## **PUBLIC DISCLOSURE COPY**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A I	or the	2021 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	S CHICAGOLAND FOOD INC			
Ī	Name change	- · · · · · · · · · · · · · · · · · · ·	E NETW	81-34971	50
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
	Final return/	802 WESLEY AVE		312-525-9	9653
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	324,211.
	Amend return	ed OAK PARK, IL 60304		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: ALAN REED		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>ı</u>	Гах-ехе	empt status: $\bigcirc$ 501(c)(3) $\bigcirc$ 501(c)( $\bigcirc$ 6 ) $\bigcirc$ (insert no.) $\bigcirc$ 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: ▶ WWW.CHICAGOLANDFOOD.ORG		H(c) Group exemption	n number 🕨
K	orm of	organization: X Corporation	<b>L</b> Year	of formation: 2016 N	<b>1</b> State of legal domicile: <b>IL</b>
Pa	_	Summary			
çe	1 1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	LE O	
Activities & Governance	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	eets
Veri	3			3	12
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
ॐ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1
iţi	6	Total number of volunteers (estimate if necessary)			15
ξį	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		0.	41,400.
Revenue	1	Program service revenue (Part VIII, line 2g)		312,341.	247,811.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,326.	35,000.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		332,667.	324,211.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,922.	105,296.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,273.	202,537.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		341,195.	307,833.
	19	Revenue less expenses. Subtract line 18 from line 12		-8,528.	16,378.
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		240,001.	241,323.
t As	21	Total liabilities (Part X, line 26)		173,240.	158,184.
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		66,761.	83,139.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying scheduler			knowledge and belief, it is
rue	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	nas any knowledge.	
<b>.</b>	_	Signature of officer		I Date	
Sig	1	ALAN REED, EXECUTIVE DIRECTOR		Dato	
Her	e	Type or print name and title			
			I	Date Check	PTIN
Paid	,	Print/Type preparer's name  KENNETH L. TORNHEIM  KENNETH L. TORNH		.0/20/22 of self-employe	
	oarer		лети р 	Firm's EIN >	36-2938874
	Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE		FIIIII S EIIV	<u> </u>
	July	CHICAGO, IL 60611	-500	Phone no 31	2-670-7444
May	the IR			Trilone no. 5 ±	X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE WORKFORCE DEVELOPMENT PROGRAMS TO EDUCATION AND TRAIN	
	TARGETED WORKFORCE CURRICULA THAT EQUIP WORKERS WITH THE CURRENT AND	
	EMERGING SKILLS SOUGHT AFTER BY FOOD AND BEVERAGE MANUFACTURERS AND	
	PACKAGING.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X lf "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	TO ACHIEVE ECONOMIC DEVELOPMENT GOALS BY DESIGNING AND DELIVERING	<b>—</b> ′
	EDUCATIONAL OFFERINGS TO ITS MEMBERS. THESE SERVICES WILL INCLUDE	
	FORUMS, WORKSHOPS AND PANELS ON PRESSING ISSUES IN THE INDUSTRY, AS	
	WELL AS TARGETED WORKFORCE TRAINING CURRICULA THAT EQUIP WORKERS WITH	
	THE CURRENT AND EMERGING SKILLS SOUGHT AFTER BY FOOD AND BEVERAGE	
	MANUFACTURERS AND PACKAGING.	
	MINOTACTORING AND TACKACING:	
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$	
		<b>—</b> ′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	

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Form **990** (2021)

Form 990 (2021) CHICAGOLAND FOOD INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
8	, ,			x
•	Schedule D, Part III	8		
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?			<b>.</b>
	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		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del></del>
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	44.		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</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		<u> X</u>
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		<u> X</u>
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		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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) CHICAGOLAND FOOD INC
Part IV Checklist of Required Schedules (continued)

	Continued)		V	N <sub>2</sub>
00	Did the averagination was at asset than \$5,000 of average an other positions to an few demandia individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	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 through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		$\vdash$
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		$\vdash$
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	25b		
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		$\vdash$
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
-	October 1 to M. Douttle	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	T V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c		
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Form 990 (2021) CHICAGOLAND FOOD INC

Part 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 2a1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a	Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
-	were not tax deductible?	6b	Х			
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
Ū	to file Form 8282?	7с				
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 benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h				
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
Ŭ	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	8				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the 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		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request \_\_ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ALAN REED - 312-525-9653

Form **990** (2021)

60304

802 WESLEY AVE, OAK PARK,

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

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

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

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

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

<b>(A)</b> Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) ALAN REED	40.00								_	_	
EXECUTIVE DIRECTOR				Х				97,693.	0.	0	
(2) JOEL WARADY	5.00	ļ									
CHAIRMAN		Х		Х				0.	0.	0	
(3) LAURETTE RONDENET	5.00	ļ							•		
VICE CHAIR	F 00	Х		Х				0.	0.	0	
(4) JANET GARETTO	5.00	·		<b>37</b>					0	_ ر	
SECRETARY (5) MICHAEL LOQUERCIO	5.00	Х		Х				0.	0.	0	
TREASURER	3.00	х		х				0.	0.	0	
(6) ANDREW ARQUETTE	5.00	^		^				0.	0.	0	
DIRECTOR	3.00	Х						0.	0.	0	
(7) RANDY BRIDGEMAN	5.00							•	•	Ť	
DIRECTOR	3.00	х						0.	0.	0	
(8) CHRISTIANE BROCKY	5.00	<del></del>									
DIRECTOR		х						0.	0.	0	
(9) TERRANCE HALL	5.00										
DIRECTOR		Х						0.	0.	0	
(10) LISA JOHNSON	5.00										
DIRECTOR		Х						0.	0.	0	
(11) ERICA KUHLMANN	5.00										
DIRECTOR		Х						0.	0.	0	
(12) ANDRIA LONG	5.00										
DIRECTOR		Х						0.	0.	0	
(13) TIM STUBBS	5.00	1									
DIRECTOR	<u> </u>	Х				_		0.	0.	0	
(14) ROBERT BRACKETT	5.00	1								_	
DIRECTOR - TERM	<u> </u>	Х					_	0.	0.	0	
(15) MICHAEL LEMON	5.00	l							_	_	
DIRECTOR - TERM	+	Х						0.	0.	0	
	1	1	1	ı	l	1	1	1	1	i	

Form **990** (2021)

81-3497150

Pari	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)	(C)		(D)	(E)		(F)					
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Estimate	ed
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	:	amount of	
		week		cer ar	nd a d	irecto	or/trus	itee)	from	from related		other	
		(list any	Individual trustee or director	irecto					the	organizations		compensation	
		hours for related	or di	e e			ated		organization	(W-2/1099-MISC/	- 1	from th	
		organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	- 1	rganizat and relat	
		below	ual tr	tional		ploye	t con		1		- 1	ganizati	
		line)	ndivid	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			"	garnzan	10113
			=	<del>  =</del>	0	~	Τ 0	т.			+		
					-								
			1										
			1										
				├			├						
			-	┝			┢				_		
			ł										
1b	Subtotal	1					· ·	<b></b>	97,693.	0			0.
	Total from continuation sheets to Part VI								0.	0			0.
	Total (add lines 1b and 1c)							<b></b>	97,693.	0			0.
	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	•		
	compensation from the organization												0
_	5.1.1											Yes	No
	Did the organization list any <b>former</b> officer,	•	-	•	•	•	-	•		•	3		Х
	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su										3		22
	and related organizations greater than \$150										4		х
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	plete Schedule	∋ J f∈	or su	ıch ı	oers	on				. 5		Х
Sect	ion B. Independent Contractors	-											
	Complete this table for your five highest co										sation	from	
	the organization. Report compensation for the (A)	the calendar ye	ar e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		(C)	
	Name and business	address	NC	ис	3				Description of s	ervices		oensatio	n
								_					
2	Total number of independent contractors (ii	actuding but p	nt lir	nite	d to	thos	e lie	ted	ahove) who received me	ore than			
	\$100,000 of compensation from the organization		26 III				)	,.ou	asovo, who received life	5.5 triair			
		<u>.</u>									Forr	n <b>990</b> (	(2021)

Form 990 (2021) CHICAGOLAND FOOD INC
Part VIII Statement of Revenue

· u	L VI		or note to any lin	o in this Part VIII			
		Check if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>'0</b> '0	4 -	- Fadaustad assessions   da					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
S S		Membership dues 1b					
ts, An		Fundraising events 1c					
ig ig		d Related organizations 1d	41 400				
ns, jin		Government grants (contributions)	41,400.				
er S	f	All other contributions, gifts, grants, and					
έŧ		similar amounts not included above 1f					
E D	_	Noncash contributions included in lines 1a-1f 1g		41 400			
<u>8</u>	h	Total. Add lines 1a-1f		41,400.			
			Business Code	010 500	212 522		
9	2 a	MEMBERSHIP DUES	561499	219,588.	219,588.		
e Ž	b	INDUSTRY EVENT INCOME	561499	28,223.	28,223.		
Sugar	c	:					
ev ev	c	i					
Program Service Revenue	e						
4	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f	<b></b>	247,811.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)	<b>&gt;</b>				
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)	<b></b>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
Revenue	c	Gain or (loss) 7c					
Re	c	Net gain or (loss)	<b>&gt;</b>				
ЭĒ	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	<b>&gt;</b>				
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold	o				
	c	Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	35,000.	35,000.		
ane Due	b						
	c	;					
<u>is</u>	c	All other revenue					
2	e	Total. Add lines 11a-11d		35,000.			
	12	Total revenue. See instructions		324,211.	282,811.	0.	0.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
-	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,693.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,603.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,420.			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	160 505			
	column (A), amount, list line 11g expenses on Sch 0.)	163,737.			
12	Advertising and promotion	1,746.			
13	Office expenses	6,407.			
14	Information technology	17,921.			
15	Royalties	1,628.			
16	Occupancy	1,020.			
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,491.			
20	Interest	,, =, =, =			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,187.			
24	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 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	307,833.			
26	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)			1	I

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	238,876.	1	201,534		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	16,694.			
	b	Less: accumulated depreciation	. 10b	16,694.	0.	10c	0
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,125.	15	39,789		
	16	Total assets. Add lines 1 through 15 (must ed	240,001.	16	241,323		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
နှ	22	Loans and other payables to any current or for	mer offic	er, director,			
<b>ĕ</b>		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	•	·	152 040		150 104
		of Schedule D			173,240.		158,184
_	26	Total liabilities. Add lines 17 through 25			173,240.	26	158,184
ای		Organizations that follow FASB ASC 958, ch	neck her	e ▶ X			
ğ		and complete lines 27, 28, 32, and 33.			CC 7C1		02 120
<u>a</u>	27	Net assets without donor restrictions			66,761.	27	83,139
ă E	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB ASC					
<u> </u>		and complete lines 29 through 33.					
13 (	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			66 761	31	02 120
	32	Total net assets or fund balances			66,761.	32	83,139
$\bot$	33	Total liabilities and net assets/fund balances			240,001.	33	241,323 Form <b>990</b> (202

Pa	t 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		1,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	7,8	33.		
3	Revenue less expenses. Subtract line 2 from line 1	3			78. 61.		
4							
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	coluṃn (B))	10	83	3,1	<u>39.</u>		
Pa	t 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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

132012 12-09-21

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CHICAGOLAND FOOD INC

**Employer identification number** 81-3497150

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 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 that the assets held in donor advised	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			<b>L</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		gani, provide
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

		ollections of Ar		orical Tre	easures or	Othe	r Simila		S (contin		ige 🚣
	(Continued)										
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
_	collection items (check all that apply):  Public exhibition  d  Loan or exchange program										
a	Public exhibition	d									
b	Scholarly research e Other										
C	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o								٦.,		1
Dai	t IV Escrow and Custodial Arrange								_ Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on	Form 990	J, Part IV,	line 9, or		
			: <b>.</b>			-44	: al al a al				
па	Is the organization an agent, trustee, custodi								7 v		1
	on Form 990, Part X?								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:				Ι	Amount		
	5								Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance								٦,,		1
	Did the organization include an amount on Fo						ity?		_ Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										
ı uı	Endownient i dias. Complete	(a) Current year		rior year	(c) Two year			years back	(e) Four	veare	hack
4.	Danish a of constant	(a) Current year	(0)	Tioi yeai	(C) Two year	5 Dack	(u) Tillee	years back	(e) i oui	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:										
а	• • • • • • • • • • • • • • • • • • • •										
b											
С		%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm					<b>5</b>	ı: 40				
	Complete if the organization answered				T T	•					
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Book	value	•
		basis (investn	nent)	basis	(other)	de	preciation	1			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			4	C C C A		16.5	0.4			
	Other				6,694.		16,6	94.			0.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	nn (R) line 1	00)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CHICAGOLANI	FOOD INC	81	-3497150 Page <b>3</b>
Part VII Investments - Other Securities.	II are Faure 000. Don't IV line	11h Coo Forms 000 Port V line 10	
Complete if the organization answered "Yes (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
// =:	(b) Book value	(c) Wethod of Valuation. Cost of Cha	or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
	) Description		(b) Book value
(1) DUE FROM BIGGER TABLE			39,766.
(2) DUE FROM OTHERS			23.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			20 700
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	ne 15.)	<b>&gt;</b>	39,789.
	" on Form 000 Dort IV line	11a or 11f Coo Form 000 Port V line 05	
Complete if the organization answered "Yes  (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
			(b) book value
(1) Federal income taxes			Q 197
(2) CREDIT CARDS			
(2) CREDIT CARDS (3) SBA EIDL LOAN			8,184. 150,000.
(2) CREDIT CARDS			

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

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

Schedule D (Form 990) 2021

158,184.

(7) (8) (9)

Pai	rt XI Reconciliation of Revenue per Audited	u Filianciai Statements With Revenue	por motarm	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited finan	cial statements	<u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part VII	II, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	A 1 1 1 1 A 11 1 A 1		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not			
а	Investment expenses not included on Form 990, Part VIII	, line 7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990. Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audite	-	s per Return.	
	Complete if the organization answered "Yes" on F		<u> </u>	
1	Total expenses and losses per audited financial statemer		1	
2	Amounts included on line 1 but not on Form 990, Part IX,	1 1		
а				
b	Prior year adjustments			
С				
d	,			
е				
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not o	1 1		
	Investment expenses not included on Form 900 Part VIII			
a				
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For	4b		
b c 5 <b>Pa</b> i	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)	5	ΥI
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
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b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
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b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
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b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
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b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
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### SCHEDULE O (Form 990)

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 Form 990-FZ

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHICAGOLAND FOOD INC

Employer identification number 81-3497150

FORM 990, ITEM C, DOING BUSINESS AS:

CHICAGOLAND FOOD & BEVERAGE NETWORK

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO DEVELOP AND SUPPORT PRODUCTS AND SERVICES THAT DRIVE GROWTH IN THE

CHICAGOLAND FOOD AND BEVERAGE MANUFACTURING AND PACKAGING CLUSTER BY

STIMULATING INCLUSIVE ECONOMIC GROWTH BY SUPPORTING FIRM EXPANSION AND

JOB CREATION FOR TRADITIONALLY UNDERSERVED POPULATIONS OF BUSINESS

OWNERS AND EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN DIRECTED

TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. A COPY OF FORM 990 IS

PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

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

TO FILL THE ROLE OF EXECUTIVE DIRECTOR, THE ORGANIZING COMMITTEE AND KEY

FUNDERS HIRED AN EXECUTIVE SEARCH FIRM TO CONDUCT AN EXTENSIVE NATIONAL

SEARCH. PART OF THIS PROCESS INCLUDED DETERMING APPROPRIATE EXECUTIVE

COMPENSATION AND INCLUDED INTERVIEWS WITH ORGANIZING COMMITTEE MEMBERS, WHO

ULTIMATELY PRESENTED THE OFFER TO THE CANDIDATE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021  Name of the organization	Employer identification number
CHICAGOLAND FOOD INC	81-3497150
CONSULTING	161,971.
PAYROLL FEES	1,766.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	163,737.