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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Depart	ment of t	he Treasury	benefit trust or private foundation)		Open to Public
		e Service	► The organization may have to use a copy of this return to satisfy state reporting	requirements	Inspection
<u> </u>	or the	2010 calend	ar year, or tax year beginning 08 - 01 , 2010, and ending	g 07	7-31 , 20 11
B	heck if a	pplicable	C Name of organization Aurora Area Interfaith Food Pantry		D Employer identification no.
<u></u>	ddress cl	hange	Doing Business As		36-3206531
י עַ	lame cha	nge	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Telephone number
" ك	nitial retur	m	PO Box 2602		
י 🖳	eminate	ď -	City or town, state or country, and ZIP + 4		483,358
ļ,	mended	retum	Aurora, IL 60507-2602		G Gross receipts \$
	φplicatio	n pending	F Name and address of principal officer Marilyn Weisner	Ma) Is this a group re	tum for
3				Is this a group re affiliates?	Yes X No
1) 1	ax-exem	pt status X	501(c)(3)	(b) Are all affiliates in	
j v	Vebsite:	► N/A	F	(c) Group exemption	ist (see instructions) n number
K F	om of or	ganization X	Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1981	M State of leg	al domicile IL
Pa	rt I	Summary			
<u> </u>	1	Briefly descri	be the organization's mission or most significant activities TO PROVIDE FOOD TO	THOSE IN N	EED
뵑			- ال		
₹ Egg					·
震。					<u> </u>
×,	2	Check this bo	ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its	net assets.	
terri t n	1		oting members of the governing body (Part VI, line 1a)	1 -	10
l a	4		dependent voting members of the governing body (Part VI, line 1b)	4	10
s c	5		of individuals employed in calendar year 2010 (Part V, line 2a)	5	4
g e	6		of volunteers (estimate if necessary)	6	
_	1		ed business revenue from Part VIII, column (C), line 12		22,176
			I business taxable income from Form 990-T, line 34		
	D	iver unrelated	business taxable income from Porm 990-1, line 34		
R		0	and south (Ded.) (III line 4b)	Prior Year	Current Year
9			and grants (Part VIII, line 1h)	298,90	0 456,486
•	9		rice revenue (Part VIII, line 2g)		0
n u	10		ncome (Part VIII, column (A), lines 3, 4 Rine @ E. V.E.D	3,76	
6	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,56	+
	12		e - add lines 8 through 11 (mustequal Partity/Illncolumn (A), linevt2)	321,22	5 478,662
	13	Grants and s	ımılar amounts paid (Part IX, doldımı (A), lines 1-3)	52,65	77,888
Е	14	•	to or for members (Part IX, column (A), line 4)		0
x	15	Salaries, othe	er compensation, employee benefits (நக்நிலி விழ்ரா (A)) tries 5-10)	137,90	7 180,760
e	16a		fundraising fees (Part IX, column (A), line 11e)		0
n	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶69,620		
e	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24f)	75,34	1 74,870
s	18	Total expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)	265,90	5 333,518
	19	Revenue less	s expenses Subtract line 18 from line 12	55,32	0 145,144
Net	\top			nning of Current Year	End of Year
Asset or	^s 20	Total assets	(Part X, line 16)	270,59	1 416,167
Fund	21		s (Part X, line 26)	4,04	
Bal- ances	-		r fund balances Subtract line 21 from line 20	266,54	
	rt III	Signatu		·	
			are that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	edge	
and b	elief, it is	true, correct, and	complete Declaration of preparer (other than officer) s based on all information of which preparer has any knowledge		
		Mari'	lyn Weisner		3-15-12
Sig	n		e of officer	Dat	
Her			lyn Weisner, Executive Director		
	~		onnt name and title		
		7	Low		DTIN
D~:	A	Print/Type pre	palet s name	Check if	PTIN
Pai		Steve W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	self-employed	
	parer			m's EIN ▶	277 1040
USE	Only	Firm's address		one no 630 - 1	377-1040
			Saint Charles IL 60174		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
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?
3	If "Yes," describe these new services on Schedule O
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 177,789 including grants of \$) (Revenue \$)
	The pantry has continued to serve an ever increasing number of individuals and families who
	struggle with hunger. by the end of the fiscal year, the Pantry was providing food to 600
	families each week. That represents about 2,400 individuals who wereable to feed themselves
	each week because of the Pantry's food distribution program.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 177,789

Part, IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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," X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 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," X Did the organization, directly or through a related organization, hold assets in term, permanent, or Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete X 11a **b** Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 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, Parts III and IV 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Х 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 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 garning activities on Part VIII, line 9a? 19 Х 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

نست				
21	ر ب Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		Λ_
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	E.L.	Δ.	-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a				
Lva	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	111
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		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ļ	
	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	Ī	X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a	l		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		}	
	Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1

Form 990 (2010) Aurora Area Interfaith Food Pantry Part V Statements Regarding Other IRS Filings and Tax Compliance Part V

-3	Check if Schedule O contains a response to any question in this Part V			<u>. LL</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ı		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			37
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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)?	4.		Х
ь	If "Yes," enter the name of the foreign country	4a		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		$\frac{\Lambda}{X}$
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	J C		
va	organization solicit any contributions that were not tax deductible?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ju		
_	gifts were not tax deductible?	6ь		
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			ĺ
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			İ
	the organization is licensed to issue qualified health plans			İ
c	Enter the amount of reserves on hand			ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	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.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	——————————————————————————————————————	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	— — — — — — — — — — — — — — — — — — —	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	——————————————————————————————————————	5		X
6	Does all digatization have membered or electricated	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	ł	3.5
_		7a		$\frac{X}{X}$
ь	Fig. 2.17 and a second at the government of the second and the second at	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during]		
_	the year by the following	ا ۵۰	x	
a	Line governming 555y	8a 8b	$\frac{\hat{X}}{X}$	
b	Ladir committee war additing to dot on bottom of the governing body	<u>80</u>	^	
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 Revenue Code.)			
<u> </u>	TION D. P Offices (This Section & requests information about policies not required by the internal revenue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_		10ь	ŀ	
11a				
	- · · · · · · · · · · · · · · · · · · ·	I1a	x	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
		12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		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	X	
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а		15a	X	
Ь	Cuter officers of to your project of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	I		
16a	The state of the s			37
_		16a	- }	<u>X</u>
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	461		
5	The state of the s	16Ь		
	List the states with which a copy of this Form 990 is required to be filed IL			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (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			

Form 990 (201		36-3
	Compensation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated

36~3206531

Page 7

Employees, and Independent Contractors	
Chack if Schedule O contains a response to any guestion in this Peri	VII

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

1s Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the omanization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employees) 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.

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

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

(A)	(B)			(7)			(D)	(E)	(F)
Name and Title	Average		_			at apply	_	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	trrector dusteor	Institutional	000-	8040-030 K0X	E-cares es	ForEer	compensation from the organization (W-2/1099-MISC)	compensation from retaind organizations (W-2/1099-MISC)	emount of other componedion from the organization and related organizations
(1) Barry Kolanowski	1 20			Γ				,	0	0
Board Member	1.00	X	<u> </u>	╄			ļ	<u> </u>	<u> </u>	
(2) Brian Corrigan	1	i	Ì	Ĺ			ĺ	_		
Board Member	1.00	X	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>		0	0
(3) Carmon Rodrigues	}			ļ]			<u> </u>	_
Board Mamber	1.00	X		L			L_		0	0
(4) Chuck Thulin	1		1	1				Ì		
Vice President	2.00	X	<u> </u>	上					0	0
(5) Claire Peres				Γ						
Board Member	1.00	X		([(0
(6) Deborah Pawlak			Г	Г	Г		Г			
Secretary	2.00	X		l	}]	ļ	,	0	0
(7) Hillary Brennan			Г	Г	Г		Г			
Treasurer	3.00	X	1	1	i '	1	ı	1 (0	0
(8) Joe Mayer		 	\vdash	Τ	\vdash					
Board Member	1.00	X		1]		l		0	0
(9) Lynn Flores	 	 •••	1	十	1		_			
President	3.00	x	1	l	1	l	l	1 (0	0
(10)Marjorie Colley	-	 ^	十	t	╆	_	-			
Board Member	1.00	X		1				1	اه	0
(11)Paul Hernandez	+	1	-	┼	┢	├	一	`		
Board Member	1.00	X	l	l	l	ľ	Ì	1 .		0
(12)Marilyn Weisner	+	 ^	┼	╆	一		 			
Executive Director	50.00	1		۱,	k k	X		66,692	j	
(13)Mike Galgano	+	\vdash	╁╌	╁╌	┞╌	┞ᢚ╌	-			
Director of Distribution	40.00	1		ł	l x	ł	l	45,459		1
(14)	1 33.36	-	\vdash	1	 ^					
(15)	 	 	+	-	-	-	-			
(16)	†	-	+	╁╴	-	-	-			

	990.(2010) Aurora Area Interf									36-32065	31	Page 8
Par	CVII Section A. Officers, Directors, Trustees		yees,	and			t Com	pen	T	r ``		
•	(A) Name and Title	(B) Average	Posit	ion (c		c) all th	at apply))	(D) Reportable	(E) Reportable	(F) Estimate	d
		hours per week (describe hours for related organizations in Schedule O)	I t d nrırıse vtc let deo u r ao I r	n r s u t s i t	1 1 C e	е	H c em g mp l e n y e s r s e t e d		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization organization organization organization organization organization organization organization organization organization organization organization organization organization	tion e ion ed
(17)			ı									
(18)											-	
(19)					-							
(20)					-	_						
(21)												
(22)				<u> </u>	 							
(23)							_				-	
(24)												
(25)												
(26)			-								·	
(27)										-		-
(28)								-				
1b c d	Sub-total								112,151	0		0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above) wh	o red	ceiv	ed mor	e th	an \$100,000 in	0		,
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo										Yes	No X
4	For any individual listed on line 1a, is the sum of repor the organization and related organizations greater that	table comper	nsation	and	d oth	er c	ompen	satio	on from			
5	individual	npensation fro	om any	unr	relate	ed o	rganız	atior			5	X
	tion B. Independent Contractors	Lindon and and			ro +L	ot ==	ook	1	ro than \$100 000 -	4		
1	Complete this table for your five highest compensated compensation from the organization	ınaepenaeni	contra	CIO	rs un	at re	ceived	. ITIO	re than \$100,000 o	·	_	
	(A) Name and business address	5		<u>.</u>					(B) Description of s	services	(C) Compensation	on
												
2	Total number of independent contractors (including bu		o thos	e list	ted a	abov	e) who	rec	eeved			-

<u>Liuiii.a</u> ^	`	k.			(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	101,286				
	b	Membership dues	1b					
Contn- butions,	С	Fundraising events	1c]			
grits,	d	Related organizations	1d					
grants and	е	Government grants (contributions)	1e	25,000				
other	f	All other contributions, gifts, grants,						
sımılar	-	and similar amounts not included above	1f	330,200				
amounts	g	Noncash contributions included in lines 1a	-1f \$					
	h	Total. Add lines 1a-1f			456,486			
				Business Code		71.1		
	2a				1			
	ь				-			
Program	c							
Service Revenue	d							
	e							
	_	All other program service revenue	 .					
	Į.	Total. Add lines 2a-2f					[
	— -	Investment income (including dividends, in						
	3	other similar amounts)			5,758		5,758	
	4	Income from investment of tax-exempt bon			3,7,55			
	ı	Royalties	•				1	
	•	(i) Rea		(II) Personal			:	
	62	Gross Rents		(ii) i cisonai	1			
		Less rental expenses	•		1		•	
	ł .	Rental income or (loss)			-		ļ	
	1	Net rental income or (loss)		<u> </u>	1	1	Ţ	
	I			(ii) Other				
	7a	Gross amount from sales of assets other than inventory	ies	(ii) Other	<u>.</u>		ŧ	
	١.	<u> </u>			-]	
	b	Less cost or other basis and sales expenses					1	
0	١.	Gain or (loss)					1	
t h	1	Net gain or (loss)					1	1
e	1	Gross income from fundraising					‡	
r	oa	•					1	
R		events (not including \$ of contributions reported on line 1c)						
e		See Part IV, line 18		21,114			1	
v e	L	Less. direct expenses		4,696	1		‡	
'n		Net income or (loss) from fundraising even			16,418		16,418	
u e	1	Gross income from gaming activities.			10,410		10,110	
·	Ja	See Part IV, line 19						
		Less: direct expenses			<u>-</u>		1	
	1	Net income or (loss) from gaming activities			-	İ	†	ĺ
	1	, , ,	• • •	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	10a	Gross sales of inventory, less returns and allowances	_				1	
	_				-[
	1	Less cost of goods sold		L	†		†	1
	-	Net income or (loss) from sales of inventor	<u>у</u>				<u> </u>	
	11a	Miscellaneous Revenue		Business Code	┨		†	1
	1 .							
	þ			-		 	-	
	C C	All other revenue					1 -	
		All other revenue					<u> </u>	
		Total Add lines 11a-11d			478,662		22,176	0
	14	Total revenue. See instructions		🟲	1 2/0,002	or C) 22,176	·, ·

Part IX Statement of Functional Expenses

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

	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		0,000000	Acutara exhauses	evherises
•	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	77,888	77,888		
3	Grants and other assistance to governments,	77,000	77,000		
•	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	161,178	56,412	59,636	45,130
6	Compensation not included above, to disqualified	101,170	50,412	35,030	43,130
·	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	1 266		603	500
_	and section 403(b) employer contributions)	1,366		683	683
9	Other employee benefits	1,417	567	850	
10	Payroll taxes	16,799	5,527	6,851	4,421
11	Fees for services (non-employees):				
a	Management				
b	Legal	550	154	369	27
С	Accounting	6,890	1,929	4,616	345
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	16	4	11	1
12	Advertising and promotion	17,927	8,344		9,583
13	Office expenses	2,144	715	715	714
14	Information technology	483	161	161	161
15	Royalties				
16	Occupancy	11,502	3,834	3,834	3,834
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	249	83	83	83
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,524		1,524	
23	Insurance	5,092	1,479	1,996	1,617
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				ı.
а	Postage	3,039	608	608	1,823
b	Leased Equipment	3,696	1,980	858	858
c	Other Supplies	4,292	4,292		
d	Telephone	587	195	196_	196
е	Vehicle	4,135	4,135		
f	All other expenses	12,744	9,482	3,118	144
25	Total functional expenses. Add lines 1 through 24f	333,518	177,789	86,109	69,620
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2 (ASC 958-720) 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)
		Beginning of year	$\perp \perp$	End of year
1	Cash - non-interest-bearing	37,606	1	39,575
2	Savings and temporary cash investments	220,906	2	364,793
3	Pledges and grants receivable, net		3	····
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
1	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)), persons described in section 4958(c)(3)(B), and contributing			
s	employers and sponsoring organizations of section 501(c)(9) voluntary			
S B _	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
s 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	, , , , , , , , , , , , , , , , , , , ,			
	other basis Complete Part VI of Schedule D 10a 41,386			
	Less accumulated depreciation	4,744	10c	3,220
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		15	8,57
16	Total assets. Add lines 1 through 15 (must equal line 34)	270,591	16	416,16
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
L 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
B 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
1 00	persons Complete Part II of Schedule L		22	
l 23 e 24	Secured mortgages and notes payable to unrelated third parties		23	
s 24	Unsecured notes and loans payable to unrelated third parties		25	4 47
25 26	Other liabilities. Complete Part X of Schedule D	4,046	26	4,478
20	Total liabilities. Add lines 17 through 25	4,040	20	4,4/
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets	266,545	27	411 600
n 27 d 28	Temporarily restricted net assets	200,545	28	411,68
29	Permanently restricted net assets		29	
B	Organizations that do not follow SFAS 117, check here ▶		23	
a I	-			
a 20	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
••	Paid-in or capital surplus, or land, building, or equipment fund		31	
c 31 e 32	Retained earnings, endowment, accumulated income, or other funds		32	
s 32	Total net assets or fund balances	266 545	33	411 604
l		266,545	+ +	411,689
34	Total liabilities and net assets/fund balances	270,591	34	416,16

-Form	990 (2010) Aurora Area Interfaith Food Pantry	36-32	0653	1	Pa	age 12
Pa	Reconciliation of Net Assets					
<u>-</u>	Check if Schedule O contains a response to any question in this Part XI				• • •	<u>. U</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		I	4	178,6	562
2	Total expenses (must equal Part IX, column (A), line 25)				333,5	
3	Revenue less expenses Subtract line 2 from line 1		<u> </u>		145,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		 -	~	266,5	
5	Other changes in net assets or fund balances (explain in Schedule O)		 -		100,	0
5	, ,	· · - 3	 			
•	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6				
Da	AAMAI	. 0	L		111,6	789
FA						
	Check if Schedule O contains a response to any question in this Part XII		• • •			<u> </u>
4	Accounting method used to prepare the Form 990: X Cash Accrual Other				Yes	No
•						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2-				2-	v	
2a	The trie organization of mariotal statements complicated to to the tries by an interpolation according to			2a	X	-
D	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			_	3,7	
	and addit, fortion, or compliant of the interior called the control of all interpolation		• • •	2c	X	
	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				1	
	issued on a separate basis, consolidated basis, or both					
	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	<u></u>	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			3b		
	ETA			Form	990 (2010)

(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.

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name	of the	organization							Employeri	identification r	iumber		
Aur	ora	Area Interfai								206531			
Pa	rt [Reason for	Public Charit	y Status (All organiza	ations must	complete	this part)	See instru	ctions				
The	orgar			se it is: (For lines 1 throi	_	•	•						
1	Ц			sociation of churches de		section 17	70(b)(1)(A)	(i).					
2	Ш)(A)(ii). (Attach Schedul	•								
3	Ш		•	vice organization describ									
4		A medical research of	organization operat	ed in conjunction with a	hospital de	scribed in s	section 17	0(ь)(1)(А)(iii). Enter	the hospita	ıl's nam	е,	
		city, and state											
5		An organization oper section 170(b)(1)(A		of a college or universit	y owned or	operated t	by a govern	nmental u	nit describe	ed in			
6		A federal, state, or lo	cal government or	governmental unit descr	ibed in sec	tion 170(b)(1)(A)(v).						
7		-	-	a substantial part of its s	upport from	a governr	nental unit	or from th	e general p	oublic			
		described in section											
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Com	olete Part II	.)							
9	X	An organization that	normally receives	(1) more than 33 1/3% o	of its suppo	t from con	tributions,	membersl	nıp fees, an	d gross			
		receipts from activitie	es related to its exe	mpt functions - subject t	o certain e	ceptions,	and (2) no	more than	n 33 1/3% d	of its			
		support from gross in	nvestment income a	and unrelated business t	axable inco	me (less s	section 511	tax) from	businesse	s			
		acquired by the orga	nızatıon after June	30, 1975 See section \$	509(a)(2). (Complete I	Part III)						
10		An organization orga	inized and operated	d exclusively to test for p	ublic safety	See sec	tion 509(a)(4).					
11		An organization orga	inized and operated	d exclusively for the bend	efit of, to pe	rform the f	functions o	f, or to car	rry 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 of	organization	and comp	olete lines	11e throug	gh 11h				
		a 🗌 Type I	b 🗌 Typ	ell c] Type III	Functional	lly integrate	ed	d	Type I	II-Other		
е		By checking this box	, I certify that the o	rganization is not contro	lled directly	or indirect	tly by one o	or more di	squalified				
		persons other than fe	oundation manager	s and other than one or	more public	ly support	ed organiz	ations des	scribed in s	ection			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	ceived a written de	termination from the IRS	that it is a	Type I, Ty	pe II, or Ty	pe III sup	porting				
		organization, check	this box										□
g		Since August 17, 20	06, has the organiz	ation accepted any gift of	or contributi	on from an	ny of the						
		following persons?											
		(i) A person who o	directly or indirectly	controls, either alone or	together w	ith persons	s described	ın (ıı)				Yes	No
		and (III) below,	the governing body	of the supported organi	zation?						11g(i)		
		(ii) A family member	er of a person desc	ribed in (i) above?							11g(iı)		
		(iii) A 35% controlle	ed entity of a persor	n described in (i) or (ii) a	bove? .						11g(iii)		
h		Provide the following	ınformation about	the supported organizati	ion(s)								
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Did yo	-	(v)			Amount	of
		organization	1	(described on lines 1-9 above or IRC section	governing of	-	the organi		organizati (i) organiz			upport	
			1	(see instructions))	, ,			port?		S?			
					Yes	No	Yes	No	Yes	No			
(A)						ł							
						ļ	<u> </u>		<u> </u>				
(B)						1							
(=1							ļ		1				
(C)													
(D)					-			<u> </u>					<u> </u>
(E)					 	<u> </u>	ļ						
\ _ /													
Tot					1		I] "			
101	a i		,	+	+	4	I	•	+		ı		

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Jec	tion A. Fabric Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						1
5	The portion of total contributions by each						
	person (other than a governmental unit or				‡		
	publicly supported organization) included		1		<u> </u>		1
	on line 1 that exceeds 2% of the amount		1		‡		
	shown on line 11, column (f)	11 ' 11 ' 11 1111					
6	Public support. Subtract line 5 from In 4		<u> </u>	<u> </u>			
	tion B. Total Support						1 ()
	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Amounts from line 4						
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. (s	ee instructions)				. 12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ 🗆
Sec	tion C. Computation of Public Su					·	
14	Public support percentage for 2010 (line 6, o	olumn (f) dıvıded					%
15	Public support percentage from 2009 Sched					 	%
16a	33 1/3% support test - 2010. If the organization qualifies as					neck this box	▶□
ь	33 1/3% support test - 2009. If the organiz	ation did not che	ck a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check this	
	box and stop here. The organization qualifie	es as a publicly s	upported organizati	on			▶ 🗌
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "fact	ts-and-circumstar	nces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the	
b	organization meets the "facts-and-circumstates" 10%-facts-and-circumstances test - 200 more, and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and	9. If the organiza	ation did not check a	box on line 13, 1	6a, 16b, or 17a, ar	nd line 15 is 10% or	▶∐
18	organization meets the "facts-and-circumsta Private foundation. If the organization did it	inces" test. The c	organization qualifies	s as a publicly sup	ported organization	n	▶□

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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below,	please complete Part II)
--	---------------------------

	Section A. Public Support								
Cale	endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	180,285	187,055	322,831	298,900	455,465	1,444,536		
2	Gross receipts from admissions, merchan- dise sold or services performed, or faci- lities 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 bus. under sec 513		4,398	7,938	18,561	21,114	52,011		
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 through 5	180,285	191,453	330,769	317,461	476,579	1,496,547		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
Ь	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								
С	Add lines 7a and 7b			,	,				
8	Public support (Subtract line 7c from line 6)			:			1,496,547		
Section B. Total Support							(5) =		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010 476, 579	(f) Total		
9 10a	Amounts from line 6	180,285	191,453	330,769	317,461	4/6,5/9	1,496,547		
	payments received on securities loans, rents, royalties and income from similar sources		2,449	2,795	3,764	5,758	14,766		
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b		2,449	2,795	3,764	5,758	14,766		
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)	180,285	193,902	333,564	321,225	482,337	1,511,313		
	First five years. If the Form 990 is for the or organization, check this box and stop here	·	i i	, or fifth tax year as	s a section 501(c)(3) 	▶ 🔲		
	ction C. Computation of Public Su					45			
15	Public support percentage for 2010 (line 8, or			-		15	99.02 %		
16 Sec	Public support percentage from 2009 Scheduction D. Computation of Investme				· · · · · · · · · · · · · · · · · · ·	10	99.46 %		
17	Investment income percentage for 2010 (line			lumn (fl)		17	0.98 %		
18	Investment income percentage from 2009 So		•			18			
	33 1/3% support tests – 2010. If the organization is not more than 33 1/3%, check this box	zation did not checl	the box on line 14	I, and line 15 is mo	re than 33 1/3%, a	nd line			
b	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this	zation did not checl	c a box on line 14 o	or line 19a, and line	16 is more than 3	3 1/3%, and			
20									

SCHEDULE C (Form,990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 50 (c)(4), (5), or (6) organizations	Complete Part III					
Name	of organization			Employer ide	entification number		
Au	rora Area Interfaith Food F			36-320			
Pa	t I-A Complete if the organ	ization is exempt under sect	ion 501(c) or	is a section 527 org	anization.		
1	Provide a description of the organization's	direct and indirect political campaign a	ctivities in Part IV				
2	Political expenditures						
3	Volunteer hours			· · · · · · · · ·			
Pa		ization is exempt under sect					
1	Enter the amount of any excise tax incurre						
2	Enter the amount of any excise tax incurre						
3	If the organization incurred a section 4955						
4a	Was a correction made?		<i></i>		. Yes No		
_ ь	If "Yes," describe in Part IV						
Pa		ization is exempt under sect		cept section 501(c)(3).		
1	Enter the amount directly expended by th						
	activities			▶ \$			
2	Enter the amount of the filing organization						
	527 exempt function activities			▶ \$			
3							
	line 17b						
4	Did the filing organization file Form 1120-						
5	Enter the names, addresses and employe						
	organization made payments. For each o	=					
	the amount of political contributions received						
	as a separate segregated fund or a politic	cal action committee (PAC) If additional	space is needed,	provide information in Part	IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		
(1)							
(2)							
(3)							
(4)					1		
(5)					 		
(6)							

36-3206 Form 5768 (eld (a) Filing organization's totals	
(a) Filing	(b) Affiliated
1	I
1	I
1	I
1	I
	<u> </u>
	1
‡ ·	‡
	[
]
	-
	☐ Yes ☐ No
all of the five I.)	
T	
(d) 2010	(e) Total
±	
:	
a	

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?	Yes	No X		(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?	Yes	X	An	nount
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?		Х		
referendum, through the use of. Volunteers?		Х		
Volunteers?		Х		
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
Media advertisements?				
Mailings to members, legislators, or the public?		37		
		X		
Publications, or published or broadcast statements?		Х		
, ,		Х		
Grants to other organizations for lobbying purposes?		X		
Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
Other activities? If "Yes," describe in Part IV		X		
Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912		L		
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	L.,			
Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or sec	ction	
501(c)(6).			 -	Yes No
Were substantially all (90% or more) dues received nondeductible by members?			1	162 14
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
"Yes." Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
political expenses for which the section 527(f) tax was paid).				
Current year		2a		
Carryover from last year		2b		
Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?		4		
Taxable amount of lobbying and political expenditures (see instructions)	• •	5		

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

<u>A</u> u:	rora Area Interfaith Food Pantry	36-3206531
Pa	rt I 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	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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	
	purpose conferring impermissible private benefit?	
Da	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	<u>U</u>
	www.du	7, III 6 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat Preservation of a certified his	toric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	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
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	•
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(iı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statem	
	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.	O'm'llaw Assaula
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	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	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pi	ublic service,
	provide the following amounts relating to these items.	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
Þ	Assets included in Form 990, Part X	

	te D (Form 990) 2010 Aurora Area In				· · · · <u>- · · · · · · · · · · · · · · ·</u>	36-3206			age 2
Par	CHI Organizations Maintaining	Collections of	Art, Historical 1	Treasures, o	or Oth	ner Similar As	sets (c	ontinue	:d)
3	Using the organization's acquisition, accession,	and other records, cl	heck any of the follo	wing that are a	significa	ant use of its			
	collection items (check all that apply).	_							
a	Public exhibition	d 🔲 Loai	n or exchange progra						
Ь	Scholarly research	e 📋 Othe	er						
С	Preservation for future generations								
	Provide a description of the organization's collection	ctions and explain ho	w they further the or	ganızatıon's exe	empt pu	rpose in			
	Part XIV								
	During the year, did the organization solicit or re						_		_
	assets to be sold to raise funds rather than to be					<u></u>	<u>. 🗆)</u>	es [No
Par	Escrow and Custodial Arra	_		answered "Yes	s" to Fo	rm 990,			
	Part IV, line 9, or reported an amoun								
	Is the organization an agent, trustee, custodian						,		٦.,
	included on Form 990, Part X?						. 🗆	res [_ No
D	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ing table			1			
	5				-	Amo	ount		
	Beginning balance					<u> </u>			
	Additions during the year								
_	Distributions during the year					 			—
f	Ending balance							res [□ No
	•	1 990, Part X, line 21	• • • • • • • •				• 🗀	res (_ NO
Par	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete	if the organization ar	newared "Vee" to For	rm 000 Part IV	line 10				—
FRI	Endownient i dilds. Complete	T		(c) Two years b		(d) Three years back	(0) 500		
1a	Beginning of year balance	(a) Current year	(b) Pnor year	(c) Two years to	Jack	(d) Trilee years back	(6) 100	r years b	HUK TITE
ь	Contributions				+		 		
c	Net investment earnings, gains, and losses						 		
d	Grants or scholarships					•••••	- †		
e	Other expenditures for facilities			 			1	, ,	
-	and programs				Ī		1		
f	Administrative expenses						+	','	
g	End of year balance						1	***********	
2	Provide the estimated percentage of the year er		l	<u> </u>					
а	Board designated or quasi-endowment	%							
ь	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered for	the				
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations list	sted as required on S	chedule R?				3b		
4	Describe in Part XIV the intended uses of the or	rganization's endown	nent funds.						
Par	t VI Land, Buildings, and Equi	pment. See Form	990, Part X, line 10.				-	_	
	Description of investment	(a) Cost or other	er basis (b) Co	st or other	(c) A	Accumulated	(d) Boo	k value	
		(investme	ent) bası	s (other)	de	preciation	<u>-</u>		
1a	Land	• • •							
b	Buildings								
_	Leasehold improvements	• • •			_				
d	Equipment	• • •		41,386		38,166		3 ,	,220
<u>е</u>	Other							 -	
ıotal	 Add lines 1a through 1e (Column (d) must equ 	uai Form 990, Part X,	column (B), line 10(C).)		▶		3	,220

Schedule D (Form	990) 2010 Aurora Are	a Interfaith Food Pantry	36-3206531	Page 3
Part VII	Investments - Other Securit			
,	(d) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial d	lerivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments - Program Rela	ited. See Form 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	M las 45		
Part IX	Other Assets. See Form 990, Part		(b) Book	
(1) Food	Pantry Fund externally held	(a) Description	(b) Book	. value
	ained and administered by			
-	unity Foundation			8,579
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B)	line 15.)		8,579
Part X	Other Liabilities. See Form 990, F	art X, line 25		
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2) Payro	oll Liabilities	4,478		
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)				
iotat. (Column	(b) must equal Form 990, Part X, col (B) line 25)	▶ 4,478		

	de D (Form 990) 2010 Aurora Area Interfaith Food Pantry	36-3206531	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
.1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	478,662
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	333,518
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	145,144
4	Net unrealized gains (losses) on investments	4	(80)
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	(80)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	145,064
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	478,662
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		·
3	Subtract line 2e from line 1	. 3	478,662
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		478,662
Pai	T XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	· 1	333,518
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments]	
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	333,518
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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	. 4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	333,518
	rt 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		
	2b, 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		
this p	part to provide any additional information		
			
			
-			

SCHEDULE G . (Form 990 or 990-EZ)

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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047 2010

◆ Department of the Treasury Internal Revenue Service

Open to Public

lame of the organization		·	-	,		Employer iden	trlication number	
Aurora Area Interfaitl							206531	
Part 1 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raise				ivities. Check all that a	pply.		- -	
a Mail solicitations	J	_	_	of non-government gr				
b Internet and email solicitations		f 🗌	Solicitation	of government grants				
c Phone solicitations		g 🗌	Special fur	ndraising events				
d In-person solicitations		-						
2a Did the organization have a written or	oral agreement v	with any indiv	idual (ınclu	ding officers, directors,	trustees			
or key employees listed in Form 990, I	art VII) or entity	ın connectio	n with prof	essional fundraising se	rvices?	□ Ye	es 🗌 No	
b If "Yes," list the ten highest paid individ	duals or entities ((fundraisers)	pursuant to	agreements under wh	nch the fun	draiser is		
to be compensated at least \$5,000 by	the organization	1						
				T	,			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundr custody or c	ontrol of	(iv) Gross receipts from activity	(or reta	int paid to ined by)	(vr) Amount paid to (or retained by)	
		contribu	T		I	er listed in ol (i)	organization	
		Yes	No	_				
1								
2								
3		 	<u> </u>					
							,	
4								
5								
6		-						
7				,				
8		+	<u> </u>			·		
9								
10								
[otal		1:						
Total								
registration or licensing	·					·		
	-							
								
_							· -	
						·		
				· <u></u>				
	<u>, </u>							

Schedule G (Form 990 or 990 EZ) 2010---Aurora Area Interfaith Food Pantry 36-3206531 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Hike for Hes 5k run None Add col (a) through R (event type) (event type) (total number) col (c)) е ٧ Gross receipts 10,943 10,171 21,114 е n Less Charitable u contributions Gross income (line 1 minus line 2) 10,943 10,171 21,114 D Noncash prizes е С Rent/facility costs Ε Food and beverages Х p e n s Other direct expenses 1,418 3,278 4,696 е Direct expense summary Add lines 4 through 9 in column (d) 4,696) 16,418 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue Pirect 2 Cash prizes Noncash prizes Expenses Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? Yes 🗍 No If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

organization answered "Yes" to Form 990. Part IV, line 21 or 22. Pattach to Form 990. Part IV, line 21 or 22. Pattach to Form 990. Part IV, line 21 or 22. Pattach to Form 990. Part IV, line 21 or 22. Stratch to Form 990. Part IV, line 21 or 22. Stratch to Form 990. Part IV, line 21 or 22. Stratch to Form 990. Part IV, line 21 or 22. Stratch to Provide States In Organizations in the United States. Complete if the organization answered "Yes" to more recibient received more than \$5,000 Part II. Stratch to both on one recibient received more than \$5,000 Part II. Stratch to provide the provided States of the Part IV, line 21 or 22.06.531. Stratch to Part IV. Stratch	SCHEDULE 1		Gra	Grants and Other	Assistance to	and Other Assistance to Organizations,	v i	1_	OMB No 1545-0047
organization answered "Yes" to Form 990. Part IV, line 21 or 22. Patach to Form 990. Inspection	(Form 990)		Gover	nments, and Ir	ndividuals in	the United Sta	res	_	
grants or assistance, the grantees' eligibility for the grants or assistance, and of grants or assistance, the grantees' eligibility for the grants or assistance, and of grant tunds in the United States. Complete if the organization answered "Yes' to no So. Ook Check this box if no one recipient received more than \$5,000. Part II (Dock-propose of grant tunds) in the United States. Complete if the organization answered "Yes' to no second to one recipient received more than \$5,000. Part II (Dock-propose of grant tunds) in the United States. Complete if the organization answered "Yes' to no second to the complete it to the organization answered "Yes' to no second to the complete it applicable in the United States. Complete if the organization answered "Yes' to no second to the complete it to the organization of the or	ļ.		Complete	if the organization ans	swered "Yes" to For	m 990, Part IV, line 21	or 22.	1	Open to Public
e grants or assistance, the grantees' eligibility for the grants or assistance, and of grant tunds in the United States. Ind Organizations in the United States. Complete if the organization answered "Yes" to make this box if no one recipient received more than \$5,000 Part if a section (4) Amount of creations of grant in the united States). Complete if the organization answered "Yes" to make the section of t	epartment of the Treasury temal Revenue Service			/ 4	Attach to Form 990.				Inspection
of grant buried States of grant funds in the United States. Complete of the organization answered "Yes" to not recipient received more than \$5,000 Part II (4) Purpose of tappicable of Amount of non-ceah assessance (7) Amount of ceah (8) Amo	ame of the organization							Employer identification	number
of grants or assistance, the grantees' eligbility for the grants or assistance, and Ind Organizations in the United States. Ind Organizations in the United States. Complete if the organization answered "Yes" to In So. Or Check this box if no one recipient received more than \$5,000. Part II In section If the policities of the properties of the policities of the poli		faith Food Par	ntry					36-3206533	
a grants or assistance, the grantees' eligibility for the grants or assistance, and or grant and britised States. Ind Organizations in the United States. Ind Organizations in the United States. Ind Organizations or the Original received more than \$5,000 Part II organization or the Organization of the O	_	ormation on Gr	ants and Assista	ınce					
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If applicable grant assistance (Dook Fallw, appraisal, non-cash assistance (Dook Fallw), appraisal, non-cash as	_	IV, line 21, for any re	epient that received m	nore than \$5,000 Check	this box if no one rec	sipient received more that	an \$5,000 Part II	3	
4 Name and address of cognitisation (b) EN (c) HiCk section (d) Amount of cash (p	can be duplicat	ed if additional space	s is needed						△
		organization it	(9) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1)								
	(2)								
	(2)								
	(4)					į			
	(2)								
	(9)								
	(7)								
	(8)								-
	(6)								
	10)								
	(11)								
	12)								
A		section 501(c)(3) and	d government organiza					•	
	3 Enter total number of	other organizations						•	

Schedule I (Form 990) (2010) (f) Description of non-cash assistance 990) (2010) 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 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance EEA (c) Amount of cash grant (b) Number of recipients Part III can be duplicated if additional space is needed (a) Type of grant or assistance 1 Distribution of Foods Schedule I (Form 990) (2010)

Part III Grants Part IV ~ က 'n 9

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Name of the	organizatio	n		
Aurora	Area	Interfaith	Food	Pantry

36-3206531

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

FFA

Name of the organization	Employer identification number						
Aurora Area Interfaith Food Pantry	36-3206531						
	30-3200331						
Committee and compensation is recommended based upon performance and infor	mation from any						
The second secon							
relevant salary surveys. The Executive Director conducts a performance review with the							
reservance barary surveys. The Executive Director conducts a performance review with the							
Director of Distribution and then makes a recommendation to the Executive Committee who							
approve or revise the recommendation and then forward it to the full Board	for approval or						
	o con approved of						
revision.							
04. Other officer or key employee compensation (Part VI, line 15b							
There are no other officers or key employees that are compensated that are	not covered in						
the explanation for 15A.							
05. Governing documents, etc, available to public (Part VI, line 19)							
If there is a request that was within the parameters of what is required t	o be disclosed						
TE CHOIG IS A LEGUEST CHAI WAS WITHIN THE PATAMETERS OF WHAT IS LEGUITED TO DE DISCIOSED							
copies are produced and forwarded to the requesting party.							
ı							

Depreciation and Amortization OMB No 1545-0172 2010 (Including Information on Listed Property) Department of the Treasury Attachment ► See separate instructions. Sequence No 67 Internal Revenue Service ► Attach to your tax return. Name(s) shown on return Business or activity to which this form relates Identifying number Aurora Area Interfaith Food Pant FORM 990 - 1 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 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 -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing 6 (a) Description of property (b) Cost (business use only) 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 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2009 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 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 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 14 15 16 1,524 MACRS Depreciation (Do not include listed property) (See instructions) Section A

	(a) Classification of property	year placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property		:					
b	5-year property	<u>}</u>			}			
С	7-year property	<u>[</u>						
d	10-year property	<u> </u>						
e	15-year property	<u> </u>						
f	20-year property]						
	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C - Assets	Placed in Serv	ice During 2010 Tax Ye	ar Using the	e Alternative [epreciat)	ion S	ystem
20 a	Class life					S/L		
b	12-year			12 yrs		S/L		
c	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See instru	ctions)		-				
21	Listed property. Enter amount from	1 line 28				[21	
22	Total. Add amounts from line 12, li	nes 14 through 1	7, lines 19 and 20 ın colu	mn (g), and l	line 21 Enter h	ere	Ì	
	and on the appropriate lines of you	r return Partners	ships and S corporations	see inst <u>ruc</u>	tions		22	1,524
23	For assets shown above and place	d in service durir	ng the current year, enter	the				
	portion of the basis attributable to s	ection 263A cos	te	2:	3			

EEA

Form 4562 (2010)

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

MACRS deductions for assets placed in service in tax years beginning before 2010

For Paperwork Reduction Act Notice, see separate instructions.

If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here