# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and ending	g JU	N 30,	2023	
В	Check if applicable	C Name of organization				ation number
	Addre	WEST SUBURBAN COMMUNITY PANTRY, INC.				
	Name chang	5		36-3	85707	2
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	/suite E	Telephone		
	Final	6809 HOBSON VALLEY DRIVE 118			)512-	9921
	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code	(	Gross receipt	s \$	5,852,711.
-	return Application	WOODRIDGE, IL 60517	I	I(a) Is this a	group retu	
	Ition pendi	ng			ordinates?	
$\overline{\mathbf{L}}$	Tax-ex	SAME AS C ABOVE  empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527			uded? Yes No
	Websi			II No, II No		st. See instructions
_						State of legal domicile: IL
	art I	Summary	, tour or	TOTTINGUON. 1	334 W	Ctate of legal dofficile. 11
ø	1	Briefly describe the organization's mission or most significant activities: THE ORGA	ANIZ	ATION	SEEKS	TO
Activities & Governance		PROVIDE A COMMUNITY WITHOUT HUNGER.			7 110	ma and
ern	2	Check this box if the organization discontinued its operations or disposed of	more t	nan 25% of i	its net ass	ets.
હુ	3	Number of voting members of the governing body (Part VI, line 1a)			3	20
<b>مخ</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	20
iţie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	17
Ę	7 2	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			6	722
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7a	0.
		and the second restriction of the second res	T	Prior Year		Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		3,789,		5,768,571.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			661.	1,282.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,	454.	24,645.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,787,		5,794,498.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,617,	009.	4,302,735.
		Benefits paid to or for members (Part IX, column (A), line 4)	-		0.	
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	-	717,		855,034.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 250,780.			0.	0.
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		736,	7/3	764,505.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,071,		5,922,274.
	19	Revenue less expenses. Subtract line 18 from line 12		-284,		-127,776.
SOF	1			ning of Curre		End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		2,294,	243.	2,166,467.
et A	21	Total liabilities (Part X, line 26)		500,	000.	500,000.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,794,	243.	1,666,467.
-		alties of perjury, I declare that I have examined this return, including accompanying schedules and s				
true	. correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which pre	statemen	ts, and to the	best of my l	knowledge and belief, it is
	,	My Lathings	eparer na	is any knowled	oge.	7.J
Sig	n	Signature of officer		Date	-1111	
Her	e	MARY HUTCHINSON, CHAIR VV Type or print name and title				
		Print/Type preparer's name Preparer's signature	Dat	e	Check	] PTIN
Pai		HUGH ELLIOTT	>		if self-employed	P00723487
	parer	Firm's name DUGAN & LOPATKA, CPA'S PC		Firm's		-2886485
Use	Only	Firm's address 4320 WINFIELD ROAD SUITE 450				
NA-	. Ma - 10	WARRENVILLE, IL 60555-4036		Phone	no.630	-665-4440
		RS discuss this return with the preparer shown above? See instructions				X Yes No
2320	01 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2022)

	1990 (2022) WEST SUBURBAN COMMUNITY PANTRY, INC.	6-3857072	Page 2
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:		
	THE WEST SUBURBAN COMMUNITY PANTRY OFFERS FOOD AND RESOUR	CES COMMIN	<b>דייע</b>
	MEMBERS IN DUPAGE AND WILL COUNTIES TO EMPOWER AND IMPROV		717
	QUALITY OF LIFE. WSCP'S VISION IS A COMMUNITY WITHOUT HU	NGER.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	<b>.</b>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expenses,	anu
			020
4a	(Code:) (Expenses \$ 5,296,493. including grants of \$ 4,302,735.) (Revenue \$		838.)
	COLLECTED, PURCHASED AND DISTRIBUTED FOOD AND PERSONAL CA		
	NEEDY CLIENTS THROUGHOUT THE YEAR. DURING THE FISCAL YEAR		E
	30, 2023, THE ORGANIZATION SERVED OVER 110,000 DUPLICATED	PERSONS	
	WITHIN DUPAGE AND WILL COUNTIES.	A 1	
	APPROXIMATELY 2.8 MILLION POUNDS OF FOOD AND PERSONAL CAR	E PRODUCTS	
	WERE DISTRIBUTED.	L TRODUCTO	
	WHAT DISTALDOLLE.		
	MUR ODGANIZATION ALSO PROVIDES WAS ADOUTE CASE WAYAGENER	m GEDUTGEG	mo
	THE ORGANIZATION ALSO PROVIDES WRAP AROUND CASE MANAGEMEN		
	ANY PERSON SEEKING THESE SUPPORTS AS WELL AS NUTRITION AN	D WELLNESS	
	PROGRAMS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
		***************************************	
4c	(Code:) (Expenses \$		)
	/ Control of the cont		
-			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses 5, 296, 493.		
		Form 9	90 (2022)

			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	27		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Part .
	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			
7	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,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8		X
J	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes." complete Schedule D. Part IV.	_		v
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		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	11-	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		-21
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	3 1	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	D.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7
	Schedule D, Parts XI and XII	12a	X	
b	was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	7	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	9 3		
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
	1c and 8a? If "Yes," complete Schedule G. Part II		٠,,	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Х	
	complete Schedule G. Part III			17
20a	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 12 If "You " complete Sabadula I, Back I and III			v
32003	12-13-22	21	000	<u>X</u>

	990 (2022) WEST SUBURBAN COMMUNITY PANTRY, INC. 36-3857 t IV Checklist of Required Schedules (continued)	072	Р	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):		ł	1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
35a	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			
	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		X
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	х	
Pai	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			

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(gambling) winnings to prize winners?

Page 5 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 17 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

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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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	x						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X	-					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
L	taxable entity during the year?	16a		<u>X</u>					
D	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								
Sec	exempt status with respect to such arrangements?	16b							
17	List the states with which a copy of this Form 990 is required to be filed IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3).		- il-						
	for public inspection. Indicate how you made these available. Check all that apply.	only)	avalla	DIE					
	Own website								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
	statements available to the public during the tax year.	man	cial						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
~00000	BONNIE ANSBURG - 630-357-1930								
	800 W. 5TH AVE, SUITE 202A, NAPERVILLE, IL 60563								
232006	12-13-22	Form	990	2022)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position onot check more than one x, unless person is both an icer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099·MISC/ 1099·NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUE ARMATO	40.00								76	
CEO/EXECUTIVE DIRECTOR	4 00	-	-	X		-		105,000.	0.	0
(2) KEVIN DELANO	4.00			7.					•	
PRESIDENT (3) MARY HUTCHINSON	2.00	X	-	X	-	-	-	0.	0.	0
VICE PRESIDENT	2.00	x		х				0.	0.	
(4) GREG STIENTJES	2.00	A	-	Λ	-	$\vdash$		U.	<u>U.</u>	0
TREASURER	2.00	X		х				0.	0.	0
(5) KELLY JESCHKE	2.00	22		22				0.	0.	
SECRETARY	2,00	x	-	х				0.	0.	0
(6) JEFF SEITZ	2.00			9	-			11		•
DIRECTOR		X						0.	0.	0
(7) RIPUJIT SINGH	2.00				Ψſų.,		-			
DIRECTOR		X				1		0.	0.	0
(8) AMIT PHILIP	2.00					-		r 1 1		
DIRECTOR		X						0.	0.	
(9) LEAH MARGULIES	2.00								9.7	
DIRECTOR	0.00	X				_		0.	0.	0
(10) DANI BRAZEE	2.00									_
DIRECTOR	2 00	X	-		-	-	_	0.	0.	0
(11) JENNIFER DOHERTY DIRECTOR	2.00	х				3	-		_	•
(12) SHARON BRAUER	2.00	Δ	-			-	_	0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
(13) RAJ BHAGAT	2.00	22			-			0.	<u>U.</u>	0 .
DIRECTOR	2,00	x						0.	0.	0
(14) KRISTINE NOREN	2.00								0.	
DIRECTOR		X						0.	0.	0
(15) NICOLE SZYDLOWSKI	2.00									0.
DIRECTOR		X						0.	0.	0 .
(16) RACHEL LAGORIO	2.00									
DIRECTOR		X						0.	0.	0 .
(17) GABE CHAVEZ	2.00							1	-	
DIRECTOR	1	X	ı I			1 1		0.	0.	0 .

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (	Compensated Employee	es (continued)			
(A) Name and title	(B) Average hours per	(do	not c	Posi heck r	ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	institutional trustee	Officer		Highest compensated apployee	Ė	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	org an	other npensa rom th ganizat d relat anizati	ation le tion ted
(18) SHERRY SABIC DIRECTOR	2.00	х						0.	0.			0.
(19) TOM DUFFY DIRECTOR	2.00	х						0.	0.			0.
(20) MIKE OLSEN DIRECTOR	2.00	х						0.	0.			0.
(21) JONATHAN JOHNSON DIRECTOR (FORMER)	2.00	x						0.	0.			0.
(22) NIKHIL MEHTA DIRECTOR (FORMER)	2.00	x						0.	0.			0.
(23) LISA KEMPER DIRECTOR (FORMER)	2.00	x						0.	0.			0.
(24) LISA WREZEL DIRECTOR (FORMER)	2.00	х						0.	0.			0.
(25) NICOLE EDMONDS DIRECTOR (FORMER)	2.00	x						0.	0.			0.
1b Subtotal	II, Section A							105,000.	0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but r								105,000. received more than \$100	,000 of reportable			0.
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	- 5	100	•			15.0				3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	mp	ensa	ation	and	ot	her compensation from	the organization	4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services	5		х
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for										ation	from	
(A) Name and business			ONE					(B) Description of s			C) nsatio	n
Total number of independent contractors (i \$100,000 of compensation from the organical contractors).		ot lir	nited	d to	thos		stec	d above) who received m	ore than			

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
nts rts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
E'S	c		244,742.				
art		Related organizations 1d					
s,E			115,000.				
io io		All other contributions, gifts, grants, and	223,000.				
E E		1 1	408,829.				
ξŎ			938,188.				
a So		Total. Add lines 1a-1f		5,768,571.		,	
		Total Add miles (a.1)	Business Code	5,700,571.			
	2 a		Dusiness Code				
Ş	_ b						
Program Service Revenue							
EŞ	0						14 .
Re							
Po	e	All atheres are					
-		All other program service revenue					
$\dashv$		Total. Add lines 2a-2f				A 1	
	3	Investment income (including dividends, interes		4 000			er.
		other similar amounts)	***************************************	1,282.			1,282.
	4	Income from investment of tax-exempt bond pr					La Ly Alv
	5	Royalties					
		(i) Real	(ii) Personal	. [			
	6 a			_	_		
	b	Less: rental expenses 6b		_	5 0		- 2
	C	Rental income or (loss) 6c					
		Net rental income or (loss)					
1	7 a	Gross amount from sales of (i) Securities	(ii) Other	5 '		Last Class	
		assets other than inventory 7a		- 1		E	F4 1
	b	Less: cost or other basis		E E.			Α.
Other Revenue		and sales expenses 7b		7.5.			
eVe		Gain or (loss)					
æ	c	Net gain or (loss)					T ear
the	8 a	Gross income from fundraising events (not	1	1 47			В
0		including \$ 244,742. of					
		contributions reported on line 1c). See					
		Part IV, line 18	81,020.	. [			
	b	Less: direct expenses8b	58,213.				
	c	Net income or (loss) from fundraising events		22,807.			22,807.
	9 a	Gross income from gaming activities. See		1 5	- 12		***************************************
1		Part IV, line 19 9a	-	_ = \			
Į	b	Less: direct expenses 9b				ı	
		Net income or (loss) from gaming activities					
1	10 a	Gross sales of inventory, less returns				2	
1		and allowances		. 1	12.4	1. maji	
1	b	Less: cost of goods sold 10b		2		A. vii	
		Net income or (loss) from sales of inventory					4 2
S			Business Code	. But			
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	1,838.	1,838.		
an an	b				2,000.		
e e	С						
Ais	d	All other revenue					
		Total. Add lines 11a-11d		1,838.			
	12	Total revenue. See instructions		5,794,498.	1,838.	0.	24,089.
232009	12-1			-, , - , - , - ,	2,000.	0.	Form <b>990</b> (2022)
							1 UTITI 990 (2022)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations			1.7	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 000 505		1	
	individuals. See Part IV, line 22	4,302,735.	4,302,735.		
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,	105 000	24 500	40.000	24 522
-	trustees, and key employees	105,000.	31,500.	42,000.	31,500
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	501 061	250 520		100 000
7	Other salaries and wages	591,961.	372,738.	118,301.	100,922
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	07 131	EC 220		10 455
9	Other employee benefits	97,131.	56,336.	22,340.	18,455
10	Payroll taxes	60,942.	35,346.	14,017.	11,579
11	Fees for services (nonemployees):				
a					
b		15,850.		15 050	
6	Accounting	15,650.		15,850.	
d					
e f					
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	111,423.	48,780.	46,663.	15,980
12	Advertising and promotion	1,777.	1,243.	179.	355
13	Office expenses	195,474.	119,519.	24,952.	51,003
14	Information technology	63,857.	119,319.	63,857.	31,003
15	Royalties	03,037.		03,037.	
16	Occupancy	167,319.	167,319.		
17	Travel	23,100.	18,480.		4,620
18	Payments of travel or entertainment expenses	23,100.	10,100.		4,020
10	for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings	1,514.		1,514.	
20	Interest	-,		1/313.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,743.	80,743.		
23	Insurance	19,564.	16,434.	3,130.	
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 O.)			3,233	
а	MICCHIE AMBORIO BUDGINGE	47,520.	39,442.	8,078.	
b		16,366.	77,111	- 0,0,0	16,366
С	CD 117 UD TELLIC	8,184.		8,184.	20,500
d	LICENSES AND FEES	5,936.		5,936.	
е	All other expenses SEE SCH O	5,878.	5,878.		
25	Total functional expenses. Add lines 1 through 24e	5,922,274.	5,296,493.	375,001.	250,780
26	Joint costs. Complete this line only if the organization				2007.00
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form 990 (	2022)
Part X	Balance 9

		Check if Schedule O contains a response or not	e to any	line in this Part X			
	,				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			606,134.	1	482,669.
	2	Savings and temporary cash investments			656,879.	2	658,110.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,594,255.			
	b	Less: accumulated depreciation	10b	568,567.	1,031,230.	100	1,025,688.
	11	Investments - publicly traded securities		2700272000	11	1,023,000.	
	12	Investments · other securities. See Part IV, line 1		12			
	13	Investments · program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	2,294,243.	16	2,166,467.		
	17	Accounts payable and accrued expenses			2/2/1/220	17	2,100,407.
	18	Grants payable		De-I	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	f Schedule D		21	2 211.0
S	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subsi			-		
apil		controlled entity or family member of any of thes				22	
ت	23	Secured mortgages and notes payable to unrela			500,000.	23	500,000.
	24	Unsecured notes and loans payable to unrelated			500,000.	24	300,000.
	25	Other liabilities (including federal income tax, pa				24	
		parties, and other liabilities not included on lines					
		of Schedule D		4		25	
	26	Total liabilities. Add lines 17 through 25			500,000.	26	500,000.
		Organizations that follow FASB ASC 958, che			300,000.	20	300,000.
Ses		and complete lines 27, 28, 32, and 33.	OK HOLE				
auc	27	Net assets without donor restrictions		1	1,622,476.	27	1,501,609.
Bal	28	Net assets with donor restrictions	**********		171,767.		
5		Organizations that do not follow FASB ASC 9			1/1,/0/.	28	164,858.
Z		and complete lines 29 through 33.	oo, chec	ik nere			
ō	29	Capital stock or trust principal, or current funds				200	
sets	30	Paid-in or capital surplus, or land, building, or eq	uinmant	fund		29	
Ass	31	Retained earnings, endowment, accumulated in	come c	other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	come, or	other fullus	1,794,243.	31	1 666 468
~	33	Total liabilities and net assets/fund balances			2,294,243.	32	1,666,467.
			***********		4,434,443.	33	2,166,467.

	990 (2022) WEST SUBURBAN COMMUNITY PANTRY, INC.	36-38	357072	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,794	, 4	98.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,922		
3	Revenue less expenses. Subtract line 2 from line 1	3	-127		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,794		
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	1,666	, 4	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			'	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	~		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
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 separat	e basis,	1		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	-
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		