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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public

		nue Service				ave to use	а сору		n to satisfy st			quirements		Inspection
	For the 2008 calendar year, or tax year beginning 08-01, 2008, and ending 07-31, 20, 09 Check if applicable Please C Name of organization Aurora Area Interfaith Food Pantry D Employer identification no													
Вс	heck if	applicable	Please	C Name of org	anızatıonAur	ora Are	a Int	erfaith	Food Pant	ry			D E	Employer identification no.
A	ddress	change	use IRS label or	Doing Busin	ess As								36	6-3206531
N	ame ch	ange	print or type.		street (or P O	box if mail is	not deliv	ered to street	address)	•	Room	/surte	E 1	Telephone number
L] In	itial reti	ım	See	PO Box 2	2602									
[] Т	eminat	ion	Specific Instruc-	City or town,	state or countr	y, and ZIP +	4						G	Gross receipts \$
A	mended	d return	tions.	Aurora,	IL 60507	7-2602								337,348
A	pplication	on pending		and address of					-		14(0)	la thua a assur		
			 _	Sans Souc	i Dr, Au	rora, I	L 605	06			H(a)	Is this a grou affiliates?	p return	Yes X No
<u> </u>	ax-exer	npt status	X 501(c) (3) ◀ (nsert no)	4947(a)(1) or	527			H(b)	Are all affiliat	es inclu	ded? Yes No
<u>J </u>	lebsite:	▶ N/A			<u>.</u>						H(c)	Group exemp	tion nui	(see instrations) mber
K T	ype of c	organization X	Corporation	n Trust	Association	Other •	·		L Year of form	nation 19	981	M State of le	egal dor	micile IL
Par	t I	Summar	у											
	1	Briefly descr	ribe the or	ganızatıon's n	nission or mo	ost signific	ant acti	vities	TO PROVI	DE FOO	D TO	THOSE I	N NEI	ED
C G														
I O														
Vе	2	Check this b	oox 🏲 🔙 ı	f the organiza	tion disconti	nued its or	peration	s or dispose	ed of more th	an 25%	of its as	sets		
t n	3	Number of v	oting men	nbers of the g	overning boo	dy (Part VI	l, li ne 1 a)	• • • • • •	• • • •		• • • • _	3	10
e n	4	Number of I	ndepende	nt voting mem	bers of the	governing	body (P	an AITIE	PIVED.	· · · · · · · · · · · · · · · · · · ·		• • • •	4	10
s c e	5	Total number	er of emplo	oyees (Part V,	, line 2a) 🔸	• • • • •	·	• • • • • •		· · ·		• • • •	5	4
& ~	6	Total number	er of volun	teers (estimat	e if necessa	ry) • • • •	· 181	· MAR o	0.2010	181.	• • • •	• • • •	6	25
	7a	Total gross	unrelated	teers (estimat business reve s tavable inco	nue from Pa	art VIII, line	e 12, col	lumn (C) 🖳	₽.2010 .	Q ·		• • • • [7a	10,733
	b	Net unrelate	d busines	s taxable inco	me from Fo	m 990-T,	1016 24			·S. ·			7b	0
ь							L	OGDE	N. UT		Pr	ior Year		Current Year
e									٠ [_		187,0	55	322,483	
v e	9	Program ser	vice rever	nue (Part VIII,	line 2g) • •	• • • • •		• • • • •	• • • • •	• • • [0
n	10	Investment i	ncome (P	art VIII, colum	ın (A), lines :	3, 4, and 7	'd)	• • • • • •	• • • • •	• • • [2,4	49	2,795
u e	11	Other reven	ue (Part V	III, column (A), lines 5, 6d	, 8c, 9c, 10	0c, and	11e) • • •	• • • • •	• • •		4,3	98	7,938
	12	Total revenu	ie - add lir	nes 8 through	11 (must eq	ual Part Vi	III, colur	nn (A), line	12) • • • •			193,9	02	333,216
	13	Grants and	sımılar am	ounts paid (P	art IX, colum	nn (A), line	s 1-3)	• • • • •	• • • • •	• • • _				46,916
E	14	Benefits paid	d to or for	members (Pa	rt IX, columi	n (A), line 4	4) • •	• • • • •	• • • • •	• • • _				0
x	15		=	nsation, empl	•	•			•			111,9	36	111,613
P e	16a	Professional	l fundraisii	ng fees (Part i	IX, column (/	A), line 11e	e)	• • • • •	• • • • •	• • • 📙				0
n s	b	Total fundra	ısıng expe	nses (Part IX	, column (D)	, line 25) ▶	·		58,499					
e	17	Other expen	ises (Part	IX, column (A), lines 11a-	11d, 11f-2	4f) -	• • • • •	• • • • •	•••		74,8	94	71,534
•	18			lines 13-17 (m						• • • 崖		186,8	30	230,063
	19	Revenue les	s expense	es Subtract I	ine 18 from	line 12 • •	· · · <u>·</u>	• • • • •	• • • • •			7,0	72	103,153
Net									-		Beginr	ning of Yea	r	End of Year
Assets or	20	Total assets	(Part X, II	ne 16) • • •	· · · · · ·			• • • • • •	• • • • • •	• • • [108,9	64	212,968
-Fynd •RaL	21	Total liabilitie	es (Part X	, line 26) • •	· • • • • •			• • • • • •	• • • • •	• • • [1,0	30	1,882
ages Fales	22	Net assets of	or fund bal	ances Subtra	act line 21 fr	om line 20		· · · · · ·				107,9	34	211,086
Par	t II	Signatu							_					
6 9		Under penalt	ties of perjur	y, I decless that I ect, and complete	have examined	d this return,	including	accompanying	g schedules and	statement	ts, and to	the best of m	y knowl	edge
		Y	11	XX	1/1	- proparer (or	tilei didii	omoci, is busc	on an interna	don or will	си рісра	ici ilas aliy ki		
S igr			11 an	4									<u>a.</u>	<u> 15-10</u>
Sigr)	Signatu	re of officer	\mathcal{O} .									Date	
Here	•	Mari	lyn Wei	sner, Exe	cutive D	irector	<u> </u>							
Gere		Type or	print name	and title										
3		Preparer's		·/ ~ ^		_ 		Date		Check	f	1 '		lying number
Pajd		signature	٦	SP NOW	3, C, 8	· 4b.		01-2	6-2010	self- employ	ed ▶	_ (see instr	uctions)	·
Oh	11612	Firm's name	(or vours	Fox Va	lley Acc	ounting	&Tax	Solutio	n		EIN	>		
Use (Only	if self-employ	/ed),	218 Ri	verside 2	Avenue								
		address, and	1 ZIP + 4	Saint	Charles,	IL 601	74				Phone n	o ▶ 630-	377-1	L040
May t	he IRS	S discuss this	return wit	th the prepare	r shown abo	ve? (see ı	instructi	ons) · ·		• • • •			• • •	· · X Yes No
For F	rivac	Act and Pa	perwork l	Reduction Ac	ct Notice, se	e the sep	arate ir	structions				EE.		Form 990 (2008)

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Form 990 (2008)

EEA

_	mm 990 (2008) Aurora Area Interfaith Food Pantry	36-3206531 Page 2
Pa	art II. Statement of Program Service Accomplishments (see instructions)	
1	briefly toosing the organization of modern	
	TO PROVIDE FOOD TO THOSE IN NEED	
2	and the state of t	
	the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any pro	
J	services?	
	If "Yes," describe these changes on Schedule O	Yes X No
4		m conucce by cynonica
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repr	
	allocations to others, the total expenses, and revenue, if any, for each program service reporter	
	and a survival to a strong the tatal expenses, and to remain, if any, to a dust program sorvice to porter	•
4a	a (Code) (Expenses \$ 99,233 including grants of \$) (Revenue \$
	PROVIDED EMERGENCY FOOD AND NUTRITIONAL ASSISTANCE TO LOW INCOM	, ,
	EMERGENCY SITUATIONS. RECIPIENTS QUALIFY THROUGH AN INTERVIEW P	
	OTHER AGENCIES. CURRENT YEAR RECIPIENTS AIDED: INDIVIDUALS-about	
4b	b (Code) (Expenses \$ including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·
<u> </u>		
4c	c (Code) (Expenses \$ including grants of \$) (Revenue \$
		····
4-1	d Other agents of the Colonia	
4d		
4-	(Expenses \$ including grants of \$) (Reve	
4e	(Made equal variety, Line 2)	
	EEA .	Form 990 (2008)

Checklist of Required Schedules Part 17 Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II - - - - - - - -7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 R X 9 Did the organization report an amount in Part X, line 21, 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," 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D. 11 Х 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the U.S.? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I - - - - -Х 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H Х Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • • • • 21 21 X 22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete 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 questions 24b-24d and complete Schedule K If "No," go to question 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Х

Form 990 (2008)

		•	age
rt IV Checklist of Required Schedules (continued)			
		Yes	No
During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
employee), or an indirect business relationship through ownership of more than 35% in another entity			
(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
Part IV · · · · · · · · · · · · · · · · · ·	28a		Х
Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		x
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Part I · · · · · · · · · · · · · · · · · ·	31		X
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
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		Х
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		х
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	_		
Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		x
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		l x
Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1 34 Is any related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organizati

EEA

Par	t 🗸 Statements Regarding Other IRS Filings and Tax Compliance	_		
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 4			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
•	Instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	_		
L	this return? • • • • • • • • • • • • • • • • • • •	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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)?			
h	If "Yes," enter the name of the foreign country	4a		X
b				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		Į	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		.,
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5a		<u>X</u>
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	35		
•	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c	İ	
6a	Did the organization solicit any contributions that were not tax deductible? • • • • • • • • • • • • • • • • • • •	6a		<u></u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6ь		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	- 1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? • • • • • • • • • • • • • • • • • • •	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	_		
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	:		
	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) · · · · · · · · · · · · · · · · · · ·		ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b	-	1	

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part Vi required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a 10 b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a Х 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 Х Is there any officer, director or 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 in Schedule O X Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Х Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15a Other officers or key employees of the organization? 15b X Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶ Fox Valley Accounting & Tax Service (630)377-1040

218 Riverside Avenue Saint Charles, IL 60174

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	$\overline{}$	_			hat appl		Reportable	Reportable	Estimated
	hours per week	I t d nrı dur v t e t de o u o l	n r s u t s i t	c e	Key employee	H comployeest ed	o r m e	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Marılyn Weisner										
Executive Director	50				X	Х		23,750	0	•
Michael Woodruff										
	37				Ì		x	18,694	0	(
Lois Shackelford										
Clerical	20						X	3,600	0	•
Kristan Ensminger									,,	
Office Assistant	20	<u> </u>		Х				655	0	(
Mike Galgano										
Director of Distribution	40				X			0	0	
Claire Perez										
President	3	<u> </u>		Х				0	0	ı
Chuck Thulin					İ					
Vice President	2	L		X				0	0	1
Deborah Pawlak										
Secretary	2			X				0	0	
Hillary Brennan										
Treasurer	3			X			<u> </u>	0	0	
Joe Meyer										
Board Member	1	<u> </u>		X	<u> </u>			0	0	··
Lynn Flores										
Board Member	1			Х				0	0	<u> </u>
Carmen Rodriguez		ļ								
Board Member	1	<u> </u>	L.,	_X				0	0	
Paul Hernandez										
Board Member	1		Щ	Х				0	0	
Zane Coughlin										
Board Member	1			_X				0	0	1
Don Miller										
Board Member	1	ļ		X				0	0	
		-								

P	art VII Section	on A. Officers, Directors, Trustees, F	(ey Employ	ees, a	nd F	ligh	est	Comp	ens	ated Employees (continued)			
•	Na	(A) ame and title	(B) Average hours	Position apply)	on (c	(C) heck		at		(D) Reportable	(E) Reportable		(F) stimate	
			per week	I t d n r i d ur se v t c i et d eo u r a o	I nrust e e e e	C	e m y P	H c e m p l o y e e sa t e e	o r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co	mount of other mpensa from the organizand relating	ation he ation ated
		-					<u> </u>							
						-								
		<u> </u>				<u> </u>		_						
				 										
			-	_										
						ļ								
								-	_					
1b	Total · · ·				L	L			Ļ	46,699	0			
2		individuals (including those in 1a) wh							-					0
3		ation list any former officer, director o											Yes	No
4	For any individu	e 1a? If "Yes," complete Schedule J for all listed on line 1a, is the sum of repo and related organizations greater that	rtable compe	ensatio	on a	nd o	ther	comp	ensa	ition from	• • • • • • • •	3	Х	
5	ındıvıdual	listed on line 1a receive or accrue cor	• • • • •								• • • • • • • •	4		х
	services render	ed to the organization? If "Yes," comp			-			_				5		Х
<u>Se</u> 1	Complete this ta	pendent Contractors able for your five highest compensated from the organization	f independer	nt cont	ract	ors 1	hat i	receive	ed m	ore than \$100,000	of			
_	Compensation	(A)						-		(B)			(C)	
_		Name and business addres	s							Description of s	ervices	Comp	ensation	n
_												-		
2		independent contractors (including the	ose in 1) wh	o rece	ived	mo	re th	an \$10	0,00	00 ın				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cgos	1a	Federated campaigns 1a	280,687				
of t n	n .	Membership dues · · · · · · · · 1b					
tteu	·I _	Fundraising events 1c					
i t	d	Related organizations 1d	-	888 - A 4 5	."		;
uri tam		Government grants (contributions) · · 1e	41,796			ا الله	Fa.
i ni oti	,	All other contributions, gifts, grants, and		4-77-2-4	* - 3	¥	
nsa s, r	'	similar amounts not included above · · · 1f					
a n	g	Noncash contributions included in lines 1a-1f \$			<i>3 }-</i> *	+	- 4
d	h	Total. Add lines 1a-1f		322,483		, ()	14 6 T
	T		Business Code				"
	2a						
PSF							
0 r v	<u>'</u> c		-				
rin	d						
m e e	. е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·					
	3	Investment income (including dividends, interest, ar	nd				
		other similar amounts)	-	2,795		2,795	
	4	Income from investment of tax-exempt bond proceed	-				
	5	Royalties	• • • • • •				
		(i) Real	(ii) Personal			i i	- #-
	6a	Gross Rents · · · · · ·		1. (在 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		=-	1.754
	b	,			Eller (Ell		
	1	Rental income or (loss) · · ·		s Cash to the d	. 1		· · · · · · · · · · · · · · · · · · ·
	1	,	· · · · · · • >	25 TO P. 540 TH. 5			
	7a	Gross amount from sales of (i) Secunties	(ii) Other				
	1.	assets other than inventory					
	b	Less cost or other basis and sales expenses				LET TO A PERSON OF THE PERSON	
0	_ ا	Gain or (loss)			The TRANS		
t h		Net gain or (loss) · · · · · · · · · · · · · · · ·	· · · · · · •				
0	1	Gross income from fundraising		The state of the state of the	ايعدود جي د ي	1 1 Habita (MACA)	- 151 - 1-121
Г		events (not including \$					
R	1	of contributions reported on line 1c)					
e v	1	See Part IV, line 18 · · · · · · · a	12,070	34444	1. 不是基础		
е	ь	Less direct expenses b	4,132		a. 3. 强约数据		明显,正理
n u	c	Net income or (loss) from fundraising events		7,938		7,938	
ė	9a	Gross income from garning activities		· Maria Maria	き、 という 連続	े लुकेंग्रेन का करते. - जुकेंग्रेन का करते.	
		See Part IV, line 19				ी है हैं हैं १८५४ अब्देश स्टेस	
	b	Less direct expenses $\cdots \cdots b$		4. 数据		7 25 cm 7c	· · · · · · · · · · · · · · · · · · ·
	C	Net income or (loss) from gaming activities • •	· · · · · · >				
	10a	Gross sales of inventory, less		1			
		returns and allowances · · · · · · · a		マル 総番機	- 到更多的	1 + 2 4 4 4	表達
		Less cost of goods sold · · · · · · · b	L	*# \$ 1	1-1		77.100
	C		· · · · · · >	ļ			
	-	Miscellaneous Revenue	Business Code	ļ			
	11a						
	b		<u> </u>		ļ		
	C	All albanana		 			_
		All other revenue	<u> </u>	 	ļ		
		Total. Add lines 11a-11d · · · · · · · · ·	-			· · · -	
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8	c,	333 016	_	10 700	0
		9c, 10c, and 11e	· · · · · · • • • • • • • • • • • • • •	333,216	L	10,733	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	mn (A) but are not re	quired to complete co)
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21 · · · ·				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22 · · · · · · · · · · ·	46,916	46,916		
3	Grants and other assistance to governments,	40,910	40,310		
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
,	trustees, and key employees	62,212	8,885	19,552	33,775
6	Compensation not included above, to disqualified	02,212	0,003	19,552	33,113
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages · · · · · · · · · · · · · · · · · · ·	33,899	24,933	8,966	
8	Pension plan contributions (include section 401(k)	33,699	24,933	8,900	
o	and section 403(b) employer contributions) • • • • •	2,907		1,279	1,628
9	Other employee benefits	5,658		5,658	1,020
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	6,937	2,428	2,081	2,428
11	Fees for services (non-employees)	0,937	2,420	2,081	2,420
a	Legal	6,601		6,601	
b	Accounting · · · · · · · · · · · · · · · · · · ·	9,655		9,655	· · · · · · · · · · · · · · · · · · ·
C		9,633		9,655	
d	Professional fundraising services See Part IV, line 17 •				
e	Investment management fees • • • • • • • • • • • • • • • • • •				
f		1,707		1,707	
g 42	_			289	15 455
12	Advertising and promotion	15,744			15,455
13	<u> </u>	3,376	948	1,688	1,688
14	Information technology	1,897	946	949	
15	Occupancy · · · · · · · · · · · · · · · · · · ·	12 204	6 600	6 600	
16	· · · · · · · · · · · · · · · · · · ·	13,384	6,692	6,692	
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.070	1 005		1 025
19	Conferences, conventions, and meetings	2,070	1,035		1,035
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates	2 452	1 000	1 505	
22	Depreciation, depletion, and amortization	3,413	1,888	1,525	
23	Insurance	865		865	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together]	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a		2,345		1,172	1,173
b		2,575	239	2,336	
С	Other Supplies	2,676	2,676		
d	Telephone	1,715		857	858
е	Vehicle	2,134	2,134		
f	All other expenses · · · · · · · · · · · · · · · · · ·	1,377	459	459	459
25	Total functional expenses. Add lines 1 through 24f · ·	230,063	99,233	72,331	58,499
26	Joint Costs. Check here In if following \				
	SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation • • • • • • • • • • • • • • • • • • •				Form 990 (2008)

Par		Balance Sneet	(A)				
			(A)		(E		
	1	Cash - non-interest-bearing	Beginning of year	-	End of		
	1	The state of the s	80,323	1		52,5	
	2	Savings and temporary cash investments	16,084	2		47,9	25
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key		_			
	i _	employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
Α		Part II of Schedule L		6			
S	7	Notes and loans receivable, net		7			
s e	8	Inventories for sale or use		8			
ť	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·	3,539	9			
s	10a	Land, buildings, and equipment cost basis · 10a 41,386					
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D 10b 35,117	3,355	10c		6,2	269
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11			
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · ·		12			
	13	Investments - program-related See Part IV, line 11- · · · · · · · · · · · · [13			
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14			
	15	Other assets See Part IV, line 11	5,663	15		6,2	260
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108,964	16	2	212,9	68
	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·		17			
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18			
L	19	Deferred revenue		19			
i	20	Tax-exempt bond liabilities		20			
b	21	Escrow account liability Complete Part IV of Schedule D		21			
į	22	Payables to current and former officers, directors, trustees, key					
i	1	employees, highest compensated employees, and disqualified					
t		persons Complete Part II of Schedule L		22	-		-
i	23	Secured mortgages and notes payable to unrelated third parties		23			
e s	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D	1,030	25		1,8	882
	26	Total liabilities. Add lines 17 through 25	1,030	26		1,8	882
	1	Organizations that follow SFAS 117, check here ► X and					
NF		complete lines 27 through 29, and lines 33 and 34.					
e u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	107,746	27		210,2	296
t n	28	Temporarily restricted net assets	188	28			790
A d	29	Permanently restricted net assets		29			
s B		Organizations that do not follow SFAS 117, check here ▶					
s a e 1	1	and complete lines 30 through 34.					
t a	30	Capital stock or trust principal, or current funds		30			
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	_		
o e	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>		
r s	33	Total net assets or fund balances • • • • • • • • • • • • • • • • • • •	107,934	33		211,0	186
	34	Total liabilities and net assets/fund balances	108,964	34		12,9	
D.				04	 -		
Pai	t XI	Financial Statements and Reporting				\.	
4	۸ ۵۵۵۰۰۰	nting method used to prepare the Form 000 V Cook Assessed Cook	_			Yes	No
1		nting method used to prepare the Form 990 X Cash Accrual Othe			2-	ν,	-
2a		he organization's financial statements compiled or reviewed by an independent account		• • • •	2a	_ X	17
b		he organization's financial statements audited by an independent accountant? • • •		• • • •	2b		<u>X</u>
С		to lines 2a or 2b, does the organization have a committee that assumes responsibility to					
_		dit, review, or compilation of its financial statements and selection of an independent acc		• • • •	· · · 2c		X
3a		sult of a federal award, was the organization required to undergo an audit or audits as s					
_		gle Audit Act and OMB Circular A-133?			3a		<u>X</u>
<u>p</u>	If "Yes	"did the organization undergo the required audit or audits?		• • • •	· • 3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Total

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2008

Internal Revenue Service Name of the organization Employer identification number Aurora Area Interfaith Food Pantry 36-3206531 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) 11g(iii) Provide the following information about the organizations the organization supports (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of organization in col in col (i) listed in your organization (described on lines 1-9 he organization in col support (i) organized in the above or IRC section. governing document? (i) of your support? (see instructions)) Yes No Yes No Yes No

Pa	Support Schedule for Organiza (Complete only if you checked the box on	tions Descri	ibed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
Sec	tion A. Public Support						 -
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3 · · · · · · · · · · · · · · · · · · ·						
5	The portion of total contributions by each						,
	person (other than a governmental unit or	ĺ		†			
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	:		-			
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		<u> </u>	L	1	L	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	() = = :	(-,	(-,	(3, 200)	(0, 2000	(1) 10(4)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 - · · ·						
12	Gross receipts from related activities, etc. (see inst	ructions)			• • • • • •	12	
13	First five years. If the Form 990 is for the organization check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	as a section 501		
Sec	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2008 (line 6, column	(f) divided by lin	e 11, column (f)		• • • • • • •	14	%
15	Public support percentage from 2007 Schedule A,	Part IV-A, line 20	6f • • • • • •	• • • • • • •	• • • • • •	15	%
16a	33 1/3% support test - 2008. If the organization di	d not check the	box on line 13, a	nd line 14 is 33	1/3% or more, ch	eck this box	
	and stop here. The organization qualifies as a pub	licly supported o	organization -				▶ □
b	33 1/3% support test - 2007. If the organization di	d not check a bo	x on line 13 or 1	6a, and line 15 i	s 33 1/3% or mo	re, check this	
	box and stop here. The organization qualifies as a	publicly support	ted organization				▶ ┌
17a	10%-facts-and-circumstances test - 2008. If the	organization did	not check a box	on line 13, 16a,	or 16b, and line	14 is 10% or	
	more, and if the organization meets the "facts-and-	circumstances"	test, check this b	ox and stop hei	re. Explain in Pai	t IV how the	
	organization meets the "facts-and-circumstances" t	est The organiz	ation qualifies a	s a publicly supp	orted organization	on	▶ ┌
b	10%-facts-and-circumstances test - 2007. If the	organization did	not check a box	on line 13, 16a,	16b, or 17a, and	line 15 is 10% d	or
	more, and if the organization meets the "facts-and-	circumstances"	test, check this b	ox and stop he	re. Explain in Pai	t IV how the	
	organization meets the "facts-and-circumstances" t				•		▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	•					_	· . · ·	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(е	2008	(f) Tot	ai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	198,147	178,163	180,285	187,055	3	322,831	1,066	, 481
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					-			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1-5	198,147	178,163	180,285	187,055	3	322,831	1,066	,481
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					-			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·								
8	Public support (Subtract line 7c from line 6)						<u> </u>	1,066	, 481
	tion B. Total Support	·····							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Tot	
9 10a	Amounts from line 6	198,147	178,163	180,285	187,055	-	322,831	1,066	,481
iva	payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)							1,066	,481
14	First five years. If the Form 990 is for the organization check this box and stop here	tion's first, second							— ▶ □
Sec	tion C. Computation of Public Support								
15 16	Public support percentage for 2008 (line 8, column Public support percentage from 2007 Schedule A, F	· ·				15 16	1	00.00	<u>%</u>
	tion D. Computation of Investment Inco	me Percenta	ige					_	
17	Investment income percentage for 2008 (line 10c, c		•		• • • • • •	17		0.00	%
18 19a	Investment income percentage from 2007 Schedule 33 1/3% support tests - 2008. If the organization of				L L	18 and I	ine 17 in		<u>%</u>
, Ja	not more than 33 1/3%, check this box and stop he								▶ 🗓
b	33 1/3% support tests - 2007. If the organization d	lid not check a bo	x on line 14 or li	ine 19a, and line	16 is more than	33 1/3	3%, and lir	ne 18	- <u>(a</u>)
	is not more than 33 1/3%, check this box and stop						• • • • •		▶ 🔲
20	Private Foundation: If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ns	• • • • •	• • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Aurora Area Interfaith Food Pantry 36-3206531 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

	lule D (Form 990) 2008 Aurora Area Inte	rfaith Food P	antry			36-32065	31 Page 2
Pa	rt III Organizations Maintaining C	Collections of	Art, Histo	rical Treasures	s, or Ot	her Similar Ass	sets (continued)
3	Using the organization's accession and other rec	ords, check any of	the following	that are a significa	int use of	its collection	
	items (check all that apply)						
а	Public exhibition	d Loar	n or exchang	e programs			
b	Scholarly research	e Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain h	ow they furth	er the organization	's exemp	t purpose in	
	Part XIV		•	-	·	•	
5	During the year, did the organization solicit or red	ceive donations of a	art, historical	treasures, or other	sımılar		
	assets to be sold to raise funds rather than to be						- Yes No
Pa	rt IV Trust, Escrow and Custodia						
	Part IV, line 9, or reported an amount			•		·	
1a	Is the organization an agent, trustee, custodian of	· - · · · · · · · · · · · · · · · · · ·		utions or other asse	ts not		
	included on Form 990, Part X?		•				· Yes No
b	If "Yes," explain the arrangement in Part XIV and	complete the follow	wing table				
		•	•		[Amo	unt
С	Beginning balance				10	_	
d	Additions during the year • • • • • • • • • • • • • • • • • • •					1	
е	Distributions during the year - · · · · · · ·)	
f	Ending balance · · · · · · · · · · · · · · · · · · ·					-	
2a	Did the organization include an amount on Form	990. Part X. line 2	12			• • • • • • • •	· Yes No
b	If "Yes," explain the arrangement in Part XIV	, ,					
Pai	rt V Endowment Funds. Complete if	organization answe	ered "Yes" to	Form 990, Part IV	line 10		
	The state of the s	(a) Current Year	(b) Prior			(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	(_,	(2) 1 1101	(6) 1110 10	aro Daok	(u) Thice Tears Dack	(c) Tour rears back
b	Contributions						
С	Investment earnings or losses · · · · · ·						
d	Grants or scholarships · · · · · · · · · · · · · · · · · · ·		·· · · · · · · · · · · · · · · · · · ·				
е	Other expenditures for facilities						
	and programs • • • • • • • • • • • • • • • • • • •						
f	Administrative expenses	W					
g	End of year balance		<u></u>				
2	Provide the estimated percentage of the year end	d balance held as					<u> </u>
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	n of the organizatio	n that are he	eld and administere	d for the		
	organization by	g					Yes No
	(i) unrelated organizations · · · · · · · · ·						3a(i)
	(ii) related organizations · · · · · · · · ·						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations list		Schedule R?	·			3b
4	Describe in Part XIV the intended uses of the org	•					
Pai	rt VI Investments - Land, Building			Form 990 Part X i	ine 10	*	
<u> u</u> 1		·					
	Description of investment	(a) Cost or oth		(b) Cost or other	(c)	Depreciation	(d) Book value
1a	Land		-	basis (other)	 		
b	Buildings		+		-		
c	Leasehold improvements · · · · · · · · · · · · · · · · · · ·				 		
d	Equipment · · · · · · · · · · · · · · · · · · ·			41,386		35,117	6,269
e	Other • • • • • • • • • • • • • • • • • • •				1		
	. Add lines 1a-1e (Column (d) should equal Form		nn (B), line 1	O(c))	• • • •		6,269

Payroll Liabilities 1,882

Total. (Column (b) should equal Form 990, Part X, col (8) line 25)

1,882

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	ule D (Form 990) 2008 Aurora Area Interfaith Food Pantry	36-3206531	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses • • • • • • • • • • • • • • • • • •	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8 · · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	-
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	7	
C	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	7	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		*****
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •	1	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
а	Donated services and use of facilities · · · · · · · · · · · · · · · 2a		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	\neg	
C	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · 2c	7	
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · 4b		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) · · · · · · · · · · · · · · · · · · ·	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
			

Employer identification n 36-3206531 36-3206531 on (g)Description of sal, non-cash assistance	Emptoyer identification n 36-3206531 n answered "Yes" on (g)Description of non-cash assistance
Employer identification n 36-3206531 n answered "Yes" on on (g)Description of non-cash assistance	Employer identification n 36–3206531 36–3206531 on answered "Yes" on (g)Description of non-cash assistance sal,
n answered "Yes" on (g)Description of (h) Purpose of grasal, non-cash assistance or assistance	Ints or assistance, the grantees' eligibility for the grants or assistance, and ant funds in the United States. **Ganizations in the United States.** **Ganizations in the United States.** **Ganizations on the U
n answered "Yes" on (g)Description of (h) Purpose of grand non-cash assistance or assistance	n answered "Yes" on (g)Description of (h) Purpose of grisal. on assistance or assistance
ted States. Complete if the organization answered "Yes" on recipient received more than \$5,000 Use (e) Amount of non-cash (f) Method of valuation assistance assistance other) (book, FMV, appraisal, non-cash assistance or assistance other)	ted States. Complete if the organization answered "Yes" on recipient received more than \$5,000 Use (e) Amount of non-cash (f) Method of valuation (g)Description of (book, FMV, appraisal, other) (book, FMV, appraisal, non-cash assistance or assistance other)
in answered "Yes" on to (g)Description of (f) lisal, non-cash assistance non-cash assistance	in answered "Yes" on (g) Description of (n) Purpose of grandle or assistance or assis
ton (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (g)Description of (h) Purpose of grant assistance (book, FMV, appraisal, non-cash assistance or assistance other)	ton (d) Amount of cash (e) Amount of non-cash (f) Method of valuation grant assistance (book, FMV, appraisal, non-cash assistance or assistance or assistance (book, FMV, appraisal, non-cash assistance or assistance)

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 35,194 Cost non-cash assistance (d) Amount of (c) Amount of cash grant 2,700 (b) Number of recipients (a) Type of grant or assistance Distribution of Foods Part IV Part III

, Page 2

36-3206531

Aurora Area Interfaith Food Pantry

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information :

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Aur	ora Area Interfaith Food Pantry	36-3206531		
Pa	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in For	n		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal linear travel	sonal use		
	Travel for companions Payments for business use of personal	residence	1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fe			
	Discretionary spending account Personal services (e.g., maid, chauffeur	, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	· · · · · 1i)	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? • • •	2	:	
•	Indicate which if any of the following the expensions was to establish the second of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation	committee	ĺ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			}
a	Receive a severance payment or change of control payment?	4;	a	1
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		0	
	Participate in, or receive payment from, an equity-based compensation arrangement?		:	
	If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		j	
•	compensation contingent on the revenues of			
	The organization? • • • • • • • • • • • • • • • • • • •	5	. -	ł
	Any related organization? • • • • • • • • • • • • • • • • • • •			
b	If "Yes," to line 5a or 5b, describe in Part III	3,	-	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	ļ		
	compensation contingent on the net earnings of		ł	-
а	The organization? • • • • • • • • • • • • • • • • • • •	6	a	
	Any related organization? • • • • • • • • • • • • • • • • • • •		b	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III		•	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		1	
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	{	3	

Aurora Area Interfaith Food Pantry Schedule J (Form 990) 2008

Use Schedule J-1 if additional space is needed Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is nerely reach individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Page 2

36-3206531

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(b) Breakdown or	(b) Breakdown of VV-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base	(ii) Bonus & incentive	(iii) Other	compensation	benefits	(B)(I)-(D)	reported in prior
							Form 990 or Form 990-EZ
	(i) 18,694					18,694	
Michael Woodruff	(ii)						
	3,600					3,600	
Lois Shackelford	(ii)						
	(0)						
	(ii)						
	(1)						i
	(ii)						
	(1)						
	(E)						
	(ı)						
	(ii)						
	()						
	(II)						!
	(1)						•
:	3						
	(3)						
	(II)						
	())						
	(ii)						•
] (<u>!</u>)					,	
	(ii)						
	(1)						
	(ii)						
	(5)						
	(II)						
	(i)						
	(II)						
	9						
	(ii)						
	(!)						
	(11)						
	(1)						
	(ii)						
							Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Aurora Area Interfaith Food Pantry

Form 990 or to provide any additional information. Name of the organization

Employer identification number

36-3206531

01. Form 990 governing body review (Part VI, line 10)

There is a written procedure for the review of the 990. It is presented to the Executive Committee when it is ready. Any questions of the Executive Committee Members are forwarded to the accountant for response. The 990 is then presented to the full Board at the next meeting. If there are questions from the full Board, they are forwarded to the accountant. a special board meeting is clled to discuss the responses. If there are no further questions the accountant is notified that it has been reviewed and is ready for submission. If there are further questions, the Executive Director will invite the

02. Conflict of interest policy compliance (Part VI, line 12c)

accountant to a special meeting to discuss the 990.

There is a formal written policy in place for board members and a statement that they are required to sign annually. Any dualty of interest or possible conflict of interest on the part of any governing board member should be disclosed to the other members of the board and made a matter of record through an annial procedure and when the interest becomes a matter of board action Any governing board member having a duality of interest or possible conflict of interest on any matter should not vote or use his personal influence on the matter, and he should not be counted in determining the quorum for the meeting, even where permitted by law. The minutes of the meeting should reflect that a disclosure was made, the abstention from voting, and the quorum situation.

03. CEO, executive director, top management comp (Part VI, line 15a)

There is a written procedure for determining compensation. The Board Chairman and another member with the Executive Committee conduct a performance review of the Executive Director The results are then shared with the Executive in May before the budget process begins.

Schedule O (Form 990) 2008	·	Page	e 2
Name of the organization Aurora Area Interfaith Food Pantry	,	Employer identification number 36-3206531	
Committee and compensation is recommended based upon pe	orformance and informat	<u> </u>	
			_
relevant salary surveys. The Executive Director conduct	s a performance review	with the	
Director of Distribution and then makes a recommendation	on to the Executive Com	mittee who	
approve or revise the recommendation and then forward i	it to the full Board fo	r approval or	
revision.			
04. Other officer or key employee compensation (Part VI	I, line 15b		
There are no other officers or key employees that are of	compensated that are no	t covered in	
the explanation for 15A.			
05. Governing documents, etc, available to public (Part	t VI, line 19)		
If there is a request that was within the parameters of	f what is required to b	e disclosed	
copies are produced and forwarded to the requesting par	rty.		
		 	

	Federal Supporting Statements	2008 PG01
Name(s) as shown on return		FEIN
<u>Aurora Are</u>	a Interfaith Food Pantry	36-3206531

FORM 4562 - LINE 19B

Statement # 50

BASIS	RP	CV	METHOD	DEDUCTION
4,835	5	$\overline{\mathtt{HY}}$	S/L	967
524	5	ΗY	S/L	105
967	5	HY	S/L	194
TOTALS				1,266

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2008

Intern	tment of the Treasury al Revenue Service (99) (s) shown on return	► See separate	e instructions			<u> </u>	our tax return		· -	Attachment Sequence No 67
	` '				*		h this form relate	S		Identifying number
	ora Area Interfait				RM 99		<u>- 1</u>			36-3206531
Pa	rt I Election To Expens Note: If you have any liste						t I			
1	Maximum amount. See the instruct	tions for a highe	r limit for certai	n busines	ses · ·	• •		• • •	1	
2	Total cost of section 179 property	placed in service	e (see instruction	ons) · ·		• •		• • •	2	
3	Threshold cost of section 179 prop	erty before redu	ction in limitati	on (see in	struction	s)		• • •	3	
4	Reduction in limitation Subtract lin	e 3 from line 2	lf zero or less,	enter -0-		• •		• • •	4	
5	Dollar limitation for tax year. Subtra	act line 4 from lir	ne 1 If zero or	less, ente	r-0-lfm	arrie	ed filing			
	separately, see instructions	• • • • • • •	• • • • • • •	• • • • •	• • • •	• •		• • •	5	
	(a) Description of p	roperty		(b) Cost (b	usiness us	e only	(c) Ele	cted cost		
6										
7	Listed property Enter the amount i		• • • • • •			7	<u></u>	_		
8	Total elected cost of section 179 p							• • •	8	
9	Tentative deduction Enter the sma								9	
10	Carryover of disallowed deduction	•							10	
11	Business income limitation Enter t						="	•	11	
12	Section 179 expense deduction A							• • •	12	
13	Carryover of disallowed deduction				· •	13				
	: Do not use Part II or Part III below					(5)				
<u> Pa </u> 14	rt II Special Depreciation Special depreciation allowance for							stea pro	репту , Г	(See instructions)
-	during the tax year (see instruction		ty (other than i	istea prop	erty) piad	æa II	n service			
15	Property subject to section 168(f)(1	•	• • • • • •	• • • • •	• • • •	• •	• • • • • • •	• • •	14	
16	Other depreciation (including ACR)	•						• • •	15 16	0 147
	·· ·	<u> </u>						• • •	10	2,147
Га	Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A									
17	MACRS deductions for assets place	ed in service in			ore 2008				17	
18	If you are electing to group any ass			-		orn	nore			<u> </u>
	general asset accounts, check here		• • • • • •	-				. [ł	
	Section B - Assets							oreciatio	on Svs	stem
		(b) Month and	(c) Basis for de	preciation	(d) Recov					
40-	(a) Classification of property	year placed in service	(business/invest only-see instru		period	/ery	(e) Convention	(f) Met	hod	(g)Depreciation deduction
19a	3-year property				ļ					
<u> b</u>	5-year property Statement # 50 7-year property	ľ			 					1,266
						\dashv		-		
d e	12 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		 					
	20-year property									
_ <u>'</u> _					25 yrs	\dashv		S/L		
	Residential rental		 		27 5 y	$\overline{}$	MM	S/L		
••	property				27 5 y	-	MM	S/L		
i	Nonresidential real				39 yr	-	MM	S/L		,
•	property			_	55 7	-	MM	S/L		
	Section C - Assets	Placed in Servi	ce Durina 200	8 Tax Ye	ar Usino	the				Svstem
20a	Class life							S/L		, y o to
	12-year		-		12 yrs	\exists		S/L		
	40-year				40 yrs	\rightarrow	MM	S/L		
	t IV Summary (see instruc	tions)							-	7
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, li	•	17, lines 19 an	d 20 in co	lumn (g).	and	line 21			
	Enter here and on the appropriate	_							22	3,413
23	For assets shown above and place	-			·					
	enter the portion of the basis attribu				<u></u>	23				

MODIFIED CASH BASIS FINANCIAL STATEMENTS

with

INDEPENDENT AUDITORS' REPORT

for the year ended July 31, 2009

Weber & Associates CPAs, LLC

Certified Public Accountants

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Basic Financial Statements	
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Statement of Changes in Net Assets - Modified Cash Basis	3
Statement of Functional Expenditures - Modified Cash Basis	4
Notes to Financial Statements	5-8

Weber & Associates CPAs, LLC

Certified Public Accountants

Thomas A. Weber

Michael Coakley

Suite 1B, 314 N. Lake St. Aurora, IL 60506 630 897-4500 Fax 630 897-4951

INDEPENDENT AUDITORS' REPORT

To the Board of Directors Aurora Area Interfaith Food Pantry, Inc. Aurora, Illinois

We have audited the accompanying statement of assets, liabilities and net assets - modified cash basis, of Aurora Area Interfaith Food Pantry, Inc. (a nonprofit organization) as of July 31, 2009, and the related statements of changes in net assets and functional expenditures - modified cash basis, for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 2, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets- modified cash basis of Aurora Area Interfaith Food Pantry, Inc. as of July 31, 2009, and its changes in net assets for the year then ended, on the basis of accounting described in Note 2.

Weber & association

Statement of Assets, Liabilities and Net Assets - Modified Cash Basis as of July 31, 2009

ASSETS Current assets:	
Cash in checking	\$ 52,514
Certificates of deposit	147,925
Commences of deposit	
Property and equipment:	200,439
	41 206
Property and equipment	41,386
Less accumulated depreciation	(35,117)
	6,269
Other assets:	
Community Foundation Food Pantry Fund	6,399
TOTAL ASSETS	\$ 213,107
LIABILITIES AND NET ASSETS Liabilities:	
Accrued payroll taxes	\$ 1,882
Accided payton taxes	
	1,882
Net assets:	
Unrestricted:	
Undesignated	204,036
Board designated	6,399
Temporarily restricted	790
Total net assets	211,225
TOTAL LIABILITIES AND NET ASSETS	\$ 213,107

Statement of Changes in Net Assets - Modified Cash Basis for the year ended July 31, 2009

	Unrestricted	Temporarily Restricted	Total
Revenues and other support:			
Contributions, gifts and grants	\$ 286,397	\$ 35,796	\$ 322,193
Income distributed from Community Foundation			
Endowment Fund	359	-	359
Interest and dividends	2,436	-	2,436
Realized and unrealized gains	140	-	140
Special events	12,070	-	12,070
Miscellaneous	290	_	290
Net assets released from restrictions	35,194	(35,194)	
Total revenues and other support	336,886	602	337,488
Expenditures and other deductions:			
Program services	99,621	-	99,621
Management and general	71,945	_	71,945
Fundraising	62,631		62,631
Total expenditures	234,197		234,197
Change in net assets	102,689	602	103,291
Net assets, beginning of year	107,746	188	107,934
Net assets, end of year	\$ 210,435	\$ 790	\$ 211,225

Statement of Functional Expenditures - Modified Cash Basis for the year ended July 31, 2009

	Program Services	Management and General	Fund- raising	Total
Employment costs:				
Compensation	\$ 33,818	\$ 28,518	\$ 33,775	\$ 96,111
Payroll taxes	2,428	2,081	2,428	6,937
Medical insurance	-	5,658	-	5,658
Retirement plan		1,279	1,628	2,907
Total employment costs	36,246	37,536	37,831	111,613
Other expenditures:				
Food for distribution	35,194	-	-	35,194
Donations	11,722	-	-	11,722
Events expense	-	-	4,132	4,132
Advertising and promotion	-	289	15,455	15,744
Occupancy	6,692	6,692	-	13,384
Telephone	-	857	858	1,715
Supplies	-	1,689	1,688	3,377
Information technology	948	949	-	1,897
Postage	-	1,172	1,173	2,345
Equipment rental	239	2,336	-	2,575
Vehicle	2,134	-	-	2,134
Meetings	1,035	-	1,035	2,070
Professional services	-	17,963	-	17,963
Insurance	-	865	-	865
Other supplies	2,676	-	-	2,676
Depreciation	2,275	1,138	-	3,413
Miscellaneous	460	459	459	1,378
Total other expenditures	63,375	34,409	24,800	122,584
Total expenditures	\$ 99,621	\$ 71,945	\$ 62,631	\$ 234,197

Notes to Financial Statements

1. ORGANIZATION AND PURPOSE

The Aurora Area Interfaith Food Pantry, Inc. (Food Pantry) is a nonprofit organization that was organized by local individuals, community churches and church groups in 1981. Its objective is to provide food assistance to members of the community who are food insecure and have difficulty meeting their basic nutritional needs on their own. The Food Pantry is supported primarily through donor contributions, as well as grants from private foundations, local and state governmental units, and the Federal Government's Emergency Food and Shelter Program.

2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u>

Basis of Accounting

The records of the Food Pantry are maintained on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the Food Pantry has not recognized receivables, prepayments and payables. The financial statements are presented on the basis of unrestricted, temporarily restricted, and permanently restricted net assets.

Donated Services and Materials

Contributions of services shall be recognized if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

No amounts have been reflected in the accompanying financial statements for donated services, materials and food, as there is no objective basis available by which to measure the value of such services, materials and food. In addition, a substantial number of volunteers have donated significant amounts of their time to the Food Pantry program services.

Investments

Investments are carried at market value and realized and unrealized gains and losses are reflected in the statement of activities.

Property and Equipment

Property and equipment acquired by purchase are stated at cost while those acquired by gift are stated at the fair market value at time of receipt. Only major replacements and improvements are capitalized and included in the property and equipment account. Depreciation has been provided using the straight-line method over the estimated useful lives of the related assets. Depreciation expense was \$3,413 for the year ended July 31, 2009.

Notes to Financial Statements, continued

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Net Assets

The Food Pantry classifies net assets as unrestricted, temporarily restricted, or permanently restricted.

Unrestricted net assets of the Food Pantry are neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

Temporarily restricted net assets of the Food Pantry result (a) from contributions and other inflows of assets whose use by the Food Pantry is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Food Pantry pursuant to those stipulations, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) from reclassifications to (or from) other classes of net assets as a consequence of donor-imposed stipulations, their expirations by passage of time, or their fulfillment and removal by actions of the Food Pantry pursuant to those stipulations. Donor restricted contributions whose restrictions are met in the same reporting periods are reported as unrestricted support.

Permanently restricted net assets of the Food Pantry result (a) from contributions and other inflows of assets whose use by the Food Pantry is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Food Pantry, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) from reclassifications from (or to) other classes of net assets as a consequence of donor-imposed stipulations.

The Food Pantry reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Advertising Costs

The Food Pantry expenses advertising costs as incurred. Expenses incurred were \$15,744 for the year ended July 31, 2009.

Notes to Financial Statements, continued

3. RESTRICTIONS AND DESIGNATIONS OF NET ASSETS

At July 31, 2009, the Food Pantry had temporarily restricted net assets totaling \$790 available to the Food Pantry for qualified food purchases to support their program costs. During the year ended July 31, 2009, net assets totaling \$35,194 were released from donor restrictions by incurring expenses as noted above.

At July 31, 2009, the Food Pantry had Board designated net assets totaling \$6,399, which consists of the investment in the Community Foundation Food Pantry Fund.

4. FAIR VALUE MEASUREMENTS

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Food Pantry uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Food Pantry measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

			Fa	ır Value
			Mea	surements
			٦	Using
			Sig	gnificant
			+	Other
	Fair Value		Observable Inputs (Level 2)	
Community Foundation Food Pantry Fund	\$	6,399	\$	6,399

Level 2 Fair Value Measurements

The fair value of the Community Foundation Food Pantry Fund for which quoted market prices are not available is valued based on the fair market values of the individual assets held by the Fund, which are based on Level 1 measurements.

5. TAX STATUS

The Food Pantry has received a determination letter from the Internal Revenue Service indicating that it is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Notes to Financial Statements, continued

6. <u>LEASE COMMITMENTS</u>

The Food Pantry leases its facility from Hesed House, Inc. under an informal agreement. During the year ended July 31, 2009, the Food Pantry paid \$12,000 for the space it occupies.

The Food Pantry also leases a copy machine under a lease agreement. During the year ended July 31, 2009, the Food Pantry paid \$2,296 in rental payments for the copy machine.

The approximate future minimum lease payments required under the terms of the copy machine agreement is as follows:

Year Ended	
July 31,	
2010	\$ 2,037
2011	2,037
2012	2,037
2013	2,037
2014	1,528

7. RETIREMENT PLAN

The Food Pantry contributes 3% of gross wages to the participating employees Simple IRA plan. During the year ended July 31, 2009, \$2,907 was contributed to the retirement plan.

Form **'8868**

(Rev April 2009)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a separate application for each return.					
If you are fi	iling for an	Automatic 3-Month Extension, complete only Part I and check this box		· · · · · · • [X]			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
		unless you have already been granted an automatic 3-month extension on a previously filed	-	68			
		tic 3-Month Extension of Time. Only submit original (no copies needed)					
A corporation	required to	file Form 990-T and requesting an automatic 6-month extension - check this box and comple	ete				
Part I only - •			• • • • •	• • • • • • □			
All other corpo		cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ϵ turns	extension	of			
one of the retu electronically i returns, or a co	irns noted f (1) you w omposite c	b. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form ant the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8 or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 in the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nor	n 8868 870, grou (Part II) d	ID.			
Type or Name of Exempt Organization Emi				ployer identification number			
print	Aurora		-32065				
File by the due date for filing your	Number, street, and room or suite no If a P O box, see instructions						
return See	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions					
instructions	Aurora	, IL 60507-2602					
Check type of	f return to	be filed (file a separate application for each return)					
X Form 990		Form 990-T (corporation)	orm 4720	rm 4720			
Form 990-E	3L	Form 990-T (sec 401(a) or 408(a) trust)	orm 5227				
Form 990-E	Form 990-EZ Form 990-T (trust other than above) Form 6069						
Form 990-F	PF	Form 1041-A	orm 8870				
		care of ► Fox Valley Accounting and Tax Service 218 Riverside Av	enue,	IL 60174			
•		es not have an office or place of business in the United States, check this box		. □			
			f this is				
		ck this box •• • If it is for part of the group, check this box • and attach	f this is				
		EINs of all members the extension will cover					
		atic 3-month (6 months for a corporation required to file Form 990-T) extension of time					
until			a avtancii	on ie			
until03-15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for							
► calendar year 20 or							
► X tax year beginning 08-01 , 20 08, and ending 07-31 , 20 09							
, (2)							
2 If this ta	x year is fo	r less than 12 months, check reason	ounting p	eriod			
3a If this an	plication is	ofor Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
		lable credits. See instructions	3a	\$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		+	•				
payments made Include any prior year overpayment allowed as a credit		3ь	\$				
		tract line 3b from line 3a Include your payment with this form, or, if required,					
		oupon or, if required, by using EFTPS (Electronic Federal Tax Payment					
	See instr	·	3c	\$			
Caution. If you	u are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88					
for navment in							