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Fұm

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)

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

Intern	al Re	venu	- Service	<u> </u>	The organization may have	to use a copy of this ret	turn to satisfy state	reportir	ng requ	irements		Inspection
<u>A</u>	For	the	2009 calend	lar year, d	or tax year beginning		08-01 , 2009 , a	and end	ling		07-	31 , 20 10
В	Check	k if ap	plicable	Please	C Name of organization Auror	ra Area Interfai	th Food Pani	try			O	Employer identification no
	Addre	ss ch	ange	use IRS label or	Doing Business As] 3	36-3206531
	Name	char	nge	print or	Number and street (or P O box	if mail is not delivered to street	address)		Room/	suite	Ε	Telephone number
	Initial	retun	n	type. See	PO Box 2602		r		1			(630)897-2127
ñ	Temı	nated	j	Specific	City or town, state or country, ar	nd ZIP + 4			1			Gross receipts
ñ	Amen	ded r	etum	Instruc- tions.	Aurora, IL 60507						ľ	\$ 328,970
ñ	Applic	ation	pending	F Name	and address of principal officer F				Ī			020,5.0
_			, pan-a		Sans Souci Dr, Au				H(a)	Is this a gro affiliates?	up returr	1 for Yes X No
	Tax-e	.emc	ol status			147(a)(1) or 527			1	Are all affilia		
			▶ N/A			(s,(+), s			1 ``	If "No," attac	h a list	(see instructions)
				Corporation	Trust Association	Other ▶	L Year of formati	on 198	<u> </u>	M State		
	rt I		Summar		<u> </u>	<u> </u>				1 0.0.0	,, ,ogu,	
<u> </u>				<u> </u>	ganization's mission or most	significant activities:	TO PROVID	E FOO	р то	THOSE	TN	NEED
			,		9							
A G				_	······		·	<u> </u>				
t o		•										
y e	:	2	Check this b	ox ▶ 🗍 i	f the organization discontinue	ed its operations or dispo	osed of more than 2	25% of 1	ts net a	assets.		
l r t n	1 ;				nbers of the governing body (•				1	3	10
ia en	- 1 4			-	nt voting members of the gov	•	9 1b)			[4	10
8 C	1 .				yees (Part V, line 2a)					- F	5	5
& 6		6	Total numbe	r of volunt	teers (estimate if necessary)					[6	
					business revenue from Part \					- F	7a	22,325
					s taxable income from Form					<u> </u>	7b	0
					· · · · · · · · · · · · · · · · · ·		-			or Year	\neg	Current Year
R		В	Contributions	s and gran	nts (Part VIII, line 1h)			🗀		322,	483	298,900
		9 Program service revenue (Part VIII, line 2g)										0
e n	1	0	Investment ii	ncome (Pa	art VIII, column (A), lines 3, 4	l, and 7d)				2,	795	3,764
9	1				III, column (A), tines 5, 6d, 8d					7,	938	18,561
·	1:	2	Total revenu	e - add lın	es 8 through 11 (must equal	Part VIII, column (A), lin	e 12)	🗀		333,		321,225
	1	3	Grants and s	simılar amo	ounts paid (Part IX, column (A), lines 1-3)				46,	916	52,657
Е	1.	4	Benefits paid	to or for r	members (Part IX, column (A	A), line 4)		🗀				0
×	1	5	Salaries, oth	er comper	nsation, employee benefits (F	Part IX, column (A), lines	5-10)			111,	613	137,907
P	1	6a	Professional	fundraisin	ng fees (Part IX, column (A),	line 11e)						0
n s	1	Ь	Total fundrai	sıng expei	nses (Part IX, column (D), Iir	ne 25) ▶	61,516					
e	1	7	Other expen	ses (Part l	IX, column (A), lines 11a-11d	d, 11f-24f)				71,	534	75,341
s	1	8	Total expens	es Add I	lines 13-17 (must equal Part	IX, column (A), line 25)		🗀		230,	063	265,905
	1	9	Revenue les	s expense	es. Subtract line 18 from line	RECEIV		🗀		103,	153	55,320
Net						<u> </u>	၂႘	Be	ginning (of Current Ye	ear	End of Year
Asse or	^{IS} 2	0	Total assets	(Part X, III	ne 16)	- 15 · · MAR 1.5 /	2011 : 賞 · ·			212,	968	270,592
Fund Bal-	2	1	Total liabilitie	es (Part X,	, line 26)	. မြော်		· · L		1,	882	1,882
ance					ances. Subtract line 21 from		· ; ; ; ; · · · ·			211,	086	268,710
Pa	rt l	Щ	Signatu			OGDEN						
			Under penaltig and belief, it is	es of penury true, correct	declare that I have examined this re it, and complete Declaration of prepa	eturn, including accompanying arer (other than officer) is based	schedules and statemer on all information of whi	nts, and to	the best er has ar	of my know ny knowleda	ledge A	
Sig	•		Ι. Υ	1		,				•		
				<u> </u>	\sim	_						
He	re		Signatur	re of officer	(\setminus)						Date	
					isner, Executive D	irector						
			Type or	print name a	una titie	· - T_		Ι.		T		
			Preparer's		. \ .	0	ate	Check if self-	<u>,</u>	(see ins	r's ident tructions	utying number s)
Paic	ı		signature	(A), I	COMPAC			employed	, ▶ 🗆			
Pre	pare	r's		$ \mathcal{O}_{\mathcal{A}}$			3-09-2011	l		110	115.	30295
Use	Onl	у							H15252			
			address, and ZIP + 4					 -				
					Saint Charles,	IL 60174		F	Phone no	▶630	- 377	-1040

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. . . . 🛚 Yes Form 990 (2009)

Form	1990 (2009) Aurora Area Interfaith Food Pantry	36-3206531	. Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	TO PROVIDE FOOD TO THOSE IN NEED		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a allocations to others, the total expenses, and revenue, if any, for each program service reported.	na	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 131,638 including grants of \$ 52,657) (Revenue	\$	<u> </u>
	PROVIDED FOOD AND NUTRITIONAL ASSISTANCE TO PERSONS WHO CANNOT AFFORD TO ADD		'
	THEMSELVES WITH THEIR OWN RESOURCES. IN THE 09-10 FISCAL YEAR, THE PANTRY S		
	INDIVIDUALS LIVING IN 22,169 HOUSEHOLDS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		 	
		····	
			
			
4c	(Code.) (Expenses \$ including grants of \$) (Revenue	\$)
		<u> </u>	···
		 	
		 	
			
_			
4d	Other program services. (Describe in Schedule O)		·
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 131,638		

ł Form 990'(2009) Aurora Area Interfaith Food Pantry 36-3206531 Page 3 Part IV **Checklist of Required Schedules** Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Х 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 X 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 X 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." Х 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Х 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

The second secon	1	ŧ	1 1
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule D, Parts XI, XII, and XIII	12	Х	
Was the organization included in consolidated, independent audited financial statements for the tax year?			
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	7		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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	15		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			_
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	18	х	
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	19		Х
Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
ь	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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? 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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	···		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32	:	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		i —	<u> </u>
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	<u> </u>	ļ ——	
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<u> </u>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		•		

Part V 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			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	ļ
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
٥.	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			.,
_	this return?	3a		X
40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
ь	If "Yes," enter the name of the foreign country:	44		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
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?	7.		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	'9		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		_X_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, La		
			- 1	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
Ь	Enter the number of voting members that are independent 1b 10			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		Х
3	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?	3		Х
4	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?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			ĺ
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
Ь	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?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	:		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	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?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	1
Ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
ь	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?	16ь		1
Sec	tion C. Disclosure			
17	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 🖾 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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Marilyn Weisner (630)897-2127			
	PO Box 2602 Aurora, IL 60507-2602		•	

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average hours per week	I t d nrı dur i se vt c i e t de o u r	t	O c a	К 9 9	at apply) H c c m p - c y e e m p - c y e e t e d	F or m	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Marilyn Weisner										
Executive Director	50.00	<u>.</u>			Х	Х		66,117	0	0
Kristan Ensminger									-	
Office Assistant	20.00			Х				13,320		
Mike Galgano										
Director of Distribution	40.00				Χ			44,308		
Claire Perez										
President	3.00			Х			ĺ			
Chuck Thulin										
Vice President	2.00	1		X			ļ			
Deborah Pawlak										
Secretary	2.00			Х						
Hillary Brennan										
Treasurer	3.00			Х						
Joe Meyer										
Board Member	1.00			Х						
Lynn Flores										
Board Member	1.00	1		Х						
Carmen Rodriguez										
Board Member	1.00			Х						
Paul Hernandez										
Board Member	1.00			Х			1			
Zane Coughlin										
Board Member	1.00			Х						
Don Miller										-
Board Member	1.00			Х						
Brisa E Barraza										
Clerical				Х				1,710		
							I^-			
							Г			
							l	ļ		

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B) (C) (D) (E)							(E)		(F)		
	Name and Title	Average hours per	l t d	11	Го	к	at apply)	F	Reportable compensation	Reportable compensation		stimated nount of	
	•	week	nridurise vtc i e o u rao l	ı t t e	f C 0	e y e m p l o y e e	g mp h p l e e o t s e t e d	e m e	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other spensation the particular anization direction anization	in d
				<u> </u>									
											<u> </u>	<u>-</u>	
													
												•	
										. =	-		
	-												
1b	Total								125,455	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	tnose listed a	above)	wno	o rec	eive	a mor	e tna	an \$100,000 in	0			
												Yes	No
3	Did the organization list any former officer, director or t									!			
4	employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of reporta									• • • • • •	3		X
	the organization and related organizations greater than	•					•						
	ındıvidual										4		Х
5	Did any person listed on line 1a receive or accrue comp		-				•						
50	services rendered to the organization? If "Yes," complection B. Independent Contractors	te Schedule	J for s	uch	pers	son	• •	• •	· · · · · · · · ·		5		X
1	Complete this table for your five highest compensated i	ndependent	contra	ctor	s the	t rec	haviac	mor	e than \$100,000 of				
-	compensation from the organization	пооролюст	0011114	0.0.	<i>-</i>		00,400		C 11(11) \$ 100,000 OI				
(A) (B)									(C)				
	Name and business address Description of services Compensation												
										-			
-					_						-		
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organiza		those	liste	ed a	bove	e) who	rece	ived				

Part	IIIV	Statement of Revenue					
		4		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a	251,650				
	٠ь	Membership dues 1b					
Contri- butions,	c	Fundraising events 1c					
gifts,	d	Related organizations 1d					
grants and	e	Government grants (contributions) 1e	47,250				
other sımılar	f	All other contributions, gifts, grants, and similar amounts not included above					
amounts	g	Noncash contributions included in lines 1a-1f; \$					
	l ň	Total. Add lines 1a-1f		298,900			
			Business Code	250,500			
	2a		555555	:	1		
	ь		-				
Program	_ _				_		
Service Revenue	d						••
	f	All other program service revenue					
	ا م	Total. Add lines 2a-2f					
	3					·····	
	٠,	Investment income (including dividends, interest, other similar amounts)	and	3,764		3,764	
	4	Income from investment of tax-exempt bond proc		3,704		3,704	
	5	Royalties					
	•	(i) Real	(II) Personal				
	6a	Gross Rents	(II) F 6150IIAI				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)			-		
			(ii) Other		,, ., ., .,	~ 	
	/a	Gross amount from sales of (i) Secunties assets other than inventory	(ii) Other				
0	b	Less cost or other basis and sales expenses					
ť	С	Gain or (loss)					
h	d	Net gain or (loss)	<u> ▶</u>				
r	8a	Gross income from fundraising					100 100 100
		events (not including \$					
R e		of contributions reported on line 1c)					
٧		See Part IV, line 18	26,306				
e n		Less: direct expenses b	7,745				
ü	С	Net income or (loss) from fundraising events .		18,561		18,561	
е	9a	Gross income from gaming activities					., ., ., ., ., ., ., ., ., ., ., ., ., .
		See Part IV, line 19					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances a					
	Ь	Less: cost of goods sold \dots b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions	•	321,225	0	22,325	0

Form 990 (2009) Statement of Functional Expenses

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

	All other organizations must complete colu		quired to complete co)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		onpolios.	gonoral expenses	- CAPCHOOS
	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	52,657	52,657		
3	Grants and other assistance to governments,				······································
	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	123,744	44,307	46,282	33,155
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,710			1,710
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,544		772	772
9	Other employee benefits	1,230	492	738	
10	Payroll taxes	9,679	3,418	3,571	2,690
11	Fees for services (non-employees).				
а	Management				
þ	Legal	4,760	1,333	3,189	238
C	Accounting	7,375	2,065	4,941	369
d	Lobbying				
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other	515	144	344	27
12	Advertising and promotion	19,953	9,161		10,792
13	Office expenses	2,932	977	978	977
14	Information technology	234	78	78	78
15	Royalties				
16	Occupancy	12,638	5,059	3,912	3,667
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,140	1,713	1,713	1,714
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,524		1,524	
23	Insurance	4,427	1,247	1,751	1,429
24	Other expenses. Itemize expenses not		1		
	covered above. (Expenses grouped together		1		
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below)				
a		4,218	844	844	2,530
D	Leased Equipment	4,275	2,325	975	975
q c	Other Supplies Telephone	2,317	2,317	300	202
e	Vehicle	1,177	392	392	393
f	All other expenses	2,362	2,362 747	747	
25	Total functional expenses. Add lines 1 through 24f	1,494		747	61 516
26	Joint Costs. Check here ▶ ☐ if following	265,905	131,638	72,751	61,516
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Part X	Balance Sheet	,		
		(A)		(B)
1 2		Beginning of year	\vdash	End of year
1	Gash - non-interest-bearing	52,514	1	37,606
2	Savings and temporary cash investments	147,925	2	220,906
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
A	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
S	Part II of Schedule L		6	
S 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	**************************************
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 41,386		1 1	
Ь	Less. accumulated depreciation	6,269	10c	4,745
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	6,260	15	7,335
16	Total assets. Add lines 1 through 15 (must equal line 34)	212,968	16	270,592
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
L 19	Deferred revenue		19	·
20 a	Tax-exempt bond liabilities		20	
ь 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
22	Payables to current and former officers, directors, trustees, key			
i	employees, highest compensated employees, and disqualified			
t	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
s 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	1,882	25	1,882
26	Total liabilities. Add lines 17 through 25	1,882	26	1,882
	Organizations that follow SFAS 117, check here ▶ 🗓 and		1 1	
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets	210,296	27	268,710
d 28	Temporarily restricted net assets	790	28	
B 29	Permanently restricted net assets		29	
a	Organizations that do not follow SFAS 117, check here ▶ ☐			
1	and complete lines 30 through 34.		1	
a 30	Capital stock or trust principal, or current funds		30	
c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32 s 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	211,086	33	268,710
34	Total liabilities and net assets/fund balances	212,968	34	270,592

Form	990	(2009)
	000	

Aurora Area Interfaith Food Pantry

36-3206531

Page 12

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. 🔯 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	[x]	ĺ
ь	Were the organization's financial statements audited by an independent accountant?	2b		Х
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			į
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь		
	EEA	Form	2009)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► See separate instructions.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Selvice Name of the organization

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

		·Area Interfai							1	206531					
	rt I			y Status (All organiza				See instru	ctions.						
The	orgar	nization is not a private	e foundation becau	se it is. (For lines 1 throu	gh 11, che	ck only on	e box.)								
1		A church, convention	of churches, or as	ssociation of churches de	scribed in	section 17	70(b)(1)(A)	(i).							
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedule	€.)										
3		A hospital or a coope	erative hospital serv	vice organization describ	ed in secti	on 170(b)((1)(A)(iii).								
4		A medical research of	organization operat	ed in conjunction with a h	nospital des	scribed in s	section 17	O(b)(1)(A)	(iii). Enter	the hospit	al's nam	e,			
		city, and state:					·								
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	oy a govern	nmental ur	nit describe	ed in					
		section 170(b)(1)(A))(iv). (Complete Pa	ırt II.)											
6		A federal, state, or lo	cal government or	governmental unıt descri	bed in sec	tion 170(b)(1)(A)(v).								
7		An organization that	normally receives a	a substantial part of its su	pport from	a governn	nental unit	or from th	e general p	oublic					
		described in section	170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II	.)									
9	X	An organization that	normally receives:	(1) more than 33 1/3% of	its suppor	t from con	tributions,	membersh	nip fees, an	d gross					
		receipts from activitie	es related to its exe	mpt functions - subject to	o certain ex	ceptions,	and (2) no	more than	33 1/3% 0	of its					
		support from gross in	nvestment income a	and unrelated business ta	exable inco	me (less s	ection 511	tax) from	businesse	s					
	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).														
10		An organization orga	nized and operated	d exclusively to test for p	ublic safety	. See sec t	tion 509(a)(4).							
11		An organization orga	nized and operated	d exclusively for the bene	fit of, to pe	rform the f	unctions o	f, or to car	ry out the						
				rted organizations descri						ection					
		_	_	the type of supporting o	_				jh 11h	_					
	a ☐ Type I 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														
е	2 , 3														
	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														
9			06, has the organiz	ation accepted any gift o	r contributi	on from an	y of the								
		following persons?				٠		4 ()				<u> </u>	T		
		•	• •	controls, either alone or	•	itn persons	s described	ın (II)				Yes	No		
				of the supported organiz							11g(i)	 	 		
			•	ribed in (i) above?							11g(ii)	_			
				n described in (i) or (ii) at							11 g (iii)		J		
<u> </u>	(1) A	ame of supported	(ii) EIN	the supported organization (iii) Type of organization	(iv) is the o	manization	(v) Did yo	ou notify	(vi) 1	e the	(ind	Amount	of		
	(1)	organization	(1) = 11	(described on lines 1-9	in col (i) lis	-	the organi	•	organizati			support	. 01		
				above or IRC section (see instructions)	governing d	ocument?	col (i)	of your port?	(i) organiz	ed in the S ?					
				(accumulations)	Yes	No	Yes	No	Yes	No	1				
					1.50				1.00						
									1						
					<u> </u>		 		1	<u> </u>					
							İ								
					1	-					†				
											<u> </u>				
					<u> </u>		************		1		1				
Tate	.1			‡	‡	1	ŧ	ļ	‡	1	1				

	rt II Support Schedule for Org		erfaith Food escribed in S)(1)(A)(iv) and	36-320653 1 70(b)(1)(A)(v	
	(Complete only if you checked the t				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5	The portion of total contributions by each		‡		!		
	person (other than a governmental unit or		!		Ī		
	publicly supported organization) included		1		‡		
	on line 1 that exceeds 2% of the amount		1		1		
_	shown on line 11, column (f)		<u>‡</u>				_
6	Public support. Subtract line 5 from In 4		<u> </u>		<u>‡</u>		.1
	tion B. Total Support	(-) 2005	(h) 0000	(c) 2007	(4) 0000	(-) 0000	(f) Total
_	ndar year (or fiscal year beginning in) ▶ ☐ Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(r) rotai
7 8	Gross income from interest, dividends,		ļ		- 	 	
•	payments received on securities loans, rents, royalties and income from similar sources	<u></u>					
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 .				1		
12	Gross receipts from related activities, etc. (se	ee instructions)				. 12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	-		· ·			▶ 🗆
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6, co	olumn (f) divided	by line 11, column	(f))		. 14	%
15	Public support percentage from 2008 Schedu						%
16a	33 1/3% support test - 2009. If the organiza	ation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this box	
	and stop here. The organization qualifies as		-				▶ 🗆
Ь	33 1/3% support test - 2008. If the organize						_
	box and stop here. The organization qualifie	is as a publicly si	ipported organizati	on			▶ □

17a 10%-facts-and-circumstances test - 2009. 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 box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

.

36-3206531 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2007 (d)2008(e) 2009 (f) Total (a) 2005 (b) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 178,163 180,285 187,055 322,831 298,900 1,167,234 Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 513 12,070 26,306 38,376 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 . . . 334,901 1,205,610 178,163 180,285 187,055 325,206 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . Public support (Subtract line 7c from 1,205,610 Section B. Total Support (a) 2005 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2006 (c) 2007 Amounts from line 6 178,163 180,285 187,055 334,901 325,206 1,205,610 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 2,795 3,764 6,559 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,795 3,764 6,559 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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) 1,212,169 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 99.46 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 0.54 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

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) Aggregate value at end of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II 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 a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year Ь Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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. 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:

						24 2224		D 0				
	tle D (Form 990) 2009 Aurora Area Int				O4	36-3206		Page 2				
	t III Organizations Maintaining						sets (contin	nued)				
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follow	wing that are	a signific	ant use of its						
	collection items (check all that apply):											
a	Public exhibition	_	or exchange progra	ams								
Ь	Scholarly research	e 💹 Othe										
С	Preservation for future generations											
4	Provide a description of the organization's collect	tions and explain how	they further the or	ganızatıon's e	xempt p	urpose in						
	Part XIV.											
5	During the year, did the organization solicit or re-	ceive donations of art,	, historical treasure:	s, or other sin	nılar							
	assets to be sold to raise funds rather than to be	maintained as part of	f the organization's	collection?			. 🗌 Yes	☐ No				
Pa	t IV Escrow and Custodial Arra	ngements. Comp	olete if organization	answered "Y	es" to Fo	orm 990,						
	Part IV, line 9, or reported an amoun	on Form 990, Part X,	, line 21.									
1a	Is the organization an agent, trustee, custodian of	or other intermediary f	or contributions or o	other assets r	ot		•					
	included on Form 990, Part X?						. 🗌 Yes	☐ No				
b	If "Yes," explain the arrangement in Part XIV and	complete the following	ng table									
	•	·				Am	ount					
С	Beginning balance	· · · · · · · · · · · · · · · · · · ·			. 1c	:						
d	Additions during the year					1						
е	Distributions during the year						•					
f	Ending balance											
2a	Did the organization include an amount on Form					l	. Yes	□ No				
	If "Yes," explain the arrangement in Part XIV.	000, 7 410 21 .					. 🗀					
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
	Eliaovilletti alias. Complete			T		(d) Three years back	(5) 5					
1a	Reginning of year balance	(a) Current year	(b) Pnor year	(c) Two years	DACK	(d) Three years back	(e) Four yea	IS DAUK				
h	Beginning of year balance			ļ								
						: 	···	·				
7	Net investment earnings, gains, and losses											
•	Grants or scholarships			<u> </u>			. [
е	Other expenditures for facilities				1		1					
	and programs					<u> </u>						
T	Administrative expenses											
9	End of year balance						<u></u>					
2	Provide the estimated percentage of the year en											
a	Board designated or quasi-endowment	 %										
Ь	Permanent endowment > %											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the possession	n of the organization	that are held and ac	dministered fo	r the		_					
	organization by:						Ye	s No				
	(i) unrelated organizations	· · · · · · · · · · · ·	• • • • • • • • •				3a(i)					
	(ii) related organizations	· · · · · · · · · · · ·					3a(ii)	<u> </u>				
Ь	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sc	hedule R?				3b					
4	Describe in Part XIV the intended uses of the or											
Pa	1 VI Investments - Land, Buildi	ngs, and Equip	ment. See Form 9	990, Part X, li	ne 10							
_	Description of investment	(a) Cost or other	basis (b) Cos	st or other	(c)	Accumulated	(d) Book val	ue				
		(investmer	nt) basis	s (other)	d	epreciation						
1a	Land											
ь	Buildings											
С	Leasehold improvements											
d	Equipment			41,386		36,641		4,745				
е	Other							<u></u>				
Tota	- Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, c	column (B), line 10(c	c).) · · ·				4,745				

Schedule D (Form			erfaith Food Par		36-32069	331 Page 3
Part VII	Investments -	Other Securities. S	ee Form 990, Part X, line	12.		
	(a) Description of security (including name of s		(b) Book value		(c) Method of valuation Cost or end-of-year market valu	е
Financial deriv	atives					
Closely-held e	quity interests					
Other ·						
						
					· -	
						•
Total. (Column (t) must equal Form 990, Part	X. col. (B) (ine 12.)				······································
Part VIII		- Program Related. s	ee Form 990. Part X. line	13.		
<u> </u>	(a) Description of invest			1	for Mathed of velveree	
	(a) Description of invest	ment type	(b) Book value		(c) Method of valuation Cost or end-of-year market valu	е
-						
-					. ,	
						•
						
						
						
Total (Column ()	o) must equal Form 990, Part	(X, col. (B) line 13)				
Part IX		See Form 990, Part X, line	15	<u> </u>		
E.F 331 X . 23 X . 1			Pescription			(b) Book value
Food Pant	ry Fund extern					, , , , , , , , , , , , , , , , , , ,
	d and administ				-	,
	Foundation					7,335
		····				
Total. (Colum	n (b) must equal Form	990, Part X, col. (B) line 15.)			7,335
Part X		S. See Form 990, Part X, lir				
1	(a) Description of lie		(b) Amount			
Federal incom	e taxes					
Payroll L	iabilities		1,	882		
						
	·	· · · · · · · · · · · · · · · · · · ·				
_						
						
	-					
Total. (Column (b) must equal Form 990. Par	1 X. col. (B) line 25.)	1.	. 882		

2. FIN 48 Footnote. 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.

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	321,225
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	265,905
3	Excess of (deficit) for the year Subtract line 2 from line 1	3	55,320
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 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	55,320
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	321,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
	Other (Describe in Part XIV.)	」	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	321,225
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	_	
	Other (Describe in Part XIV)	」	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	321,225
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn
1	Total expenses and losses per audited financial statements	1	265,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
Ь	Prior year adjustments	_	
С	Other losses	_	
ď	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	265,905
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 1	
Ь	Other (Describe in Part XIV)	4.1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	265,905
	t XIV Supplemental Information		
•	olete 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		
	b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
his p	art to provide any additional information		

Aurora Area Interfaith Food Pantry

Scriedule D (Form 990) 2009

36-3206531

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the the organization enswered "Yes" to Form \$90, Far IV, lines 17, 18, of organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

➤ See separate ins ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the omanization Employer identification number Aurora Area Interfaith Food Pantry 36-3206531 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts (i) Name of individual (iii) Did fundraiser have (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		more than \$15,000 on Form 990)-EZ, line 6a. List events w	ith gross receipts greater th	an \$5,000							
			(a) Event #1 Fashion Show	(b) Event #2 5K Run	(c) Other Events	(d) Total Events Add col (a) through						
R			(event type)	(event type)	(total number)	col (c))						
e v	,											
e n	2	Gross receipts	5,438	14,688	6,180	26,306						
u e	_	contributions										
Ð	3	Gross revenue (line 1										
		minus line 2)	5,438	14,688	6,180	26,306						
D	4	Cash prizes			" - ·							
i	5	Non-cash prizes										
e F		Tion Gadin phi200										
c	6	Rent/facility costs										
				-								
E x	7	Food and beverages										
p e	8	Entertainment										
n	ľ	Entertainment										
s e	9	7,745										
S												
	10 11	Direct expense summary Add lines		• • • • • • • • • • • • • • • • • • • •		(7,745)						
Pa	irt II	Net income summary Combine line Gaming. Complete if the ord				18,561						
		than \$15,000 on Form 990-EZ,			, c, voponec							
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add						
Revenue			(a) 5 g 0	bingo/progressive bingo	(c) Cirioi gariinig	col (a) through col (c))						
n U	1	Gross revenue										
	<u> </u>	Gross foreings 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.										
ŗ	2	Cash prizes										
Pirect												
	3	Non-cash prizes										
Exper	4	Rent/facility costs										
		, , , , , , , , , , , , , , , , , , , ,										
8 8 8	5	Other direct expenses										
	_		%	Yes %	Yes %							
	6	Volunteer labor	∐ No	∐ No	No							
	7	Direct expense summary Add lines	2 through 5 in column (d)			1						
		,,	(-,									
	8	Net gaming income summary Com	oine line 1, column (d), and	line 7								
٥	- -	tor the etato(e) in which the everyont				Yes No						
9 a		ter the state(s) in which the organizat the organization licensed to operate g				9a						
Ŀ		No," Explain:	arring doubled in oddin or									
			-									
					-	_						
		ere any of the organization's gaming li	censes revoked, suspende	ed or terminated during the	tax year?	10a						
•	b If "Yes," Explain:											
11		es the organization operate gaming a				11						
12		the organization a grantor, beneficiary			-							
	IOI	med to administer charitable gaming?				12						

SCHEDULE I (Form 990)		Grai Gover	nts and Other nments, and I	Assistance to ndividuals in	Governments, and Individuals in the United States	s, Ites		OMB No 1545-0047 2
Denartment of the Treasury		Complete	f the organization an	swered "Yes," to Fo	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	1 or 22.		Open to Public
Internal Revenue Service			A	Attach to Form 990.				Inspection
Name of the organization Aurora Area Inter	Name of the organization Aurora Area Interfaith Food Pantry						Employer identification number 36-3206531	urriber
Part i General In	Part I General Information on Grants and Assistance	and Assista	ıce					
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	antiate the amoun	t of the grants or assist	lance, the grantees' e	igibility for the grants or	assistance, and		
2 Describe in Part IV th	The selection criteria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	assistance?	the use of grant funds in the	the United States	Jnited States		•	· M Tes UNO
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	o Governmer	nts and Organiza	tions in the Uni	ted States. Comple	te if the organization answ	wered "Yes" to	
Form 990, Par Part IV and Sc	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	t that received mo	ore than \$5,000 Checl	k this box if no one rec	siplent received more th	an \$5,000. Use		≜
1 (a) Name and address of organization	f organization	(a) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-cash	(f) Method of valuation (hook FMV appraisal	(g) Description of	(h) Purpose of grant
or government			ıf applıcable	grant	assistance	other)	กดา-cash สรรเรสาติ	or assistance
	_							
i								
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	ğ.	overnment organizati	suc				A A	
For Privacy Act and Pape	 =	ice, see the Inst	ructions for Form 990	0.	EEA		58	Schedule I (Form 990) 2009

990) 2009

Aurora Area Interfaith Food Pantry

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) 2009
Part III Grants

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance												Schedule I (Form 990) 2009
(e) Method of valuation (book, FMV, appraisal, other)					her additional information.							
(d) Amount of non-cash assistance					Part I, line 2, and any oth							
(c) Amount of cash grant					e information required in							EEA
(b) Number of recipients					this part to provide the							
(a) Type of grant or assistance	Distribution of Foods				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	1						



Supplemental Information to Form 990

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

OMB No 1545-0047

Inspection

2009 Open to Public

uestions on 200

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990.

Aurora Area Interfaith Food Pantry

36-3206531

Employer identification number

01. Form 990 governing body review (Part VI, line 11) 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 called 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 accountant to a special meeting to discuss the 990. 02. Conflict of interest policy compliance (Part VI, line 12c) 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 annual 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 of the Executive Committee conduct a performance review of the Executive Director in May before the budget process begins. The results are then shared with the Executive



Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

 OMB No. 1545-0172

2009

Attachment Sequence No. 67

Name(s) shown on return Business or activity to which this form relates FORM 990 - 1 Aurora Area Interfaith Food Pant 36-3206531 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 16 1,524Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e)Convention (f) Method (g)Depreciation deduction penod only-see instructions) service 19a 3-year property Ь 5-year property C 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental MM S/L 27 5 yrs. property 27 5 yrs. MM S/L i Nonresidential real MM S/L 39 yrs property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/I 40-year MM 40 yrs. Part IV Summary (see instructions) Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 1,524 and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the

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