance							
Bad debts							
Interest							
Taxes and licenses							
Charitable contributions							
Depreciation and Depletion							The state of the s
Deferred compensation plans	s						
Employee benefit programs		*********					

Form 880		ах Ке	lax Keturn History			2020
Name NORTHFIE	NORTHFIELD TOWNSHIP FOOD	OOD PANTRY			Employe **-*	Employer Identification Number
	2016	2017	2018	2019	2020	2021
Other deductions			14.00.00.00.00.00.00.00.00.00.00.00.00.00			
Net income (990T/first activity)	265	20			THE PROPERTY OF THE PROPERTY O	ANTAMANIANT
UBTI from all trades	265	50	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000	1,000			1,000	Christian Lands and Company of the C
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						***************************************
Balance due/Overpayment						

NRTHTOWNFP NORTHFIELD TOWNSHIP FOOD PANTRY **-***6657 FYE: 2/28/2021	NSHIP FOOD PANTRY Federal Stat	ements		
	Form 990, Part IX, Line 24e - All Other Expenses	- All Other Expenses		
Description Emergency Assistance Miscellaneous Education & Training Outreach and promotions	Total Expenses \$ 1,256 1,167 614	Program Service \$ 1,256	Management & General	Fund Raising
Materiais Handling Total	\$ 3,798	\$ 1,256	\$ 2,542	\$
	Schedule A, Part II, Line 1(e)	II, Line 1(e)		
	Description		Amount	
Township Funding Unrestricted Grant Donations Total			\$ 95,480 229,386 1,254,623 \$ 1,579,489	

NRTHTOWNFP NORTHFIELD TOWNSHIP FOOD PANTRY
-*6657 Federal Statements **-***6657

FYE: 2/28/2021

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	E	Excess
Duane & Susan Burnham	\$ 12,000	\$	
St. Peter Community Church			
Dr. Joseph & Elizabeth Hupp	7,500		
Village Treasure House	19,750		
Glenview Community Church			
Whole Foods Market			
Glenbrook High School			
Butler Family Fund			
US Charitable Gift and Trust			
Church World Services	6,328		
GHP Group	5,000		
Underwriters Laboratories, Inc.	,		
The Orchard Evangelical Free Church			
Robert & Terri Cohn Family Found	5,000		
Northview Bank & Trust	5,000		
Lutheran Church of The Ascension	,		
Herman Lustigman Charitable Found	5,000		
Keith Bruch	10,000		
Genevieve Adsit	,		
J&P Dietz - American National Trust	10,215		
Rotary Club of Norhbrook	10,113		
Andrew Webb	30,000		
Thomas Laird	40,000		
TAWANI FOUNDATION	50,000		
Total	\$ 215,906	\$	0

NRTHTOWNFP NORTHFIELD TOWNSHIP FOOD PANTRY	PANTRY	
_*6657 FYE: 2/28/2021	Federal Statements	
	Schedule A, Part II, Line 10(e)	
Description	c	Amount
Miscellaneous Income Total		\$ 500
Schedule	dule A, Part II, Line 12 - Current year	
Description	_	Amount
Pizza Party Pasta Party Pantrv Palooza		3,600
Total		\$ 3,600
	Schedule A, Part III, Line 1(e)	
Description	c	Amount
Township Funding Unrestricted Grant Donations Total		\$ 95,480 229,386 1,254,623 \$ 1,579,489
	Schedule A, Part III, Line 2(e)	
Description		Amount
Pizza Party Pasta Party Pantry Palooza		3,
Total		\$ 3,600

NRTHTOWNEP NORTHFIELD TOWNSHIP FOOD PANTRY FYE: 2/28/2021 Schedule A, Part III, Line 3/e Description Miscellaneous Income Total

Illinois Return Summary

For calendar year 2020, or tax year beginnin 93/01/20 , and ending 02/28/21

-*6657

NORTHFIELD TOWNSHIP FOOD PANTRY

Amount you are paying (IL-990T)	The state of the s
Apportionment	
Total sales everywhere	
Total Illinois sales	<u>0</u>
Apportionment factor 0.0000	<u>0</u> %
Net income or loss	
Investment credits	
Net replacement tax	_
Income tax credits	
Net income tax	
Credit from prior year overpayment	
Total estimated payments	
Form IL-505-B extension payment	
Pass-through withholding payments	
Gambling withholding	
Total payments	secretaria de la constitución de
Overpayment	
Amount to credit forward	
Refund	<u> </u>
Tax due before penalty and interest	
Late payment interest	_
Failure to pay penalty	_
Failure to file penalty	
Total amount due	
Next Year's Estimates	Charitable Registration
1st quarter	Filing fee 15
2nd quarter	Return / extended due date 08/31/21
3rd quarter	
4th quarter	
Total	
Miscellaneous Information	
Amended return	
IL-990T due date /extended date 01/18/22	

For Offi PMT #		LINOIS CHARITABLE ORGANIZATION ANNU Attorney General KWAME RAOUL State of Charitable Trust Bureau, 100 West Rand	f Illinois		Form AG990-I Revised 1/1
		11th Floor, Chicago, Illinois 60601	CO# 010 4	12047	
AMT		Report for the Fiscal Period:			items attached:
- INIT		Beginning <u>03/01/2020</u>	Make Checks X Payable to the Illinois	Copy of Fo	nancial Statements orm IFC
		& Ending <u>02/28/2021</u>	in the state of th		nual Report Filing Fee ate Report Filing Fee
Fede	ral ID#**-***665	57 MO DAY YR	i!	ψ100.00 E	MO DAY YR
Are c	ontributions to the organia	zation tax deductible? X Yes No	Date Organization wa	as created:	10/10/200
	LEGAL		Year-end amounts		
		LD TOWNSHIP FOOD PANTRY	A) ASSETS	A) \$	1,732,646
1		KEGAN ROAD, SUITE 100	B) LIABILITIES	B)\$	38,950
	STATE Glenview CODE 60025	IL	C) NET ASSETS	C)\$	1,693,696
Zir	700E 00023		,		
I.	SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT,	CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AN	ITS.) 79%	D) \$	1,258,223
	E) GOVERNMENT GRA	ANTS & MEMBERSHIP DUES	21%	E) \$	324,866
	F) OTHER REVENUES		0 %	F) \$	500
	G) TOTAL REVENUE, I	NCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$	1,583,589
11.	SUMMARY OF ALL	EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARI	TABLE PROGRAM EXPENSE	77%	H) \$	442,079
	I) EDUCATION PROG	RAM SERVICE EXPENSE	%	1) \$	
	J) TOTAL CHARITABL	.E PROGRAM SERVICE EXPENSE (ADD H & I)	77%	J) \$	442,079
	ار) JOINT COSTS ALLC	CATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
	K) GRANTS TO OTHER	R CHARITABLE ORGANIZATIONS	%	K) \$	
	L) TOTAL CHARITABL	LE PROGRAM SERVICE EXPENDITURE (ADD J & K)	77%	L) \$	442,079
	M) MANAGEMENT AND	GENERAL EXPENSE	23%	M) \$	130,353
	N) FUNDRAISING EXP	ENSE	%	N) \$	
	O) TOTAL EXPENDITU	RES THIS PERIOD (ADD L, M, & N)	100%	O)\$	572,432
111.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES: port of Individual Fundraising Campaign-Form IFC. One for each PFR.) RAISERS:			
		AISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P)\$	
	Q) TOTAL FUNDRAISE	RS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY	THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUND	RAISING CONSULTANTS:			
	•	AID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S)\$	
IV.	COMPENSATION 1	TO THE (3) HIGHEST PAID PERSONS DURING TH	IE YEAR:		
	T) NAME, TITLE: N/A			T) \$	
	U) NAME, TITLE:		Was	U) \$	
١.,	V) NAME, TITLE:			V) \$	ick side of instructions
		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXP.		E3	CODE
***************************************		gular distribution of food & grocery to qualifie	ed low income	W) #	126
		od and Grocery Cards for Winter Holidays		X)#	126
1	Y) DESCRIPTION: Fo	od and Grocery Cards for Spring Holidays		Y)#	126

N	ORTHFIELD TOWNSHIP FOOD PANTRY **-***6657	form AG990)-IL, P	age.
IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	1661 to	X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF,			
	EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR			
	MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH			
	ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRAN-	SACTION		
	IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DI	D		
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION	√2,, 3,		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR		660,000	
	TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	1341.34500	X
E	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE			
IJ,		5.		X
	PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5 .	600,000	
ô	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
٥.	The first street to the sections of the residence of the first street of the first str			
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR			
	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS_\$;(ii) THE AMOU			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEME	ENT		
	AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$	·		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED			
	PURPOSES?	8.	7000000	X
n	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMP	TION		
ਰ.				X
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	(83) 3037	$\overline{}$
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION			
- •	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	-	X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS IT	'S		
	THREE LARGEST ACCOUNTS:			
	Northview Bank & Trust, 245 Waukegan Road, Northfield, IL	60093		
				······
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: GAYLE CURCIO			
		17-724	-83	00
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS	<u></u>		<u>-</u> -
NIT	ED DEN ALTVIOE DED INDVITANE) THE ENIMEDISIONED DECLARE AND CEDTIEV THAT LANGE MYANAMARING.	TUIC ANNU	1A1 (5)	-DA
	ER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THE ATTACHED DOCUMENTS. INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THERE			:rU
	E AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE F			
TA	TE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND TH			
ER	EBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	1		
	Claima Malacona alah McMa 1/1	/ _{1 1}	2 ~	5 .4
	PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE		<u> </u>	<u> </u>
	IRE TO INCLUDE ALL PEES DUE:		ĐΑΙ	<u>_</u>
-	EPORTS ARE DUE WITHIN SIX IONTHS OF YOUR FISCAL YEAR END ()	1-1	3-6	10
	OR FEES DUE SEE INSTRUCTIONS. TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE	<u> </u>	DAT	·
) R	EPORTS THAT ARE LATE OR SIGNATURE		DM!	-
	NCOMPLETE ARE SUBJECT TO A 100,00 PENALTY. Ronald J Amen, CPA			
\$	100.00 PENALTY. RONALD J AMEN, CPA			

PREPARER (PRINT NAME)

SIGNATURE

DATE

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.

2020 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 For the 2020 calendar year, or tax year beginning 03/01/20, and ending 02/28/21 C Name of organization D Employer identification number Check if applicable: NORTHFIELD TOWNSHIP FOOD PANTRY Address change **-***6657 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 2550 WAUKEGAN ROAD, SUITE 100 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated IL 60025 Glenview 1,583,589 G Gross receipts\$ Amended return Name and address of principal officer: Yes X No H(a) is this a group return for subordinates? Application pending SHIVA MOHSENZADEH H(b) Are all subordinates included? If "No." attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) () 🍕 (insert no.) 4947(a)(1) or WWW.NORTHFIELDTOWNSHIP.COM Website: H(c) Group exemption number Form of organization: X Corporation Year of formation: 2003 M State of legal domicile: IL Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance See Schedule O if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 370 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 454,8798 Contributions and grants (Part VIII, line 1h) 1.579.489 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 438 455,317 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,583,589 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 55,000 57,000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 334,571 515,432 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 389,571 572,432 65,746 1,011,157 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 698,482 1,732,646 21 Total liabilities (Part X, line 26) 15,943 <u>38,950</u> 682.539 1,693,696 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (either than officer) is based on all information of which preparer has any knowledge. OI Sign SHIVA MOHSENZADEH PRESIDENT Here Preparer's signature PTIN Print/Type preparer's name Check Paid Ronald J Amen, CPA Ronald J Amen, CPA 01/12/22 self-employed ****** Preparer **-***3681 Lauterbach & Amen, LLP Firm's EiN ▶ Firm's name **Use Only** 668 N. River Rd.

Firm's address

Naperville, IL

May the IRS discuss this return with the preparer shown above? See instructions

60563

630-393-1483

X Yes

Part III Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission:	
ee Schedule O	
	,
· ····································	, , , , , , , , , , , , , ,
*	
Did the organization undertake any significant program services during the year which were not listed on the	
	Yes X No
If "Yes," describe these new services on Schedule O.	165 21 110
Did the organization cease conducting, or make significant changes in how it conducts, any program	
	Yes X No
If "Yes," describe these changes on Schedule O.	Tes A No
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.	
(Code:) (Expenses \$ 335,769 including grants of \$) (Revenue \$	
OWNSHIP RECEIVE MONTHLY DISTRIBUTIONS OF PERISHABLE AND NON-PER ROCERIES, GROCERY GIFT CARDS, PAPER PRODUCTS AND CLEANING SUPPL AY ALSO VISIT THE PANTRY DAILY FOR ADDITIONAL BAKED GOODS, FRES RODUCE AND MISCELLANEOUS ITEMS.	IES. TH H
NODOCE PARD RESOCIETATIONS TERMS.	

PRING & WINTER HOLIDAY PROGRAMS: EACH SPRING AND WINTER, THE PA	NTRY)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	to story in affect the device with a boundary the boundary of the West II appropriate Cabadeda C. Dout II	4	İ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ľ	
	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			v
4.5	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	in and an about the Market Colombia D. Book V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	03346	
	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,"			2011/2004
	complete Schedule D, Part VI	11a	ŀ	X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l I		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			•
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

*	*	 *	*	*	Æ	£	5	7

Page 4 Checklist of Required Schedules (continued) Part IV Yes No 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, 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 X persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Pe	int v Statements Regarding Other IRS Filings and Tax Compliance (CO)	nunueu)		Voc	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	8888	168	740				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b	1	1				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	1,114,411	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche				1 ==				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot			1					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country		4a		X				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b		X				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	,	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	lid the							
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contrit	butions or			<u> </u>				
~	gifts were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).			189984	200.000				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods							
	and annione arraided to the payor?		7a	e ezglede j	Assemble.				
b	15 (95) - 15 did the assessment of the demand the value of the mode or continue movided?		7h	<u> </u>					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which								
•	required to file Form 8282?		7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	· · · · · · · · · · · · · · · · · · ·	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or	********	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	<u> </u>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		[
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint			7.52.53					
-	and the same leading have account to the same haldings of any time device the year?		8		*2.24*****				
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		N 200000				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:				453				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)	116							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f		12a						
		12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the organization receive only payments for indept tenning carriers during the tay year?		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.		8:1888						
16	is the organization an educational institution subject to the section 4968 excise tax on net investor	nent income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) NORTHFIELD TOWNSHIP FOOD PANTRY **-**6657 Page 6 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

<u>oet</u>	tion A. Governing body and management			······································	T	T					
1-	Enter the number of voting mambers of the neverning bady at the and of the tay year	1 4-	7	(C) (C)	Yes	No					
!a	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	1a		-							
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.				1						
h											
b	,										
2	any other officer director tricted or key employee?										
2	Did the organization delegate control over management duties customarily performed by or under the direct			. 2	<u> </u>	X					
3						v					
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	,	,,,,,,,,,,,	. 3	 	X					
4	 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 										
	6 Did the appropriation becomes the believed										
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint			. 6		X					
7a	the second state of the se			7a		x					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			· /a							
b				7b		х					
۰	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during to		by the fail	•							
8	The governing body?	-	-		Х						
a	The governing body? Each committee with authority to act on behalf of the governing body?	. , , ,		. 8a 8b	X						
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			. 00	<u> </u>						
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			0		x					
200	tion B. Policies (This Section B requests information about policies not required by the			nue C	nde l	22					
000	tion b. Follows (Fine Country Droquedie Information about policide Hot required by the	TITEOT	inai riove	mac O	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	•••••		. 100							
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before			11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No " on to line 13			12a	X	\$45354577					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12							
_	describe in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?		,,,,,,,,,,,	42		Х					
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	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 decis	ion?									
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	• • • • • • • •	,								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a		X					
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?			16b		2447247					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	- 1-1	-							
	X Own website Another's website Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	interes	st policy, a	nd							
	financial statements available to the public during the tax year.		, ,,-								
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	s 🕨								

NICOLE KOZLOWSKI 2550 WAUKEGAN ROAD, SUITE 100

IL 60025

847-724-8300

GLENVIEW

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	offi	(, unle icer al	Pos theck ess pe	rson lirecto	than o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(iv 2 loss miss)	(11 2 1000 miles)	related organizations
(1) GAYLE CURCIO										
TREASURER	0.00	х		x				0	0	0
(2) CARYN FLIEGLER										
	0.00	3.7		٠,						•
SECRETARY (3) SHIVA MOHSENZAD	0.00	X		X				0	0	0
(5) SHIIVA MOHSENZAD	20.00								:	
PRESIDENT	0.00	X	<u> </u>	X				0	0	0
(4) SCOTT OTTENHEIM										
	0.00	7.							_	•
DIRECTOR (5) VINCENT PACE	0.00	X	ļ			 		0	0	0
(5) VINCENI PACE	0.00									
DIRECTOR	0.00	X						0	0	0
(6) DANIEL SCHACK										,
DIRECTOR	0.00	x						o	0	0
(7) KATHLEEN SPEARS		<u>v</u>		ļ	<u> </u>	-		0	0	0
(*) The a similar of Alice	0.00									
DIRECTOR	0.00	X						0	0	0
(8)										-
(9)										
	· · · · · · · · · · · · · · · · · · ·									
(10)										
· · ·										
(11)						+		100		
				<u> </u>	<u> </u>					

					Ì					İ			

	· · · · · · · · · · · · · · · · · · ·												
1b	Subtotal					▶							
C	Total from continuation she	eets to Part VII,	Sectio	n A , ,				***					
d	Total (add lines 1b and 1c)					▶							
2	Total number of individuals (i reportable compensation from			to the	se liste	d ab	ove) who re	ceived more	than \$100,000 of	f			
											F	Yes	No
3	Did the organization list any f							ihest comper	sated		3		X
4	employee on line 1a? If "Yes, For any individual listed on lin							aer compane	ation from the		3	10.0000000	<u> </u>
7	organization and related orga												
											4		X
5	individual										A second		10000
	for services rendered to the o		Yes, c	omple	te Sch	edule	J for such	person			5		X
	ion B. Independent Contract												
1	Complete this table for your fi compensation from the organ							ending with o	r within the organ		Γ,		
	Name and	(A) business address						Descr	(B) iption of services		Co	(C) empensa	tion
						<u> </u>							
						<u> </u>				······	<u> </u>		
2	Total number of independent received more than \$100,000							above) who		0			
AAC											Forn	n 990	(2020)

-*6657 Form 990 (2020) NORTHFIELD TOWNSHIP FOOD PANTRY Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt function revenue (D) Revenue excluded (A) Total revenue from tax under business revenue sections 512-514 Contributions, Gifts, Grant and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 324,866 1e f All other contributions, gifts, grants, and similar amounts not included above 1,254,623 1q g Noncash contributions included in lines 1a-1f , . 1,579,489 h Total. Add lines 1a-1f Business Cod Program Service Revenue . f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6a Gross rents b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other 7b basis and sales exps. 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 3,600 8a **b** Less: direct expenses 8b 3,600 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 500 500 Miscellaneous Income All other revenue , 500 e Total. Add lines 11a-11d

1,583,589

0

500

Total revenue. See instructions

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 (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 57,000 Other salaries and wages 57,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 11 Fees for services (nonemployees): Management 1.401 1,401 b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 23,211 23,211 Office expenses 13 4,595 Information technology 4,595 14 15 Royalties 26,000 26,000 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization Insurance 240 240 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 440,823 440,823 Food Purchases 9,885 9,885 Bank Fees b 4,170 Special Assistance 4,170 Equipment Purchases 1,309 1,309 1,256 e All other expenses 3,798 2,542 130,353 572,432 442.079 Total functional expenses. Add lines 1 through 24e 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)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
	Cash—non-interest-bearing	648,135	1	1,669,698
2	* * * * * * * * * * * * * * * * * * * *		2	
3	* *************************************		3	
4			4	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
- (Loans and other receivables from other disqualified persons (as defined			
र्ध	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	48,947	8	62,388
9		1,400	9	560
10	Da Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a		1	
	b Less: accumulated depreciation 10b	1	10c	y non-elevation, least activities et y televate a later autorial televate.
1.			11	
)	2 Investments—other securities. See Part IV, line 11		12	
1:			13	
14			14	······································
11	***************************************		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	698,482	16	1,732,646
17	111111111111111111111111111111111111111	15,943	17	38,950
18			18	
19			19	
20			20	
2			21	
1				
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>a</u>	controlled entity or family member of any of these persons		22	
ر تا	Secured mortgages and notes payable to unrelated third parties		23	
1	I II			
24	* 101010770711011011011		24	
2	• • • • • • • • • • • • • • • • • • • •			
	parties, and other liabilities not included on lines 17-24). Complete Part X	•	00	
١,,	of Schedule D	15,943	25	20 050
26		13,943	26	38,950
es es	Organizations that follow FASB ASC 958, check here X			
<u>د</u> ا ۾	and complete lines 27, 28, 32, and 33.	600 500		1 602 606
물 27	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	682,539	27	1,693,696
<u> 연</u> 28	***************************************	e de la companya del companya de la companya del companya de la co	28	September 2000 and September 200
5	Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	and complete lines 29 through 33.		100000	
25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29	
<u>9</u> 30			30	
% 31	,		31	
호 32 본	11414-1144-144-144-144-144-144-14-14-14-	682,539	32	<u>1,693,696</u>
_ 33	Total liabilities and net assets/fund balances	698,482	33	1,732,646

Form	990 (2020) NORTHFIELD TOWNSHIP FOOD PANTRY **-**6657			Pa	ge 1 2
Pa	rt XI Reconciliation of Net Assets			~~~~	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,58	33,	589
2	Total expenses (must equal Part IX, column (A), line 25)	2			432
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0	L1,	157
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			539
5	Net unrealized gains (losses) on investments	5	***************************************		
6	Donated services and use of facilities	6			
7	Investment expenses			•	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		•		
	32, column (B))	10	1,69	93,	696
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	,,			等班
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	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		7/636		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

			NORTHETELD :	FOUNSHIP FOOD P	ANTK	Y	**-**	16657	
P	art	Reas	on for Public Charity	Status. (All organization)	ons mus	st comp	lete this part.) See inst	ructions.	
'ne	orga	nization is no	ot a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	box.)		
1	:	A church, co	onvention of churches, or as	ssociation of churches describ	ed in sec	tion 170	(b)(1)(A)(i).		
2	your ()(A)(ii). (Attach Schedule E (F					
3	in manual			vice organization described in					
4	20220			ed in conjunction with a hospi				the hospital's name	
•	t	city, and sta		ou in congenionari mar a moopi	tor accor.	000 111 00	out troppy the fine	the nospitars name,	
5	: "			t of a college or university owr	and or on	arated hu	a governmental unit describ	ad in	٠.
J	Same of the same o				ied or op	crateu by	a governmental unit describi	eu m	
6	(11)		(b)(1)(A)(iv). (Complete Pa	governmental unit described i	n coetic	n 470(h)/	4\/A\/w)		
7	proces			governmental unit described i a substantial part of its suppor				and the	
′	1		section 170(b)(1)(A)(vi).		i nom a ç	30vermne	mai unit or nom the general	public	
8				170(b)(1)(A)(vi). (Complete f	Part II \				
9	555 5			escribed in section 170(b)(1)(aratad in	conjunction with a land-grant	t collogo	
•	V	or university university:	or a non-land-grant college	e of agriculture (see instruction	ns). Enter	the name	e, city, and state of the colleg	e or	
10	X		tion that normally receives:	(1) more than 33 1/3% of its s	upport fro	om contri	outions membership fees ar	nd aross	
	-7			mpt functions, subject to certa					
				and unrelated business taxabl					
		acquired by	the organization after June	30, 1975. See section 509(a))(2). (Cor	nplete Pa	rt III.)		
11		An organiza	tion organized and operated	d exclusively to test for public	safety. Se	e sectio	n 509(a)(4).		
12				d exclusively for the benefit of,					
				nizations described in section					
		Check the b	ox in lines 12a through 12d	that describes the type of sup	porting o	rganizatio	on and complete lines 12e, 12	2f, and 12g.	
	а			perated, supervised, or contro				y giving	
				ower to regularly appoint or ele		ority of the	e directors or trustees of the		
				complete Part IV, Sections /					
	þ		,,	supervised or controlled in con				•	
				orting organization vested in the Part IV, Sections A and C.		persons ti	nat control or manage the sup	oported	
	_		• • •	supporting organization operation			soult and franciscotts into your	A	
	С			structions). You must compl				teu with,	
	d			ed. A supporting organization				nization(s)	
				ne organization generally mus					
				must complete Part IV, Sec					
	е			celved a written determination				11	
				on-functionally integrated supp	porting or	ganizatio	n.		
	f		mber of supported organiza	* * * * * * * * * * * * * * * * * * * *			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	g	Provide the	following information about	the supported organization(s).					_
(i		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	org	anization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	indiadions)	man denoma)	
(A)					1	110			
(~)									
(B)									
,									
(C)	····	·							
(U)									
1101				<u> </u>	+				_
(D)									
, gov. 1				* ariana a	-	 			
(E)					1				
					V 59303	1000000000			
nt:	LE		■ 4 にっこう ちゅうしょうかい しゃくだいがく ひだいがく しゃくしょかか	1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	事のようなよってがないですが、	 ************************************		r	

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

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

500	ction A. Public Support	n ians to quan	iy under the te	SIS listed Delot	w, please com	piete Part III.)	
***************************************	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(=) 2020 T	/f) T-4-1
Caic	inda year (or riscar year beginning in)	(a) 2010	(0) 2017	(6) 2016	(a) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	515,704	408,032	462,727	454,879	1,579,489	3,420,831
2	Tax revenues levied for the organization'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	515,704	408,032	462,727	454,879	1,579,489	3,420,831
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)						
6	Public support. Subtract line 5 from line 4						3,420,831
	tion B. Total Support					······································	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	515,704	408,032	462,727	454,879	1,579,489	3,420,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)					500	500
11	Total support. Add lines 7 through 10						3,421,331
12	Gross receipts from related activities, etc	. (see instructions	3)			12	59,033
13	First 5 years. If the Form 990 is for the o	organization's first	, second, third, for	irth, or fifth tax yea	ar as a section 50	1(c)(3)	
	organization, check this box and stop he						<u></u>
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2020 (line	6, column (f) divid	led by line 11, colu	ımn (f))		14	99.99%
15	Public support percentage from 2019 Sc	hedule A, Part II, I	ine 14			15	96.65%
16a					is 33 1/3% or mor	e, check this	
	box and stop here. The organization qua						▶ <u>X</u>
b	33 1/3% support test—2019. If the orga				e 15 is 33 1/3% o	r more, check	
	this box and stop here. The organization					**************	
17a	10%-facts-and-circumstances test—20	-					
	10% or more, and if the organization med				•	•	
	Part VI how the organization meets the "						,
	organization					1+4+414	
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizatio				,		
	in Part VI how the organization meets the						<u>.</u> 244
40	organization	Balana alamata		465 475 421		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>
18	Private foundation. If the organization of						L to
	instructions						P

Schedule A (Form 990 or 990-EZ) 2020 NORTHFIELD TOWNSHIP FOOD PANTRY **-**6657 Page:

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.)

Sac	tion A Public Support	quality under	the tests lister	pelow, please	s complete Pa	irt II.)	
	tion A. Public Support	(-) 2040	(b) 2047	(-) 2040	(4) 2040	(a) 0000	AD Takal
	· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	515,704	408,032	462,727	454,879	1,579,489	3,420,831
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,510	27,946	10,022	11,955	3,600	59,033
3	Gross receipts from activities that are not an unrelated trade or business under section 513			380	1,244	500	2,124
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	521,214	435,978	473,129	468,078	1,583,589	3,481,988
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						3,481,988
	tion B. Total Support		41.004		/ !! sa/s		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	521,214	435,978	473,129	468,078	1,583,589	3,481,988
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.				- - - - - - - - - - - - - - - - - - -		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				THE THE THE THE THE THE THE THE THE THE		
13	Total support. (Add lines 9, 10c, 11, and 12.)	521,214	435,978	473,129	468,078	1,583,589	3,481,988
14	First 5 years. If the Form 990 is for the o					······································	3,401,300
	organization, check this box and stop he					,	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2020 (line to	β, column (f), divid	ed by line 13, col	umn (f))		15	100.00%
16	Public support percentage from 2019 Sch						96.65%
Sec	tion D. Computation of Investme	<u>ent Income Pe</u>	ercentage				
17	Investment income percentage for 2020 ((line 10c, column (f), divided by line	13, column (f))	,	17	%
	vestment income percentage from 2019 S						%
19a	33 1/3% support tests—2020. If the orga						(4g)
	17 is not more than 33 1/3%, check this b	· ·				· -	▶ X
þ	33 1/3% support tests—2019. If the organization						
20	line 18 is not more than 33 1/3%, check to Private foundation. If the organization d					•	
LV	i mate iounidation, it the organization of	TO HOLDINGON A NOX	. OI I III G 174, 100, 1	. 100, 0:100K HIS	POV 8110 900 1119/1	GOUDID	

Part IV Supporting Organizations

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

Section	A.	. All	Sup	opo	orting	g Or	gan	ization	S

- 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 12a or 12b in Part I, answer (b) and (c) 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.
- 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
- 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		
3a		
3b 3c		
4a		
4b		
4c		
5a 5b		2000.00
5c	· problèm proc	(a
6		
7		
Ω		
9a		
9b		
9c		
10a 10b		Marie

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

За

Schedule A (Form 990 or 990-EZ) 2020 NORTHFIELD TOWNSHIP FOOD PANTRY **-***6657 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e 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. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 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 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4

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

5

Schedule A (Form 990 or 990-EZ) 2020

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

Schedu	ıle A (Form 990 or 990-EZ) 2020 NORTHFIELD TOWNSI			
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)	······································	
6	Other distributions (describe in Part VI). See instructions.	······································	······································	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T (3)	(19	/***\
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–explain in Part VI). See			
3	instructions. Excess distributions carryover, if any, to 2020			
	T 3/14E			
	E 0040			
	From 2017			
	Erom 2010			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)		Control of the Contro	
ì	Remainder. Subtract lines 3g, 3h, and 3i from line 3f,			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if		, , ,	
	any, Subtract lines 3g and 4a from line 2, For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI, See instructions.			
7	Excess distributions carryover to 2021, Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
	Excess from 2020	化-建铁化基础等		

Schedule A (For	m 990 or 990-E2	2) 2020	NORTH	FIELD	TOWN	SHIP	FOOD	PANTR	Y	**-***6	657		Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b lines 2, 5, a	ntal Info Part IV, and 2; Pa and 2; Part V,	Section A rt IV, Sec line 1; Pa	A, lines 1 ction C, li art V, Sed	, 2, 3b, 3 ine 1; Pa ction B, l	3c, 4b, 4 art IV, S line 1e;	4c, 5a, 6 lection D Part V,	6, 9a, 9b, 0, lines 2 Section D	9c, 11a, and 3; F), lines 5	11b, and 1 art IV, Sect 5, 6, and 8;	1c; Pa ion E and P	art IV, , lines	17b; Part Section 1c, 2a, 2
,		, , , , , , , , , , , , ,				*********					,		
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer Identification number

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N	ORTHE	TIELD TOWNSHIP FOOD PANTRY	i i	**-**	* 6657
-	art I	Organizations Maintaining Donor Advised F	unds or Other Similar Funds		
		Complete if the organization answered "Yes" o	n Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total nur	mber at end of year			
2	Aggrega	te value of contributions to (during year)			
3	Aggrega	te value of grants from (during year)			
4	Aggrega	te value at end of year			
5	Did the o	organization inform all donors and donor advisors in writing	that the assets held in donor advised		
	funds are	e the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		organization inform all grantees, donors, and donor advisors			
	only for c	charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose		
	conferrin	g impermissible private benefit?		<u></u>	Yes No
Pa	art II	Conservation Easements.			
		Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.		
1		(s) of conservation easements held by the organization (che			
	Pres	ervation of land for public use (for example, recreation or ec	lucation Preservation of a historically	/ important l	and area
	Prote	ection of natural habitat	Preservation of a certified hi	istoric struct	ture
	Pres	ervation of open space			
2		e lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a co	onservation	
	easemen	nt on the last day of the tax year.		Hel	ld at the End of the Tax Year
а					
b	Total acr	eage restricted by conservation easements	,	2b	
C		of conservation easements on a certified historic structure in		2c	
d		of conservation easements included in (c) acquired after 7/2			
	historic s	tructure listed in the National Register		2d	
3	Number	of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	nization dur	ing the
	tax year				
4		of states where property subject to conservation easement			
5		organization have a written policy regarding the periodic m	- · ·		21.1 minus
		s, and enforcement of the conservation easements it holds?			
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservati	on easemer	nts during the year
	·				
7		of expenses incurred in monitoring, inspecting, handling of v	riolations, and enforcing conservation ea	asements di	uring the year
_					
8		ch conservation easement reported on line 2(d) above satis			
_	and secti	on 170(h)(4)(B)(ii)?			Yes No
9		III, describe how the organization reports conservation ease			a.
		sheet, and include, if applicable, the text of the footnote to the tion's accounting for conservation easements.	ie organization s financial statements th	at describes	s the
D.	rt III	Organizations Maintaining Collections of Ar	t Historical Transuras or Oth	or Simila	r Accets
1 ¢	11 4 221	Complete if the organization answered "Yes" or	n Form 990 Part IV line 8	ei Jiiiiia	i Moodio.
1 2	If the ora	anization elected, as permitted under FASB ASC 958, not to		Janco shoot	worke
Iu	•	storical treasures, or other similar assets held for public exhi	•		
		provide in Part XIII the text of the footnote to its financial sta		ance of publ	iu
h		anization elected, as permitted under FASB ASC 958, to re		e chaat wo	rke of
_	_	rical treasures, or other similar assets held for public exhibit			
		he following amounts relating to these items:	, saccase, or resource an interestant	or banto :	3017100,
	(i) Reve	nue included on Form 990. Part VIII. line 1		b ¢	
	(ii) Accal	nue included on Form 990, Part VIII, line 1 ts included in Form 990, Part X		• 4 • •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	If the oras	ts included in Form 990, Part X anization received or held works of art, historical treasures,	or other similar assets for financial cain	nrovide the	,
-	=	amounts required to be reported under FASB ASC 958 rela	•	' hinning tile	•
я			= -	b 0	
h	Assets in	included on Form 990, Part VIII, line 1	***************************************	► Ф \$ ♦	********************

Sche	edule D (Form 990) 2020 NORTHFIE	ELD TOWNSH	IP FOO	D PAN	1TRY	***	**66	557			P	age 2
Pa	art III — Organizations Maintain	ing Collections	of Art, H	istorica	l Treasur	es, or C	ther S	Simila	r Asse	ets (c		
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and other rec	ords, check	any of th	e following t	hat make :	significa	nt use o	of its			
а	Public exhibition	d : :	Loan or ex	change p	rogram	•						
b	tarent .	e .	Other	,	,,,,,,,,,,,							
c	20000	- · <i>i</i>										
	Provide a description of the organization's	s collections and exc	lain how th	ev further	the organiza	ation's exe	mpt pur	pose in	Part			
•	XIII.			-,			, p p	p ().				
5	During the year, did the organization solid	cit or receive donatio	ns of art. his	storical tre	easures, or o	ther simila	ar					
-	assets to be sold to raise funds rather that									Y	9S	No
Pa	art IV Escrow and Custodial A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		y					<u> </u>			
	Complete if the organizat 990, Part X, line 21.		es" on Fo	orm 990	, Part IV, I	line 9, o	r repor	ted ar	ı amou	ınt or	For	m
1a	Is the organization an agent, trustee, cust	todian or other intern	nediary for o	contributio	ons or other	assets not						
	included on Form 990, Part X?									Y	98	No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following t	able:		, ,						
	, ,	•	·						j	Amour	t	
С	Beginning balance							1c				
d	Additions during the year			• • • • • • • • • •				1d				
	Distributions during the year											,
	Ending balance							1f				
2a	Did the organization include an amount o	n Form 990. Part X.	line 21. for	escrow or	custodial ac	count liab	ilitv?			Y	25	No
	If "Yes," explain the arrangement in Part										roms	
	ert V Endowment Funds.										**	<u> </u>
	Complete if the organizat	ion answered "Y	es" on Fo	orm 990	, Part IV, I	ine 10.						
		(a) Current year	(b) Pric	······································	(c) Two ye		(d) Th	ree years	back	(e) Fou	r years	back
1a	Beginning of year balance											
	Contributions			***************************************								
	Net investment earnings, gains, and											
-	losses											
d	Grants or scholarships											·
	Other expenditures for facilities and	<u></u>									······································	
•	programs											
f	Administrative expenses											
	End of year balance		<u> </u>									
	Provide the estimated percentage of the	current vear end bala	ance (line 1	a. column	(a)) held as		L					
	Board designated or quasi-endowment			,	(4),							
	Permanent endowment ▶ %											
	Term endowment ▶ %											
•	The percentages on lines 2a, 2b, and 2c	should equal 100%.										
3a	Are there endowment funds not in the pos		nization that	are held	and adminis	tered for t	he					
•	organization by:									- [Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
h	If "Yes" on line 3a(ii), are the related orga	nizations listed as re	guired on S	chedule i						3b		
4	Describe in Part XIII the intended uses of				••							
Pa	ert VI Land, Buildings, and Ed										·····	
	Complete if the organizat		es" on Fo	rm 990	. Part IV. I	ine 11a.	See F	orm 9	90. Pε	art X.	line '	10.
	Description of property	(a) Cost or other			other basis	i	ccumulate		T	(d) Book		
		(investment)	ŀ	(oti	her)		preciation		`			
1a	Land							Section.				
h	Buildings					1			:			
~	Leasehold improvements	• •				 				·······		
	Equipment											
	Other					1						
	I. Add lines 1a through 1e. (Column (d) mu		Part X. colu	mn (B). Iii	ne 10c.)	L		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

(7) (8) (9)

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

Sche	edule D (Form 990) 2020 NORTHFIELD TOWNSHIP FOOD P	ANTRY	**-***6657	Page 4
	art XI Reconciliation of Revenue per Audited Financial Sta			ırn.
	Complete if the organization answered "Yes" on Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	1,583,589
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-,,
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII.)	2d		
۵	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,583,589
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.) Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	1,583,589
	art XII Reconciliation of Expenses per Audited Financial St			
re				eturn.
	Complete if the organization answered "Yes" on Form 99			E70 400
1				572,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F. 1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	9,000	
C	Other losses	2c		
đ	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1	,	3	572,432
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b	\$4.50 B	
-	The free free fire are still the street of t			
c	Add lines 4a and 4b			
5 -	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			572,432
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.		5	
с 5 Ра Роуі	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line 4; Par	
с 5 Ра Роуі	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	Part IV, lines 1b	and 2b; Part V, line 4; Par	
с 5 Ра Роуі	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	o and 2b; Part V, line 4; Par ional information.	t X, line
с 5 Ра Роуі	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b	o and 2b; Part V, line 4; Par ional information.	t X, line
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Schedule D (F	orm 990) 2020	NORTHFIELD	TOWNSHIP	FOOD	PANTRY	**-***6657	Page 5
Part XIII	Supplemer	NORTHFIELD ntal Information (continued)				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAME OF THE PARTY

Employer identification number **-***6657

NORTHFIELD TOWNSHIP FOOD PANTRY Form 990 - Organization's Mission THE NORTHFIELD TOWNSHIP FOOD PANTRY PROVIDES FOOD, GROCERY GIFT CARDS AND OTHER SERVICES TO QUALIFIED LOW-INCOME RESIDENTS OF NORTHFIELD TOWNSHIP, ILLINOIS. THE PANTRY'S MISSION IS SIMPLE: HUNGER IS UNACCEPTABLE IN OUR COMMUNITY. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The President and Treasurer are provided a copy of the Form 990 for review prior to submission by the accounting firm. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Pantry President and four directors are elected officials of Northfield Township. As such, they must file annual economic interest disclosures with Cook County, Illinois. Form 990, Part VI, Line 15b - Compensation Process for Officers The officers and directors are unpaid. Employee compensation is reviewed and approved by the Board of Directors as part of the annual budgeting process. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, financial statements (including audit reports) and the conflict of interest statements are available in the Northfield Township business office during business hours. Key documents, including financial

and audit reports, are available on the Northfield Township Food Pantry

Page 1 of 1