PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A F</u>	or the	e 2022 calendar year, or tax year beginning and e	ending						
	Check if opplicable	C Name of organization		D Employer identifie	cation number				
Г	Addre	S CHICAGOLAND FOOD INC							
F	Name chang	THE CHICAGOLAND ECOD & DEVEDAGE NEWW 91 3407150							
	Initial return		Room/suite	E Telephone number					
	 □Final □return/	802 WESTEV AVE		312-525-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	261,694.				
	Ameno	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				
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes									
1 7	ax-exe	empt status: \bigcirc 501(c)(3) \bigcirc 501(c)(\bigcirc 6) (insert no.) \bigcirc 4947(a)(1) of	r 527	If "No," attach a	list. See instructions				
	Nebsit			H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	/ State of legal domicile: IL				
Pa	art I	Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O					
ra	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	13				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1_				
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	15				
₹cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ō	l	Contributions and grants (Part VIII, line 1h)		41,400.	0.				
Revenue	1	Program service revenue (Part VIII, line 2g)		247,811.	261,694.				
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,000.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		324,211.	261,694.				
	1	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. 105,296.	0. 52,345.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			-				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	202,537.	229,898.				
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		307,833.	282,243.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,378.	-20,549.				
	19	Revenue less expenses. Subtract line 18 from line 12	Ra	ginning of Current Year	End of Year				
ts o	20	Total assets (Part X, line 16)		241,323.	225,434.				
Net Assets or	20 21			158,184.	162,844.				
let /	22	Net assets or fund balances. Subtract line 21 from line 20		83,139.	62,590.				
Pa	art II	Signature Block		03/133	02/3301				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	,				
	,								
Sig	n	Signature of officer		Date					
Her		ALAN REED, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	I	KENNETH L. TORNHEIM KENNETH L. TORNH	EIM 1	.1/02/23 self-employ	P00079651				
	arer	Firm's name OSTROW REISIN BERK & ABRAMS, LTD		Firm's EIN 3	6-2938874				
-	Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1	600						
_		CHICAGO, IL 60611		Phone no. 31	2-670-7444				
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	rt III Statement of Program Service Accompli	shments
	Check if Schedule O contains a response or note to a	ny line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE WORKFORCE DEVELOPME	NT PROGRAMS TO EDUCATION AND TRAIN
		HAT EQUIP WORKERS WITH THE CURRENT AND
	EMERGING SKILLS SOUGHT AFTER E	Y FOOD AND BEVERAGE MANUFACTURERS AND
	PACKAGING.	
2	Did the organization undertake any significant program serv prior Form 990 or 990-EZ?	rices during the year which were not listed on the
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O.	changes in how it conducts, any program services?Yes X No
4	•	nts for each of its three largest program services, as measured by expenses.
		report the amount of grants and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ i	ncluding grants of \$) (Revenue \$)
		T GOALS BY DESIGNING AND DELIVERING
	EDUCATIONAL OFFERINGS TO ITS M	EMBERS. THESE SERVICES WILL INCLUDE
		N PRESSING ISSUES IN THE INDUSTRY, AS
		INING CURRICULA THAT EQUIP WORKERS WITH
		S SOUGHT AFTER BY FOOD AND BEVERAGE
	MANUFACTURERS AND PACKAGING.	
	IMMOTITOTOTICAL THE PROPERTY OF	
	-	
4b	(Code:) (Expenses \$ i	ncluding grants of \$) (Revenue \$)
4-	/) /-
4c	(Code:) (Expenses \$ i	ncluding grants of \$) (Revenue \$)
	-	
	Other program continue (Decembe on Calcadida O.)	
40	Other program services (Describe on Schedule O.)) (-
_	• • • • • • • • • • • • • • • • • • • •) (Revenue \$
40	Total program service expenses	

Form 990 (2022) 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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			
•	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,	۰		
•	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>	- '-		
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?			\ 3 7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	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,			177
	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		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

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Form 990 (2022) CHICAGOLAND FOOD INC

Part IV Checklist of Required Schedules (continued)

I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			l
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
OL.	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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			
04		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
D	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?	330		
50		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	22	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fait v		V	N.
4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ita Ita O Ita Ita Ita Ita Ita	-		
b	Enter the number of Fernie W Za moladed of line 14. Enter 6 if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۵		
	(gambling) winnings to prize winners?	1c	gan	<u> </u> (2022)
232004	¥ 12-13-22	rorm	550	(2022)

022) CHICAGOLAND FOOD INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		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	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X		
b	, , , , , , , , , , , , , , , , , , , ,						
С	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 did the organization solicit			37			
	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 contributions or gifts			v			
_	were not tax deductible?	·····	6b	X			
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 p	Г	7a				
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 required		7.				
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	·····	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e				
e f		тГ	7 6				
g							
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		7h				
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.	·····					
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						
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.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- 1	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.	ł					
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	, , , , , , , , , , , , , , , , , , , ,						
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c						
C 1/10	Did the appropriation would be appropriated as a second of the second of		14a		Х		
14a		Г	14b		- 21		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	····· }	טדי				
	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.	·····	.5				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	- 1	16		Х		
. •	If "Yes," complete Form 4720, Schedule O.	·····					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	ľ					
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

CHICAGOLAND FOOD INC Form 990 (2022) 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 No Yes 13 **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. 13 **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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 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 Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

60304

ALAN REED - 312-525-9653 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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_			from	from related	other			
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	, 50	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) ALAN REED	40.00									
EXECUTIVE DIRECTOR				Х				78,371.	0.	0.
(2) RANDY BRIDGEMAN	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) LARRY DEUTSCH	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) JANET GARETTO	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL LOQUERCIO	5.00									
TREASURER		Х		X				0.	0.	0.
(6) LAURA ENRIQUEZ	5.00									
DIRECTOR		Х						0.	0.	0.
(7) KATIE FELLOWS	5.00									
DIRECTOR		Х						0.	0.	0.
(8) TERRANCE HALL	5.00									
DIRECTOR		Х						0.	0.	0.
(9) LISA JOHNSON	5.00									
DIRECTOR		Х						0.	0.	0.
(10) ERICA KUHLMANN	5.00									
DIRECTOR		Х						0.	0.	0.
(11) ANDRIA LONG	5.00									
DIRECTOR		Х						0.	0.	0.
(12) ZACHARY RAMOS	5.00									
DIRECTOR		Х						0.	0.	0.
(13) TIM STUBBS	5.00									
DIRECTOR		Х						0.	0.	0.
(14) JOEL WARADY	5.00								_	_
DIRECTOR		Х						0.	0.	0.
		1								
		ļ				_				
		-								
			_			_				
		-								
							<u> </u>			000

Form 990 (2022) CHICAGOLA									81-34	971	L50	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		,				
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation compensation		۱	(F) Estimated amount of					
	(list any hours for related organizations below line)		Individual trustee or director institutional trustee or director officer officer highest compensated employee former					from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		comp fro orga and	other pensate om the anizati I relate nizatio	e on ed
		드	ul	Of	Ke	E E	요						
		•											
1b Subtotal								78,371.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							78,371.		0.			0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•			0
3 Did the organization list any former officer,	director truct	00 k	.0.4.6	mnl	0) (0)	0 01	hio	wheat componented amp	lovos on	٦		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors											5		Х
Complete this table for your five highest co	•	•							•	ensat	ion fro	m	
the organization. Report compensation for (A) Name and business					ith c	or wi	thin	(B)		C	(C ompen		
Name and business address NONE Description of services Cor													
2 Total number of independent contractors (i \$100,000 of compensation from the organic	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than				

Form 990 (2022) CHICAGO
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					luliciloli levellue	business revenue	sections 512 - 514
S S	1	Federated campaigns 1a					
ant	•	o Membership dues 1b					
2 5		Fundraising events 1c					
fts,							
ig ig		d Related organizations					
ons,							
utio		All other contributions, gifts, grants, and					
ĕ		similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f					
<u>0</u> <u>e</u>		1 Total. Add lines 1a-1f					
		 	Business Code	010 047	010 047		
Se	2	MEMBERSHIP DUES	561499	212,847.	212,847.		
Program Service Revenue		CONSULTING REVENUE	561499	37,200.	37,200.		
Se		INDUSTRY EVENT INCOME	561499	11,647.	11,647.		
eve		d					
<u>Б</u> О.		·					
₫		All other program service revenue					
		Total. Add lines 2a-2f		261,694.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′		(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ther Revenue		and sales expenses					
e e		Gain or (loss)					
æ		d Net gain or (loss)					
je i	8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
\neg			Business Code				
snc	11	a					
Miscellaneous Revenue	•						
ella							
Sce		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		261,694.	261,694.	0.	0.

Form 990 (2022) CHICAGOLAND FOOD INC Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			трієте соіитп (А).	X
Do i	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	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	48,562.			
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	2 - 2 2			
10	Payroll taxes	3,783.			
11	Fees for services (nonemployees):				
а	Management	2 000			
b	Legal	3,829.			
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	161 077			
	column (A), amount, list line 11g expenses on Sch O.)	161,977.			
12	Advertising and promotion	5,598.			
13	Office expenses	16,211.			
14	Information technology	10,211.			
15	Royalties	15,000.			
16 17	Occupancy	13,000.			
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,421.			
20	Interest	= - , •			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,256.			
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	282,243.		1	
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)				

Form 990 (2022)

Part X | Balance Sheet

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	201,534.	1	220,184		
	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	ons		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	
<u>.</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	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	(
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	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	39,789.	15	5,250		
	16	Total assets. Add lines 1 through 15 (must ed			241,323.	16	225,434
	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				21	
ا م	22	Loans and other payables to any current or for	rmer offic	er, director,			
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabillies		controlled entity or family member of any of th	ese pers	ons		22	
ڈ	23	Secured mortgages and notes payable to unre	elated thi			23	
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			158,184.	25	162,844
	26	Total liabilities. Add lines 17 through 25			158,184.	26	162,844
		Organizations that follow FASB ASC 958, ch	neck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			83,139.	27	62,590
ם	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC	958, che	eck here			
ן ב		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ls			29	
Ser	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			83,139.	32	62,590
_	33	Total liabilities and net assets/fund balances			241,323.	33	225,434

OIII	1000 (2022) 0111 0110 0 11110 1 1 0 0 0 1110	0 = 0 = 0 ,		ıα	gc	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
	T		261	1 6	ο 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20.	1,6	43.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>49.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8.	5, I	<u> 39.</u>	
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,					
	column (B))	10	62	2,5	<u>90.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>	
				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		Х	
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
Ī	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 Sch					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ju			3a		х	
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		Ja			
D		ou auuit	26			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b Form	990	(0000)	
			LOUI	JJJ ((2022)	

232012 12-13-22

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			or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts						
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds						
J	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 o								
Par									
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area						
	Protection of natural habitat	Preservation o	f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form							
	day of the tax year.		Held at the End of the Tax Year						
	Total number of conservation easements		l l						
			I I						
	Number of conservation easements on a certified historic stru		2c						
d	Number of conservation easements included in (c) acquired a	•							
•	historic structure listed in the National Register								
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax						
4	year Number of states where property subject to conservation eas	coment is located							
5	Does the organization have a written policy regarding the per								
Ŭ	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
			,						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year						
8	Does each conservation easement reported on line 2(d) abov	e 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 conservation	on easements in its revenue and expense	statement and						
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the						
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats						
Par	t III Organizations Maintaining Collections of		ther Similar Assets.						
	Complete if the organization answered "Yes" on Form								
па	If the organization elected, as permitted under FASB ASC 95	•							
	of art, historical treasures, or other similar assets held for pub	, ,	'						
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
D	art, historical treasures, or other similar assets held for public								
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,						
	(i) Revenue included on Form 990, Part VIII, line 1		\$						
2	If the organization received or held works of art, historical trea								
_	the following amounts required to be reported under FASB A		J , F						
а	Revenue included on Form 990, Part VIII, line 1	·	\$						
	Assets included in Form 990, Part X								
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022						

3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	make sigr	nificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	C	d 🔲 L	Loan or excl	hange prograi	m				
b	Scholarly research	•	e 🔲 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma							Ye	s 「	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai			o. ga=ao.				,	.	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
							No			
h	If "Yes," explain the arrangement in Part XIII and complete the following table:							, _		
	Tes, explain the analyement in rait All and complete the following table.							Amo	ount	
_	Reginning balance						1c	,		
۲ C	Additions during the year						1d			
	Additions during the year						1e			
e •	Distributions during the year						1f			
f 20	Ending balance Did the organization include an amount on Fe							Ye		No
	If "Yes," explain the arrangement in Part XIII.					-				
Par									<u> </u>	
	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	(a) Current year		rior year	(c) Two years		I) Three years	hack (a)	our year	s hack
4.	Designing of year halones	, ,	(6)	nor year	(C) Two years) Nobale	ij illioo yoars	Dack (C)	our your	3 back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment%									
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held an	d administere	ed 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	tions listed as requir	red on Sc	hedule R?				3	b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990,	Part X, lir	ne 10.	_		
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	umulated	(d) E	Book val	ue
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
	Buildings	II								
	Leasehold improvements									
	Equipment									
	Other			1	6,694.		16,694			0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum				-			0.
	to (Solatiti (s) Mast o		. u seiuill	<u>,=,, m.v 1</u>				edule D (F	orm 99(0) 2022

Schedule D (Form 990) 2022 CHICAGOLAND Part VII Investments - Other Securities.	FOOD INC	81	-3497150 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(4) Financial darimetima	(b) Book value	(c) meaned of valuations observe on	i or your market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS			12,844
(3) SBA EIDL LOAN			150,000
(4)			
(5)			

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) 2022

162,844.

(6) (7) (8)

Par	rt XI Reconciliation of Revenue	per Audited Financial Statemen	ts With Revenue per Re [.]	turn.
	Complete if the organization answer	red "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per	r audited financial statements		1
2	Amounts included on line 1 but not on Form	n 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investment	ts	2a	
b			2b	
С	. ,		2c	
d	Other (Describe in Part XIII.)		2d	
е	3			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, li		1 1	
а				
b	,		4b	
С				4c
5 Dor	Total revenue. Add lines 3 and 4c. (This multiple XII Reconciliation of Expenses	ust equal Form 990. Part I. line 12.) per Audited Financial Statemei	ata With Evnance nor E	5
Pai	-	•	its with Expenses per r	return.
	· · · · · · · · · · · · · · · · · · ·	red "Yes" on Form 990, Part IV, line 12a.		T . T
1	Total expenses and losses per audited fina			1
2	Amounts included on line 1 but not on Form		11	
a			2a	
b	, ,		2b	
С			2c	
d	,		2d	
_	3			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, lin	*	40	
a			4a 4b	
b	A 1 1 12 A 1 A 1		1	40
5	Total expenses. Add lines 3 and 4c. (This r	must squal Form 000. Port Line 19		4c 5
	art XIII Supplemental Information.	nust equal Form 990, Part I, line 18.)		3
	vide the descriptions required for Part II, lines	3 5 and 9 Part III lines 1a and 4 Part IV	/ lines 1b and 2b: Part V line 4	· Part X line 2· Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Als			, , a , , , =, , a ,,

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-EZ.

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

2022
Open to Public Inspection

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.

PART VII SECTION A & PART IX, LINE 5 - EXECUTIVE COMPENSATION:

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** CHICAGOLAND FOOD INC 81-3497150 REPORTABLE COMPENSATION FOR ALAN REED, EXECUTIVE DIRECTOR, DIFFERS FROM OFFICER COMPENSATION REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSES DUE TO REIMBURSED WAGES FROM AN UNRELATED TAX-EXEMPT ORGANIZATION. ALAN REED WAS EMPLOYED BY BOTH ORGANIZATIONS DURING THE YEAR BUT PAID ONLY THROUGH CHICAGOLAND FOOD & BEVERAGE NETWORK FOR PART OF THE YEAR FOR WORK PERFORMED WITH BOTH ORGANIZATIONS. THE UNRELATED ORGANIZATION BEGAN PAYING HIM SEPARATELY DURING THE LATTER PART OF THE YEAR. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING 159,935. PAYROLL FEES 2,042. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 161,977.