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SCANNED OCT 0 9 2012

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

20**10**Open to Public

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| TOT LITE Z | 010 calendar year, or tax year beginning 10/1 , 2010, and endi | ng 9 | /30 | , 20 11 |
|-------------------|---|--------------------|--------------------|-------------------------------|
| Check if ap | plicable C Name of organization Area Interfaith Outreach | | D Employe | or identification number |
| Address ch | ange Doing Business As | | | 01-051079 DI-DDI VI O |
| Name chan | ge Number and street (or P O box if mail is not delivered to street address) Room/su | suite | E Telephon | e number |
| Initial return | | | 2 | 207 536 1043 |
| Terminated | City or town, state or country, and ZIP + 4 | | | |
| Amended re | | | G Gross red | cerpts \$ 275,655 |
| Application | pending F Name and address of principal officer Joyce Burnham, President | H(a) Is this | a group return fo | or affiliates? 🔲 Yes 🗹 No |
| | 51 Harbour Hill Dr., Owls Head, ME., 04854 | H(b) Are a | all affiliates inc | cluded? 🗸 Yes 🗌 No |
| Tax-exemp | t status | If "N | lo," attach a li | st (see instructions) |
| Website: | > | H(c) Grou | p exemption | number 🕨 |
| | anization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form | nation 1992 | M State of | of legal domicile ME |
| art I | Summary | | | |
| | riefly describe the organization's mission or most significant activities: | | | |
| F | ood pantry: emergency food and financial aid for low income families and individu | uals | | |
| | | | | |
| | | | | |
| | heck this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% | % of its net asset | | |
| | umber of voting members of the governing body (Part VI, line 1a) | | 3 | 18 |
| | umber of independent voting members of the governing body (Part VI, line 1b |) | 4 | 0 |
| | otal number of individuals employed in calendar year 2010 (Part V, line 2a) | | 5 | 0 |
| | otal number of volunteers (estimate if necessary) | | 6 | 50 |
| | otal unrelated business revenue from Part VIII, company (C) 1104 2 | | 7a | 0 |
| <u> </u> | et unrelated business taxable income from Form 990-1 line 34 | | 7b | 0 |
| | rontributions and grants (Part VIII, line 1h). | Prior Ye | | Current Year |
| | fontributions and grants (Part VIII, line 1h) . 2 . AUG 17 7012 | | 239,853 | 275,568 |
| 9 P | rogram service revenue (Part VIII, line 2g) | | 0 | 0 |
| 10 In | vestment income (Part VIII, column (A), lines 3, 4 and 7) EN. UT. | | 116 | 87 |
| | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0 |
| | otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 239,969 | 275,655 |
| | irants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 | 0 |
| l | enefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| t | alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 | 0 |
| 1 | rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | : - | |
| 1 | otal fundraising expenses (Part IX, Column (O), line 25) (Column (O), lines 11a–11d, 11f–24f) | | 230,463 | 254,505 |
| ı | otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 230,463 | 254,505 |
| | devenue less expenses. Subtract line 18 from line 12 | | 9,506 | 21,150 |
| ו פו | evenue less expenses, oubtract line to from line 12 | Beginning of Ci | | End of Year |
| 20 T | otal assets (Part X, line 16) | | 227,964 | 251,054 |
| t | otal liabilities (Part X, line 26) | | 3,365 | 5,305 |
| l | let assets or fund balances. Subtract line 21 from line 20 | | 224,599 | 245,749 |
| rt II | Signature Block | 1 | ,, | = .0,, .0 |
| der penaltie | es of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which prepare | | | y knowledge and belief, it is |
| ın re | Signature of Africar CAOMA E-HERON, Treasurer Type or print harge and title | | | |
| id | Print/Type preparer's name Preparer's signature [| Date | Check | PTIN |
| eparer | | | self-empl | |
| eparer se Only | Firm's name | Fire | m's EIN ▶ | |
| e Only | Firm's address ▶ | | one no | |
| | | | | · · Yes No |
| y the IRS | discuss this return with the preparer shown above? (see instructions) | <u> </u> | <u> </u> | · · <u> </u> |

| | 0 (2010) | Page Z |
|--------|--|--------------|
| Part l | 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: | <u> </u> |
| | Provide food and emergency financial assitance to low income families and individuals. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| 2 | | 'es ☑No |
| | If "Yes," describe these new services on Schedule O. | C3 (140 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | 'es ☑ 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 expens 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all others, the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 7.593 including grants of \$) (Revenue \$ | 0) |
| | (Code:) (Expenses \$ 7,593 including grants of \$) (Revenue \$ Distributed \$ 150,961 worth of donated and purchased food to low income families and individuals. | <u>-</u> - / |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| 4b | (Code:) (Expenses \$39,815 including grants of \$) (Revenue \$ | <u> </u> |
| | Distributed \$39,815 worth of vouchers to low income families and individuals for the purchase of heating oil, propane, and | kerosene. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ 21,458 including grants of \$) (Revenue \$ | 0) |
| | Distributed \$21,458 worth of vouchers to low income families and individuals for the payment of electric bills from Central | / |
| | Power Co. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services. (Describe in Schedule O.) | |
| | (Expenses \$ 27,074 including grants of \$) (Revenue \$) | |
| 4.0 | Total program capitos expanses | |

| <u>art</u> | Checklist of Required Schedules | | | |
|------------|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| | complete Schedule A | 1 | ✓ | |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | ✓ | _ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | · • |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 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," complete Schedule D, Part I | 6 | | 1 |
| 7 8 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> | 7 | | 1 |
| | complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 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 | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | 4 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| 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 | | 1 |
| | 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 organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | ✓ |
| 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 | _ | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | ✓_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | 1 |
| 17 | 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 (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | , , , | 20a | | 1 |
| b | 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) | 20b | | |

| art | V Checklist of Required Schedules (continued) | | - 1 | |
|----------|---|-----|----------|----------|
| | | | 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 | | ✓ |
| 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 | | ✓ |
| 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 | 00 | | ✓ |
| | | 23 | | _ |
| 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 | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | ✓ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3) 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 | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 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 | | ✓ |
| 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 | | 1 |
| 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 | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | √ |
| 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 | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | √ | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | 1 |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | i | | |
| 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 | | 1 |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | 1 |
| 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 | 1 | |
| | | | | |

| orm 99 | 90 (2010) | | 1 | Page 5 |
|----------|--|----------|--------------|---------------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | . 🗆 |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | : | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| ο- | reportable gaming (gambling) winnings to prize winners? | 1c | ✓ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| 33 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | - |
| 3a b | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 3b | | |
| 70 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | / |
| b | If "Yes," enter the name of the foreign country. ▶ | 70 | | <u> </u> |
| _ | See instructions for 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 | u~ | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 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 | | 1 |
| 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 | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| _ | required to file Form 8282? | 7c | | |
| d e | If "Yes," indicate the number of Forms 8282 filed during the year | | | <u> </u> |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f 7g | | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | _ | | 1 |
| 11 | Section 501(c)(12) organizations. Enter. | | | 1 |
| a | Gross income from members or shareholders | 4 | , | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 100 | · · · · · · · · · · · · · · · · · · · | 10- | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | - | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | + | [| |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 1 |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | 1.50 | <u> </u> | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | |] |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | 1 | 1 | |

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b

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

| | _ |
|------|---|
| Page | 1 |

| Form | aan | (201 | n |
|------|-----|------|---|

| Part VII | Compensation of Officers, Directors, Trustees, Key Employ | ees, Highest Compensated Employees, |
|----------|---|-------------------------------------|
| | and Independent Contractors | |
| | | . 3.01 |

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| Check this box if neither the organization no | r any relate | d org | anız | atio | n c | ompe | nsa | | t officer, director | , or trustee. |
|---|---|----------------|-----------------------|----------|----------------|------------------------------|--------|---|--|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week (describe hours for related organizations in Schedule O) | Individual tri | Institutional trustee | Officer | a Key employee | Highest compensated employee | Former | 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 |
| (1) Joyce Burnham, President | 2 | | | 1 | | | | _ 0 | _0 | |
| (2) Linda Pieper, Vice President | . 2 | | | 1 | | | | 0 | 0 | |
| (3) Anne Beebe-Center, Recording Secretary | 2 | | | 1 | | | | o | 0 | |
| (4) Carolyn Herron, Treasurer | 4 | | | 1 | | | | 0 | 0 | |
| (5) Nancy Stalcup, Corresponding Secretary | 2 | 1 | | - | | | | 0 | o | |
| (6) Kathy Beck, Financial Secretary | - 8 | 1 | | | | | | 0 | 0 | |
| (7) Judy Terrio, Food Pantry Director | - 8 | / | | | | | | o | 0 | |
| (8) Rev. Jerry LiaBraaten, Director | .5 | 1 | | | | | | o | 0 | |
| (9) Robert Cleveland, Director | .5 | 1 | | | | | | C | 0 | - |
| (10) Sherry Cobb, Director | - 1 | 1 | | | | | | C | 0 | |
| (11) Jack Grossbaum, Director | 5 | 1 | | | | | | C | 0 | |
| (12) Mary Hunter, Director | 1 | 1 | | | | | | C | 0 | |
| (13) Mitch Kihn, Director | - 4 | / | | - | | | | | 0 | |
| (14) Florence Mathieson, Director | 8 | 1 | | | | | | | 0 | |
| (15) Leaona Pierpont, Director | 2 | 1 | | | | | | (| 0 | |
| (16) Connie Putnam, Director | 5 | <u>'</u> | | \vdash | T | 1 | | | 0 | |

| Part | Section A. Officers, Directors, Trus (A) | (B) | Finble | уес | | 2) | nigrie | :5t | (D) | (E) | (F) | |
|---------|---|---|-------------------------------|----------------------|---------|--------------|------------------------------|--------|---|--|--|---|
| | Name and title | Average hours per week (describe hours for related organizations in Schedule O) | Individual tri or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation fro related organizations (W-2/1099-MISC | othe compens | at of er sation the ation ated |
| (17) Ra | indy Robbins, Director | 2 | 1 | | | | | | 0 | | o | 0 |
| (18) El | ane Sprague, Director | .5 | 1 | | | | | | 0 | | 0 | 0 |
| (19) | | | | | | _ | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | _ | |
| (24) | | | | | | _ | | H | | | | |
| (25) | | | | | | | | | | | <u> </u> | |
| (26) | | | | | - | | | | | | | |
| (27) | | | | | | | | | | | | |
| (28) | | | | | | | | | | | - | |
| 1b | Sub-total | <u> </u> | , | | | | <u> </u> | | 0 | | 0 | 0 |
| C | Total from continuation sheets to Part | VII, Section | n A | | • | | | • | 0 | | 0 | 0 |
| d 2 | Total (add lines 1b and 1c) | t not limited | d to th | | | | | e) w | | L | <u> </u> | 0 |
| 3 | Did the organization list any former o employee on line 1a? If "Yes," complete | fficer, dired Schedule J | ctor o | uch | ınd | ivid | ual | • | | | ated 3 | /es No |
| 4 | For any individual listed on line 1a, is the organization and related organizations <i>individual</i> | | | | | | | | | | uch 4 | √ × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or indivi | dual 5 | √ · · · · · · · · · · · · · · · · · · · |
| - | on B. Independent Contractors | | | | | | | | | - 1 11 1 | , , , | |
| 1 | Complete this table for your five highest compensation from the organization. | compensa | tea in | aep | enc | ent | conti | act | tors that receiv | ed more than t | | |
| | (A) Name and business add | iress | | | | | | | (B) Description of | services | (C) Compensat | ion |
| | | | | | | | | | | | | |
| | | , | | | | | | | | | | |
| | Total number of independent contractor | yo hashid | na L | | | lu | tod * | | hoso lists | and who is | | |
| 2 | received more than \$100,000 in compen | | | | | | | U (I | nose nsteu at | wild f | | |

| Part | VIII | Statement of Revenue | | | | · | |
|--|----------|---|---------------|----------------------|--|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns 1a | 13,000 | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues 1b | 0 | | | | |
| ts, ç am | С | Fundraising events 1c | | | | | |
| giff Iar | d | Related organizations 1d | | | | | |
| Contributions, and other simi | е | Government grants (contributions) 1e | 2,500 | | | | |
| utio er s | f | All other contributions, gifts, grants, | | | | | |
| ribu | | and similar amounts not included above 1f | \$116,700 | | | | |
| ont | g | Noncash contributions included in lines 1a-1f \$ | 143,368 | | | | |
| | h | | ▶ | 275,568 | | | |
| Program Service Revenue | | Bu | siness Code | | | | |
| eve | 2a | | | | | | - |
| Э. Н | b | | - | | | | |
| Ž | C | | | | | | |
| Sc | d | | | | | | |
| ᇤ | e f | All other program conice revenue | | | | | |
| o O | g | All other program service revenue . Total. Add lines 2a–2f | . • | 0 | | | |
| | 3 | Investment income (including dividends | interest | | | | |
| | | and other similar amounts) | | 87 | | 87 | |
| | 4 | Income from investment of tax-exempt bond p | | 0 | | | |
| | 5 | | | 0 | | | · · · · · · · · · · · · · · · · · · · |
| | | Royalties | ı) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less. rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | • | 0 | | | |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| İ | j | assets other than inventory | | | | | , |
| | b | Less cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | . • | 0 | | | |
| <u>o</u> | 0- | | | | | | |
| Ĭ | 8a | Gross income from fundraising events (not including \$ | | j | | | |
| Revenue | 1 | of contributions reported on line 1c). | | | | | |
| | | See Part IV, line 18 a | | | | | |
| Other | h | Less. direct expenses b | | | | | |
| 0 | l . | Net income or (loss) from fundraising ever | nts . ► | 0 | | | |
| | | Gross income from gaming activities. | | | · · · · · · · · · · · · · · · · · · · | | |
| | | See Part IV, line 19 a | | | | | |
| | ь | Less: direct expenses b | | | | | |
| | | Net income or (loss) from gaming activities | s > | 0 | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | 1 | returns and allowances a | | | | | |
| | | Less: cost of goods sold b | | | | | |
| | <u> </u> | Net income or (loss) from sales of inventor | | 0 | | | |
| | <u> </u> | Miscellaneous Revenue Bu | siness Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 275,655 | | ! 87 | I |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | 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 | | | | |
| | organizations in the U.S. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in | | 1 | ł | |
| _ | the U.S See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | o | اه | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, | | | | |
| - | trustees, and key employees | o | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 0 | Other employee benefits | 0 | | | <u> </u> |
| 9 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees): | | | | |
| ''a | Management | o | | | |
| b | Legal | 35 | | 35 | |
| С | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | · | |
| 12 13 | Advertising and promotion | 2,261 | | 2,261 | |
| 14 | Information technology | 0 | | 2,201 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 7,801 | | 7,801 | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 0 | | | |
| 20 | Interest | 59 | | 59 | |
| 21 22 | Payments to affiliates | 3,745 | | 3,745 | |
| 23 | Insurance | 755 | | 755 | |
| 24 | Other expenses. Itemize expenses not covered | .00 | | | |
| _ , | 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.) | | | | |
| а | Voucher payments | 88,347 | 88,347 | | |
| b | Food purchased for distribution | 150,961 | 150,961 | | |
| C | | | | | |
| d e | | | | | |
| f | All other expenses | 541 | | 541 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 254,505 | 239,308 | | |
| 26 | Joint costs. Check here ▶ ☐ If following | | | | |
| | SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column | 1 | | | |
| | (B) joint costs from a combined educational | | | | |
| | campaign and fundraising solicitation | <u> </u> | <u> </u> | | 5 000 |

| Cash — non-interest-bearing Cash — savings and temporary cash investments Cash — savings and temporary cash Cash — savings and te | P | art X | Balance Sheet | | | | |
|---|-------------|-------|--|---|----------|-------------|-------------|
| 2 Savings and temporary cash investments | | | | | | | |
| 3 Pledges and grants receivable, net 0 3 0 0 4 Accounts receivable, net 0 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 6 Receivables from other disqualified persons (as defined under section 4586f(f)I), persons described in section 4586f(f)I), persons de | | 1 | Cash-non-interest-bearing | | 0 | 1 | 200 |
| 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4956(f(1)), persons described in section 4956(f(3)), persons described in 4956(f(3)), persons desc | ssets | 2 | Savings and temporary cash investments | | 61,053 | 2 | 38,542 |
| A Accounts receivable, net 0 4 0 | | 3 | | | 0 | 3 | 0 |
| employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 10c Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 29 Complete Part II of Schedule L 20 Total liabilities. Add lines 17 through 25 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 20 Complete Part II of Schedule L 21 Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 23 Courred mortageage and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net as | | 4 | | 0 | 4 | 0 | |
| Schedule L. 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net | | 5 | Receivables from current and former officers, | • • • | | | |
| 8 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501c(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis. Complete Part IV of Schedule D 10a 219,496 b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 25 Other liabilities. Add lines 1 fthrough 25 26 Total liabilities. Add lines 1 7 through 25 27 Unrestricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Organizations that do not follow SFAS 117, check here I and complete lines 27 through 29, and lines 33 and 34 27 Unrestricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Organizations that do not follow SFAS 117, check here I and complete lines 20 through 34 21 Total liabilities an | | | employees, and highest compensated employ | ees Complete Part II of | | } | |
| 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 0 7 7 0 8 0 8 0 9 Prepard expenses and deferred charges 6.485 9 5.643 8 Inventiones for sale or use 0 8 0 8 0 0 9 Prepard expenses and deferred charges 6.485 9 5.643 10a Land, buildings, and equipment. cost or other basis. Complete Part IV of Schedule D 10a 219,496 b Less: accumulated depreciation 10b 12,828 160,424 10c 206,688 11 Investments—publicity traded securities 0 11 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 0 13 10 12 10 13 10 12 0 13 10 12 10 13 10 14 10 15 0 15 0 0 14 10 15 0 15 0 0 14 10 15 0 15 | | | Schedule L | [| 0 | 5 | 0 |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10b 12,828 160,424 10c 206,668 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Tax-exempt bond liabilities 22 Other liabilities. Complete Part X of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Complete Part X of Schedule D 27 Other liabilities. Complete Part X of Schedule D 28 Total liabilities. Add lines 17 through 25 3 Granizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34. 21 Unrestricted set assets 22 Depart of the part II of a liabilities and net assets/fund balances 224,599 30 2245,749 31 Total liabilities and net assets/fund balances 224,599 31 224,599 32 224,599 33 224,599 34 225,994 34 225,995 34 227,956 34 225,995 | | 6 | 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se | (c)(3)(B), and contributing ection 501(c)(9) voluntary | 0 | 6 | 0 |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10b 12,828 160,424 10c 206,668 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Tax-exempt bond liabilities 22 Other liabilities. Complete Part X of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Complete Part X of Schedule D 27 Other liabilities. Complete Part X of Schedule D 28 Total liabilities. Add lines 17 through 25 3 Granizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34. 21 Unrestricted set assets 22 Depart of the part II of a liabilities and net assets/fund balances 224,599 30 2245,749 31 Total liabilities and net assets/fund balances 224,599 31 224,599 32 224,599 33 224,599 34 225,994 34 225,995 34 227,956 34 225,995 | | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| 10a | As | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| b Less: accumulated depreciation b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 | | 9 | Prepaid expenses and deferred charges | | 6,486 | 9 | 5,643 |
| b Less: accumulated depreciation 10b 12,828 160,424 10c 205,668 11 | | 10a | Land, buildings, and equipment. cost or | | | , | |
| 11 Investments – publicly traded securities 0 11 0 12 0 13 10 13 10 14 10 14 10 14 10 15 11 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 16 16 17 16 17 18 18 18 17 18 18 18 | | | other basis. Complete Part VI of Schedule D | 10a 219,496 | | i j | |
| 12 Investments — other securities See Part IV, line 11 | | b | Less: accumulated depreciation | 10b 12,828 | 160,424 | 10c | 206,668 |
| 13 | | 11 | | | 0 | 11 | 0 |
| 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 29 Complete Part II of Schedule L 20 Other liabilities. Complete Part X of Schedule D 21 Unsecured notes and loans payable to unrelated third parties 22 Other liabilities. Add lines 17 through 25 23 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total liabilities and net assets/fund balances 44 Total liabilities and net assets/fund balances 45 Total liabilities and net assets/fund balances 46 Total liabilities and net assets/fund balances 47 Total liabilities and net assets/fund balances 48 Total liabilities and net assets/fund balances 49 Total liabilities and net assets/fund balances 40 Total liabilities and net assets/fund balances 41 Total liabilities and net assets/fund balances 42 Total liabilities and net assets/fund balances 42 Total liabilities and net assets/fund balances | | 12 | Investments—other securities See Part IV, line | 11 | | | 0 |
| 15 Other assets. See Part IV, line 11 | | 13 | Investments-program-related. See Part IV, line | 11 | _ | _ | 0 |
| 16 | | 14 | | | <u> </u> | | |
| 17 | | _ | · | | | | |
| 18 Grants payable 0 18 0 0 19 0 0 19 0 0 19 0 0 0 19 0 0 0 19 0 0 0 0 19 0 0 0 0 19 0 0 0 0 19 0 0 0 0 0 0 19 0 0 0 0 0 0 0 0 0 | | | | | | | |
| 19 Deferred revenue | | | | | | | |
| Tax-exempt bond liabilities | | | The state of the s | | | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 1 | | | | | |
| Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | • | , | | | |
| Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 221,994 Total liabilities and net assets/fund balances 222,995 23 0 245,749 24 0 0 25 0 0 25 0 0 26 5,305 70 27 27 28 27 29 20 20 24,599 30 245,749 30 Capital stock or trust principal, or current funds O 31 0 32 0 0 33 Total net assets or fund balances 245,749 34 Total liabilities and net assets/fund balances | ies | l | | | U | 21 | 0 |
| Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 221,994 Total liabilities and net assets/fund balances 222,995 23 0 245,749 24 0 0 25 0 0 25 0 0 26 5,305 70 27 27 28 27 29 20 20 24,599 30 245,749 30 Capital stock or trust principal, or current funds O 31 0 32 0 0 33 Total net assets or fund balances 245,749 34 Total liabilities and net assets/fund balances | Ħ | 22 | | | | | , 1 |
| Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 221,994 Total liabilities and net assets/fund balances 222,995 23 0 245,749 24 0 0 25 0 0 25 0 0 26 5,305 70 27 27 28 27 29 20 20 24,599 30 245,749 30 Capital stock or trust principal, or current funds O 31 0 32 0 0 33 Total net assets or fund balances 245,749 34 Total liabilities and net assets/fund balances | <u> </u> | · | | | 0 | 22 | |
| Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 227,954 Total liabilities and net assets/fund balances 227,954 Total liabilities and net assets/fund balances | _ | 00 | | | | | |
| 25 Other liabilities. Complete Part X of Schedule D | | | | | | _ | |
| Total liabilities. Add lines 17 through 25 | | | | - | | | |
| Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | | | | | | - | |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | | | | 5,000 | | 0,000 |
| Total liabilities and net assets/fund balances | es | | | | | | |
| 34 Total liabilities and net assets/fund balances | J. | 27 | Unrestricted net assets | | | 27 | |
| 34 Total liabilities and net assets/fund balances | 3al | l . | Temporarily restricted net assets | | | 28 | |
| 34 Total liabilities and net assets/fund balances | Β | 29 | | | | 29 | |
| 34 Total liabilities and net assets/fund balances | r Fun | | | heck here ► 📝 and | | | 1 |
| 34 Total liabilities and net assets/fund balances | ş | 30 | Capital stock or trust principal, or current funds | | 224,599 | 30 | 245,749 |
| 34 Total liabilities and net assets/fund balances | Set | | | | | _ | 0 |
| 34 Total liabilities and net assets/fund balances | As | | • | | 0 | 32 | 0 |
| 34 Total liabilities and net assets/fund balances | <u>f</u> et | 1 | Total net assets or fund balances | | 224,599 | 33 | 245,749 |
| | _ | 34 | Total liabilities and net assets/fund balances . | | 227,964 | 34 | |

| Form 99 | 90 (2010) | | | Pa | ge 12 |
|---------|--|-----------|----|----------|--------------|
| Part | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | _ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _1 | | 27! | 5,655 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 254 | 4,505 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2 | 1,150 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 224 | 4,599 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 24! | 5,749 |
| Part | | | | <u> </u> | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain in | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓ |
| b | , , | | 2b | | √ |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements and selection of an independent account of the audit, review, or compilation of its financial statements. | _ | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | kplaın in | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yes issued on a separate basis, consolidated basis, or both: | ear were | | | |

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

Form **990** (2010)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization
Area Interfaith Outreach

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

Employer identification number 01-051079

| Pa | rt I | Reason fo | or Public Char | ity Status (All organ | nizations | s must co | omplete | this par | t.) See ir | structio | ns. |
|--------|--|---|---|--|---|---|------------------------------------|--|------------------------|------------------|--|
| The · | | | | tion because it is: (For | | | | | | | |
| 1 | | • | | nes, or association of | | | d in sect | ion 170(| b)(1)(A)(i) | • | |
| 2 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: | | | | | | | | | | |
| 5 | | • | • | _ | ge or univ | versity ov | vned or d | perated | by a gov | ernmenta | al unit described in |
| 6 7 | | | | | | | | | | | |
| 8 | | | | section 170(b)(1)(A) | | nplete Pa | rt 11.) | | | | |
| 9 | _ | An organizatio receipts from support from | n that normally activities related gross investme | receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se | ın 33¹/₃% ons—sub ated bus | of its su oject to c siness tax | pport fro ertain ex able inc | ceptions ome (les | , and (2) s section | no more | than 331/3% of its |
| 10 | | An organizatio | n organized and | operated exclusively | to test fo | r public s | afety. Se | e sectio i | n 509(a)(4 | 1). | |
| 11 | | purposes of o | ne or more pub | d operated exclusive licly supported organ describes the type of s | izations (| described | l in secti | on 509(a |)(1) or se | ction 509 | (a)(2). See section |
| | | a 🗌 Type | l b □ | Type II c | □ Тур | e III-Fund | ctionally i | ntegrated | d | d□ | Type III-Other |
| e | • 🗆 | | ndation manage | that the organization is and other than one | | | | | | | |
| f | | | ation received a | written determination | | | hat it is | a Type | I, Type I | l, or Typ | e III supporting |
| ę | 3 | Since August following person | | ne organization accep | oted any | gift or co | ontributio | n from a | ny of the | | |
| | | | | ndirectly controls, eith | | | ner with i | persons . | described | d in (ii) an | d Yes No |
| | | (ii) A family m | ember of a perso | on described in (i) abo | | | | | | 11g(ii) | |
| | | (iii) A 35% cor | ntrolled entity of | a person described in | (i) or (II) a | above? . | | | | | 11g(in) |
| ! | 1 | Provide the fo | llowing informati | on about the supporte | ed organi | zation(s) | | | | | |
| (i | | ne of supported rganization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | in col (i) lis | organization sted in your document? | the organ | ou notify nization in of your port? | organizat | zed in the | (vii) Amount of support |
| | | | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | <u> </u> |
| (D) | | | | | | | · | | | | |
| (E) | | | | | | | | | | | <u>. </u> |
| ·-/ | | | | | | | | | | | <u> </u> |
| | | | | i e e e e e e e e e e e e e e e e e e e | | | | | 1 | | 1 |

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 (a) 2006 (d) 2009 (e) 2010 **(b)** 2007 (c) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, contributions, membership fees received. (Do not 215,119 178,875 187,483 239,853 275,568 1,096,898 include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 215,119 178,875 187,483 187,483 275,568 1,096,898 5 The portion of total contributions by person each (other than governmental unit publicly or 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. 1,096,898 Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 215,119 178,875 187,483 187,483 275,568 1,096,898 7 8 Gross income from interest, dividends. payments received on securities loans. 55 985 459 116 87 1.702 rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 1.098.600 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 100 % 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 90 % 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\overline{\mathbf{V}}$ 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test - 2009. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

| Schedu Part | le A (Form 990 or 990-EZ) 2010 Support Schedule for Organiza | tions Doson | ibad in Cast | ion 500(a)(0) | | | Page |
|----------------|--|-----------------|------------------|------------------|--------------------|------------------|---------------|
| T art | (Complete only if you checked the | | | | ization failed | to qualify und | ler Part II |
| | If the organization fails to qualify | | | | | | zor i dit ii. |
| Secti | on A. Public Support | | | <u> </u> | , | ··· / | |
| Calen | 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 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | _ | | | | | _ |
| | organization's benefit and either paid | | | | Ì | | |
| | 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 | | | | | | |
| 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 | | | ĺ | | | |
| | 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 | | | † | 1 | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | _ | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | ne organization | n's first, secor | d, third, fourth | n, or fifth tax ye | ear as a section | on 501(c)(3) |
| | organization, check this box and stop he | re | · . · | | <u> </u> | | . ▶ [|
| Secti | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 15 | Public support percentage for 2010 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2009 Sch | | | <u> </u> | <u> </u> | 16 | % |
| Secti | on D. Computation of Investment In | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2010 (| | | | | 17 | % |
| 18 | Investment income percentage from 2009 | | | | | 18 | % |
| 19a | 331/3% support tests-2010. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | and stop here | . The organizat | on qualifies as | a publicly supp | orted organizat | ion . ▶ ſ |

b 33¹/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, 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

□

| ichedule A (l | Form 990 or 990-EZ) 2010 | Page 4 |
|---------------|--|---------|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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

| Area Ir | nterfaith Outreach | | 01-051079 |
|---------|--|--|--|
| Pari | Organizations Maintaining Dono organization answered "Yes" to Fo | or Advised Funds or Other Similar Foorm 990, Part IV, line 6. | unds or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) . | | |
| | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and | | |
| 6 | funds are the organization's property, subject Did the organization inform all grantees, do only for charitable purposes and not for the | nors, and donor advisors in writing that g | rant funds can be used |
| | | | The state of the s |
| Part | · · · · · · · · · · · · · · · · · · · | plete if the organization answered "Yes | |
| 1 | Purpose(s) of conservation easements held | | <i>y</i> 10 1 01111 000, 1 dit 11, 1110 1. |
| 2 | • • • • | recreation or education) Preservation Preservation | n of a certified historic structure |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| _ | Total number of conservation easements . | | |
| a | | one on the | |
| b | Total acreage restricted by conservation eas Number of conservation easements on a cei | | |
| c d | Number of conservation easements included the conservation easements included the conservation easements and a certain conservation easements of a certain conservation easements include conservation easements of a certain conservation easement ea | • | |
| u | historic structure listed in the National Regis | | I |
| 3 | Number of conservation easements modified tax year ▶ | | |
| 4 5 | Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conserva | licy regarding the periodic monitoring, | |
| 6 | Staff and volunteer hours devoted to monito | oring, inspecting, and enforcing conservati | - - |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing conservation ea | asements during the year |
| 8 | Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)? | on line 2(d) above satisfy the requirement | ts of section 170(h)(4)(B) |
| 9 | In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation experiences. | e text of the footnote to the organization's | |
| Part | | ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line | |
| 1a | If the organization elected, as permitted un works of art, historical treasures, or other public service, provide, in Part XIV, the text | similar assets held for public exhibition, | education, or research in furtherance of |
| b | If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount | similar assets held for public exhibition, | |
| 2 | (i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X. If the organization received or held works | of art, historical treasures, or other sim | ▶ \$ illar assets for financial gain, provide the |
| а | following amounts required to be reported un Revenues included in Form 990, Part VIII, Iir | , , , | |
| h | Assets included in Form 990, Part X | | • • |

| Schedule D (Form 990) 201 | n |
|---------------------------|---|

| Part | | | | | | | | |
|--------|---|--|----------|------------------|----------------|-------------------------------------|----------------|---------------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply): | ssion, and other red | ords, | check a | iny of the fo | ollowing that are a | significant us | se of its |
| а | ☐ Public exhibition | d | | Loan o | or exchange | programs | | |
| ь | ☐ Scholarly research | e | \Box | Other | - | | | |
| С | Preservation for future generations | | _ | | | | | |
| 4 | Provide a description of the organization's XIV. | collections and ex | olain I | how they | further the | e organization's exe | mpt purpose | in Part |
| 5 | During the year, did the organization solic | | | | | | | _ |
| | assets to be sold to raise funds rather than | | | | | | ☐ Yes | |
| Part | line 9, or reported an amount on | Form 990, Part X, | line : | 21. | | | , | art IV, |
| 1a | Is the organization an agent, trustee, cust included on Form 990, Part X? | | | | | | | □ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follov | wing tabl | e: | | Amount | |
| С | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | • • | 1d | | |
| e | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount on | | | | | | ☐ Yes | □ No |
| | If "Yes," explain the arrangement in Part XI | | | | • | | | |
| Part | | | answ | ered "Y | es" to For | m 990. Part IV. lin | e 10. | |
| | | | Prior ye | | | ack (d) Three years bar | | ars back |
| 1a | Beginning of year balance | | | | - | | | |
| b | Contributions | | | | | · · · - · · · · · · · · · · · · · · | - | · _ · · · · · · · · · · · |
| С | Net investment earnings, gains, and | | | | | | | |
| | losses | | | | | | g J | |
| d | Grants or scholarships | - | | | - | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year | ear end balance held | d as: | | <u> </u> | · . | <u>'</u> '' | |
| а | Board designated or quasi-endowment > | % | | | | | | |
| b | Permanent endowment ► % | | | | | | | |
| C | Term endowment ▶ % | | | | | | | |
| 3a | Are there endowment funds not in the pos | session of the orga | ınizati | ion that a | are held and | d administered for t | he | |
| | organization by: | | | | | | Ye | es No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(II), are the related organization | ns listed as require | d on S | Schedule | R? . | | . 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | |
| Part | VI Land, Buildings, and Equipmer | nt. See Form 990, | Part | X, line 1 | 10. | | | |
| | Description of investment | (a) Cost or other basi (investment) | s (b) | Cost or of (othe | | (c) Accumulated depreciation | (d) Book v | alue |
| 1a | Land | 101,7 | 29 | | | | | 101,729 |
| b | Buildings | 113,8 | 14 | | | 9,760 | | 104,054 |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | 3,9 | 54 | | | 3,068 | | 886 |
| е | Other | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) must | equal Form 990, Pa | rt X, c | olumn (E | 3), line 10(c) |).) ▶ | | 206,669 |

| Part VII Investments—Other Securities | | |
|--|---|--|
| (a) 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 derivatives | | |
| 2) Closely-held equity interests | - | |
| 3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (G) | | |
| (H) | | · - · · · · · · · · · · · · · · · · · · |
| (1) | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 12) | > | |
| Part VIII Investments - Program Rela | ted. See Form 990, Part X, li | ne 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) | | |
| (8) (9) | | |
| (8) (9) (10) | | |
| (8) (9) 10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) | | |
| (8) (9) 10) | | (b) Book value |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) | Part X, line 15. | (b) Book value |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) | Part X, line 15. | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) | Part X, line 15. | (b) Book value |
| (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) | Part X, line 15. | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) | Part X, line 15. | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) | Part X, line 15. | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) | Part X, line 15. | (b) Book value |
| (8) (9) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) | Part X, line 15. | (b) Book value |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) | Part X, line 15. (a) Description | |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X | Part X, line 15. (a) Description | (b) Book value |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 I. (a) Description of liability | Part X, line 15. (a) Description | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 I. (a) Description of liability (1) Federal income taxes | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (1) (1) Federal income taxes (2) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 I. (a) Description of liability (1) Federal income taxes (2) (3) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (0) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (1) Federal income taxes (2) (3) (4) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
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| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |
| (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 | Part X, line 15. (a) Description (b) Col. (B) line 15.) | |

| Schedu | e D (Form 990) 2010 | Page 4 |
|--------|---|------------------------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem | ents |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV.) | 8 |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| а | Net unrealized gains on investments | |
| b | Donated services and use of facilities | |
| С | Recoveries of prior year grants | |
| d | Other (Describe in Part XIV.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 · | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIV.) | |
| 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 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return |
| 1 | Total expenses and losses per audited financial statements | 1 |
| .2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | |
| С | Other losses | _ |
| d | Other (Describe in Part XIV.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 1 |
| 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 |
| Part | | Dat N/ Sand Aband Ob. |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; , line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor | |
| | , line 4, Part A, line 2, Part AI, line 6, Part AII, lines 20 and 40, and Part AIII, lines 20 and 40. Also con Iditional information. | riplete this part to provide |
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| Schedule D (For | m 990) 2010 | Page 5 |
|---------------------------------------|---|---------------|
| Part XIV | Supplemental Information (continued) | |
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Schedule D (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

Area Interfaith Outreach

Employer identification number

01-051079

| Part | Types of Property | | | | |
|-----------------|---|-------------------------------|--|--|--|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art-Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household | | <u>,</u> | | |
| _ | goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | | | | |
| 10 | Securities—Closely held stock . | | | | |
| 11 | Securities - Partnership, LLC, | | | | |
| | or trust interests | | | | |
| 12 | Securities-Miscellaneous | | | | |
| 13 | Qualified conservation | | | | |
| | contribution—Historic | | | | |
| | structures | | | | |
| 14 | Qualified conservation | | | | |
| | contribution—Other | | - | | |
| 15 | Real estate-Residential | | | | |
| 16 | Real estate Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | ✓ | 71,684 lbs. food | \$143,368 | Est value = \$2/lb |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | , | | - | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ► (| | | | |
| 26 | Other ► (| <u>-</u> | | | |
| 27 | Other ► (| | | - | |
| <u>28</u> 29 | Other ► () Number of Forms 8283 received | l by the or | ranization during the tay | year for contributions for | ļ <u>.</u> |
| 29 | which the organization completed | | | | 29 0 |
| | Which the organization completed | 21 01111 020 | o, raitit, bonco romonio | ogomone | Yes No |
| 30a | During the year, did the organiza | tion roccin | o by contribution any prop | arty reported in Part I. line | |
| Jua | it must hold for at least three year | | | | |
| | used for exempt purposes for the | | | | |
| b | If "Yes," describe the arrangemen | | | | |
| 31 | Does the organization have a | | | es the review of any no | n-standard |
| U 1 | contributions? | - | | | · · · 31 🗸 |
| 32a | Does the organization hire or us | | | | |
| u | S . | • | | • | 1 1 1 |
| b | If "Yes," describe in Part II. | | | | |
| 33 | If the organization did not report a | ın amount i | n column (c) for a type of pr | operty for which column (a) | is checked, |
| | describe in Part II | | (-) (-) | . , | |

| Schedule M (Form 990) (2010) | | |
|---------------------------------------|---|-------------|
| Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32l and 33. Also complete this part for any additional information. | ο, |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

Area Interfaith Outreach

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number 01-051079

| Part III, Line 4d: Other program services: Distributed \$27,074 worth of vouchers to low income families and individuals for the emergency purchase of food, and payment of housing, transportation, and other utility bills. Part VI, Section C, Line 19: The organization makes its governing documents, and financial statements available to the public on request. | | | | |
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| Schedule O (Form 990 or 990-EZ) (2010) | Page 2 |
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| Name of the organization | Employer identification number |
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