

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 Form

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2011

		he Treasury e Service	<sub>• T</sub>	he organization		a copy of this return t		state repo	orting red	quirements.		Open to Public Inspection
A F	or the	2011 calenda	ar year, or	tax year begir	nning	08	-01,20	)11, and e	ending	<u> </u>	07	-31, <b>20</b> 12
В с	heck if a	pplicable	C Name of org	ganization Aur	ora Area In	terfaith Food	Pantry	,			_	Employer identification no.
A	ddress cl	ľ	Doing Busin								_	6-3206531
	ame cha	nge			r if mail is not delivered	to street address)			Room/s	suite	_	Telephone number
_   Ir	ntial retur	n		x 2602		,						,
Пт	eminatei	a		, state or country, a	and ZIP + 4	-		-				992,764
Π A	mended	retum		a, IL 6050							G	Gross receipts \$
$\equiv$		n pending			pal officer Maril	vn Weisner			7			4
_	,,			as C above	•	, ozbiloz			H(a)	Is this a grou affiliates?	p retum	for Yes X No
	ax-exem	nt status X	501(c)(3)		) <b>d</b> (insert no )	4947(a)(1) or	527		Н(ь)			
		► N/A	301(0)(0)		) (IIISBITTIO)	4347(a)(1) 01	321		<b></b> 1 ∵	If "No," attach	n a list	(see instructions)
		<del></del>	Corporation	Trust Asso	ociation Other	<del></del>	I Vees of 6		L981	Group exemp		
Pai		Summary		Hust Asst	ciation Other	<u> </u>	L Year of f	ormation 1	1901	M State of	iegai o	omicile IT
1				vzetion'e missi	on or most signific	ant actuation — EO	DDOUTE	E BOOD	. mo . m			
	'	briefly descri	be trie organ	nzation's missi	on or most signific	ant activities TO	PROVIL	E FOOD	TO 1	HOSE IN	NEE	<u></u>
A	ŀ		<del>.</del>									
C G										<del></del>		
iy						<u> </u>						<del></del>
v e i r	1		-	_	•	perations or disposed				1	ı	
t n ia			•	-	ning body (Part VI	•				<b>-</b>	3	10
e n	4	Number of inc	dependent v	oting members	of the governing l	body (Part VI, line 1b)					4	10
s c	5	Total number	of individua	ıls employed ın	calendar year 201	1 (Part V, line 2a)					5	4
&	6	Total number	of voluntee	rs (estimate if r	necessary)						6	
	7a	Total unrelate	ed business	revenue from F	Part VIII, column (0	C), line 12					7a	0
	b	Net unrelated	business ta	axable income	from Form 990-T, I	line 34					7b	0
R										Pnor Year		Current Year
e	8	Contributions	and grants	(Part VIII, line	1h)			280-5	ч	456,4	186	855,608
v e	9	Program serv	revenue	e (Part VIII, line	2g)		$\cdot \cdot \cdot \cdot \cdot$		- I			0
n	10	Investment in	come (Part	VIII, column (A	), lines 3, 4, and 7	d)			P-	5,3	758	2,918
u e						Oc, and 11e)			10	16,4	118	107,748
	12	Total revenue	e - add lines	8 through 11 (i	must equal Part VI	II, column (A), line 12)	≥.		15	478,6	562	966,274
	13	Grants and si	ımılar amour	nts paid (Part I)	X, column (A), line:	s 1-3)	. Ш.	65.	FEM	77,8	888	97,435
E	14	Benefits paid	to or for me	mbers (Part IX	, column (A), line 4	1)	. Q.					0
×	15	Salaries, othe	er compensa	ation, employee	benefits (Part IX,	column (A), lines 5-10	) [분.	⊈. [	101	180,7	760	184,121
p e	1					e)	.] 🖰 .]		0	· · · ·		0
n	Ь	Total fundrais	sing expense	es (Part IX, col	umn (D), line 25)		80.2	3 <u>4</u> ∵0√	1		1	<del>101</del>
S e	l .					4e)		<del>7 . () 7</del>		74,8	370	95,527
s	1					ımn (A), lıne 25)		F		333,5		377,083
1 9	1							-		145,		589,191
	1		,					- 1	Beninnin	g of Current Yes		End of Year
Net Assets or	20	Total assets (	(Part X. line	16)					ga a at q	416,1	-	1,265,009
Fund	1	•	•	,				<b>⊢</b>		4,4		264,129
Bal- ances			•	•		· • • • • • • • • • •		_ ⊢	<del></del>	411,6		1,000,880
Pai		Signatur								,	303	2,000,000
Under	penalties	of penjury, I decla	are that I have e	examined this return	n, including accompanyi	ng schedules and statement	s, and to th	e best of my	knowledge	e and belief, it is	s	<del></del>
true, co	orrect, an	d complete Decla	aration of prepa	rer (other than off	er) is based on all inform	nation of which preparer has	any knowle	edge				
2	ļ	Maril	lyn Weis	ner ) /	$la \times V$	111					ろ.	-151-13
Şigi	n		of officer		/-	00-		•			Date	108 1
Her		Maril	lım Waie	ner Evec	utive Direct	or						
			onnt name and t		dcive Direct		<del>.</del>					
		<u>,</u>		<del></del>	Proposed a secreture		Date			Ohaali 🗆		
Paid	i	Print/Type prep			Preparer e signature		ŀ	2012		_	ıf   PTI	
	parer	Steve W		- Comparati	Pinancial Ca	mriaca Tar	η3-11	-2013	<u></u>	self-employed	Щ.	P01330295
	Only	Firm's name	<u> </u>		Financial Se				Firm's 1			
<del>-</del> 36	Ciny	Firm's address	•		rside Avenue				Phone	no		255 1010
Marci	Saint Charles IL 60174 630-377-1040  lay the IRS discuss this return with the preparer shown above? (see instructions)											
							• • • •		• • • •			
roff	aperw	ork Heductio	on ACT NOTIC	ce, see the se	parate instruction	ns.				EE	Α	Form <b>990</b> (2011)

	rt III   Statement of Program Service Accomplishments
E	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?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? Typicalist cease conducting, or make significant changes in now it conducts, any program
	If "Yes," describe these changes on Schedule O
4	•
~	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
4-	(Code ) /Furnament
4a	(Code) (Expenses \$202,691 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 had provided food to the
	equivalent of 120,000 individuals.
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 ▶ 202,691

1) Aurora Area Interfaith Food Pantry Checklist of Required Schedules Part IV

		i	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ĺ	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or 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 for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			w
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			w
	complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	Х	
	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16° if "Yes," complete Schedule D, Part VII	115		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
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 on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

1) Aurora Area Interfaith Food Pantry Checkiist of Required Schedules (continued) , Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	]		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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_
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	25Ь		_X_
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Partl	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35Ь		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	

, Part V

## 11) Aurora Area Interfaith Food Pantry Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u>. L.</u>
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		
þ	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			
0-	reportable gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return		3.5	ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2-	:	v
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	_3b		<del></del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	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			
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		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
g	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, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
9	organization, have excess business holdings at any time during the year?	8		
a	Did the organization make any taxable distributions under section 4966?	0-		İ
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	-	
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		:
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	I		
а	Gross income from members or shareholders	1		
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	[	
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.			
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	1	1	
	the organization is licensed to issue qualified health plans	Ī		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7ь Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Each committee with authority to act on behalf of the governing body? Х 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official ............ 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 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 (Section 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Marilyn Weisner (630)897-2127 PO Box 2602 Aurora, IL 60507-2602

Form	agn	(2011)	
COHIL	990	(2011)	

Aurora Area Interfaith Food Pantry

36-3206531

Page 7

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

Check if Schedule O contains a response to any question in this	rt VII

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

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

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

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

(A)	(B)			(0	2)			(D)	(E)	(F)	
Name and Title	Average			Posi	-			Reportable	Reportable	Estimated	
Hame and Hills	hours per	(do n	nt che			an one		compensation	compensation from	amount of	
	week (describe	1				both an		from the	related organizations	other compensation from the organization	
	hours for			•		rustee)		organization	(W-2/1099-MISC)		
	related	I t d	1	0	К	Нсе	F	(W-2/1099-MISC)			
	organizations in Schedule O)	nrı dur ıse	n r s u t s	1	e y	i om gmp hpi	ه اه			and related organizations	
		v t c I e t d e o u r a o I r	t e	e	e ff p - 0 y e e	e e o s n y t s e a e t e	1 8				
(1) Barry Kolanowski											
Board Member	1.00	Х						0	0	0	
(2) Brian Corrigan											
Board Member	1.00	Х						0	0	0	
(3) Carmen Rodriguez							İ				
Board Member	1.00	Х						о	o	0	
(4) Chuck Thulin											
Vice President	2.00	Х						о	0	0	
(5) Claire Perez											
Board Member	1.00	Х						о	0	0	
(6) Deborah Pawlak											
Secretary	2.00	Х						о	0	0	
(7) Don Miller											
Board Member	1.00	Х						0	0	0	
(8) Hillary Brennan											
Treasurer	3.00	Х					1	0	0	0	
(9) Joe Meyer											
Board Member	1.00	Х				ļ		l o	o	0	
(10)Lynn Flores	<u> </u>										
President	3.00	X						o	o	0	
(11)Paul Hernandez			$\vdash$								
Board Member	1.00	Х		'				0	0	0	
(12)Marilyn Weisner			$\vdash$							-	
Executive Director	50.00			Х	Х	X		73,500	0	3,048	
(13)	<u> </u>										
(14)			$\vdash$			<del>                                     </del>	$\vdash$				

Page 8

15)	(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office	unless er and I t n r s u	Pos eck m s pen	son is	han one s both an ustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) timated nount of other
		hours for related organizations in Schedule	n r ı d u r ı s e v t c	n r s u		к	1	_		organizations		pensation
			deo u r a o   r	t t e t i o n a i	f c e	e y e m p l o y e e	H c e m g m p l e s n s e t s e t e d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anization d related anizations
16)												-
						_		_	1			
17)							<del> </del>	-				
18)				-						<del></del>		
19)							<del> </del>					
(20)					-							
21)												
(22)		<u> </u>										
(23)												
(24)				-								
(25)												
	al		<del></del>	• •		• •	• • •	<u> </u>				
	om continuation sheets to Part VII, Section  Id lines 1b and 1c)							<b>&gt;</b>	73,500	0		3,04
	mber of individuals (including but not limited to							e th	•	0	•	
reportab	e compensation from the organization											Yes N
	organization list any <b>former</b> officer, director or e on line 1a? If "Yes," complete Schedule J fo										3	
	e on line 1a / ii - res, complete scriedule 3 io individual listed on line 1a, is the sum of repor											
-	tion and related organizations greater than \$1											
	ll										4	
for servi	ces rendered to the organization? If "Yes," coi	•	•				-			<u> </u>	5	
	Independent Contractors e this table for your five highest compensated	ındonondont	contro	otor	o the	at ro		l ma	ro then \$100,000 of			
	sation from the organization Report compens.											
you.	(A)								(B)		- (	(C)
	Name and business address								Description of s	ervices	Compe	nsation
2 Total nu	mber of independent contractors (including bu	t not limited to	o those	e list	ed a	bov	e) who		<del></del>			,,

t.alf.	¥111 j	Statement of Nevend	<b>-</b>			(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	94,187				
	ь	Membership dues		1b	· · · · · · · · · · · · · · · · · · ·				
Contri-	С	Fundraising events		1c					
butions, Grfts,	d	Related organizations		1d					
Grants	ء ا	Government grants (contribution		1e	37,000				
and Other	f	All other contributions, gifts, gra	•	<u> </u>	37,000				
Similar	١.	and similar amounts not include		1f	724,421				
Amounts	_	Noncash contributions included		L	724,421			-	
	9					055 600			
	h	Total. Add lines 1a-1f	• • • • •	• • •		855,608		<u> </u>	
					Business Code			Ī	
	2a								
Program	b								
Service	C								
Revenue	d								
	e								
	f	All other program service revenu	ie						
	g	Total. Add lines 2a-2f							
	3	Investment income (including divand other similar amounts)				2,918			2,918
	4	Income from investment of tax-e	xempt bond	d proce	eeds▶				
	5	Royalties			<b>.</b> .				
	1		(ı) Real		(II) Personal				
	6a	Gross rents						<b></b>	
	b	Less: rental expenses	-					-	
	1	Rental income or (loss)						ļ	
	1	Net rental income or (loss)			ĺ		1	Ì	
		Gross amount from sales of	(i) Secunti		(iı) Other				
	/ -	assets other than inventory	(7)		(1)				
		, F							
	, D	Less cost or other basis and sales expenses							
0	_	Gain or (loss)							
t h		Net gain or (loss)			<u> </u>			-	1
e		Gross income from fundraising					<del>, , , , , , , , , , , , , , , , , , , </del>		
r	Va	events (not including \$						1	
R		of contributions reported on line	10)					Ī	
e		See Part IV, line 18	•	_	124 220			<b>!</b>	
v e					134,238 26,490				
'n	1	Less: direct expenses			L	105 540		1	
u e	1	Net income or (loss) from fundra	=	s.		107,748	· · · · · · · · · · · · · · · · · · ·	<del></del>	107,748
e	ya.	Gross income from gaming activ							
	١.	See Part IV, line 19							
	1	Less direct expenses						<b></b>	
	c	Net income or (loss) from gamin	g activities	• •				<u></u>	
		Gross sales of inventory, less returns and allowances						# # # # # # # # # # # # # # # # # # #	
	b	Less cost of goods sold		. Ь				<b>‡</b>	
	С	Net income or (loss) from sales	of inventory	<i>,</i>					
		Miscellaneous Revenue			Business Code				
	11a								
	Ь								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d						1	
	12	Total revenue. See instructions	·	<u></u>	<u>.</u> <b>&gt;</b> !	966,274	0	0	110,666

#### 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).

	Check if Schedule O contains a response to any quest not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21.			7777	,
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	97,435	97,435		
3	Grants and other assistance to governments,			· "]	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1			
	trustees, and key employees	165,532	57,936	61,247	46,349
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages [				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,110		1,055	1,055
9	Other employee benefits	938	375	563	
10	Payroll taxes	15,541	5,439	5,750	4,352
11	Fees for services (non-employees)				• • • • • • • • • • • • • • • • • • • •
а	Management	İ			
b	Legal	750	210	503	37
c	Accounting	9,100	2,548	6,097	455
d	Lobbying			.,	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,900	812	1,943	145
12	Advertising and promotion	23,511	9,889		13,622
13	Office expenses	2,689	896	897	896
14	Information technology	1,149	383	383	383
15	Royalties	2,117	363	363	
16	Occupancy	13,087	4,363	4,362	4 363
17	Travel	13,007	4,303	4,302	4,362
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0 151	2 717	0.515	
20	Interest	8,151	2,717	2,717	2,717
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 504			
23	Insurance	1,524	0.770	1,524	
24	L	8,946	2,773	3,443	2,730
L-4	Other expenses Itemize expenses not covered		1		
	above (List miscellaneous expenses in line 24e. If		<b>‡</b>		
	line 24e amount exceeds 10% of line 25, column		1		
_	(A) amount, list line 24e expenses on Schedule O)				
a	Postage	2,711	542	542	1,627
Ь	Leased Equipment	5,524	3,532	996	996
c	Other Supplies	4,496	4,496		
ď	Vehicle Expenses	3,206	3,206		
е	All other expenses	7,783	5,139	2,086	558
25	Total functional expenses. Add lines 1 through 24e .	377,083	202,691	94,108	80,284
26	Joint costs. Complete this line only if the		T		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   ☐ if				
	following SOP 98-2 (ASC 958-720)			i	

Form 990 (2011)

Part	X	Balance Sheet			
			(A)	l l	(B)
1			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	39,575	1 1	79,015
	2	Savings and temporary cash investments	364,793	2	787,070
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
1		employers and sponsoring organizations of section 501(c)(9) voluntary			
•		employees' beneficiary organizations (see instructions)		6	
•	7	Notes and loans receivable, net		7	
5	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	•••••	1	
		other basis Complete Part VI of Schedule D 10a 429,593			
	ь	Less accumulated depreciation	3,220	10c	389,90
	11	Investments - publicly traded securities	3,220	11	303,30
	12	Investments - other securities See Part IV, line 11	· <del>-</del>	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,579	15	9,02
	16	Total assets. Add lines 1 through 15 (must equal line 34)	416,167	16	1,265,00
	17	Accounts payable and accrued expenses	410,107	17	1,203,00
	18	Grants payable		18	
	19	Deferred revenue		19	
•	20	Tax-exempt bond liabilities		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
•	22	Payables to current and former officers, directors, trustees, key			
	LL	·			
		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	22	·		22	<del></del>
•	23	Secured mortgages and notes payable to unrelated third parties		23	
5	24 25	Unsecured notes and loans payable to unrelated third parties		24	237,50
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		0.5	
	00	of Schedule D	4,478	25	26,62
-	26	Total liabilities. Add lines 17 through 25	4,478	26	264,12
_		Organizations that follow SFAS 117, check here ▶ ☒ and complete			
Fu		lines 27 through 29, and lines 33 and 34.		_	
n	27	Unrestricted net assets	411,689	27	1,000,88
d	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	
a		Organizations that do not follow SFAS 117, check here ▶ ☐ and		]	
a l	_	complete lines 30 through 34.			
n	30	Capital stock or trust principal, or current funds		30	
c e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
S	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	411,689	33	1,000,88
	34	Total liabilities and net assets/fund balances	416,167	34	1,265,009

OHI	1990 (2011) Aurora Area Internatth Food Pantry 30-320653	Τ.	Pa	age 12				
Pa	rt XI Reconciliation of Net Assets			<u> </u>				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	· · ·	. 🗆				
1	Total revenue (must equal Part VIII, column (A), line 12)		66,2	74				
2	Total expenses (must equal Part IX, column (A), line 25)		377,0					
3	Revenue less expenses Subtract line 2 from line 1		89,1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		11,6					
5	Other changes in net assets or fund balances (explain in Schedule O)							
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,							
-	column (B))	1.0	00,8	380				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			. П				
	The state of the s		Yes	No				
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," explain in							
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х					
b	Were the organization's financial statements audited by an independent accountant?	2b	Х					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O		F					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ţ					
	issued on a separate basis, consolidated basis, or both							
	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		X				
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						
	EEA	Form	990 (	2011)				

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service Name of the organization

(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.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

		Area Interfai								206531			
Pa	rt I	Reason for	Public Charit	ty Status (All organiza	ations mus	t complete	this part.)	See instru	ictions.				
The	orgar	nization is not a private	e foundation becar	use it is. (For lines 1 throi	ugh 11, che	ck only on	e box.)						
1		A church, convention	of churches, or a	ssociation of churches de	escribed in	section 1	70(b)(1)(A	)(i).					
2		A school described in	section 170(b)(	1)(A)(ii). (Attach Schedul	eE)								
3		A hospital or a coope	rative hospital ser	vice organization describ	ed in <b>sect</b> i	on 170(b)	(1)(A)(iii).						
4		A medical research of	rganization opera	ted in conjunction with a	hospital de	scribed in	section 17	O(b)(1)(A	)(iii). Enter	the hospita	al's name	э,	
		city, and state:		·	•								
5		An organization opera	ated for the benefi	it of a college or universit	y owned or	operated l	by a gover	nmental u	nıt describe	ed in			
		section 170(b)(1)(A)		_	,		., .						
6	П			governmental unit descr	ibed in <b>sec</b>	tion 170(£	)(1)(A)(v).						
7	П			a substantial part of its s					e neneral r	oublic			
•		described in section			арроп поп	ra govorni	normar arm	0	io goriorai i	Jub.110			
8	П			n 170(b)(1)(A)(vi). (Comp	nlote Part II	١							
9	X	· · · · · · · · · · · · · · · · · · ·		(1) more than 33 1/3% o		=	tributions	mamharel	nin foos ar	nd arnee			
•	EN	=	=	empt functions - subject t					· <del>-</del>	=			
		· ·		and unrelated business t		<del>-</del>							
				30, 1975. See section 5		-		tax) IIOII	Dusinesse	:5			
10	$\Box$			d exclusively to test for p				Y4)					
11	Н			d exclusively to test for p					rny out the				
••	ப	•	•	orted organizations descr	•				-	action			
			, , , , , ,	s the type of supporting o		` '	, , ,	• •		ection			
		a Type I	<b>b</b> Typ		Type III				ا ۱۱۱۱ اال	□ Type I	II-Other		
_				organization is not control					ogualified	∟ турет	iii-Oii iei		
е	Ш	•		rs and other than one or	-				•	ootion			
		•	_	is and other than one or	more public	ny support	eu organiz	alions des	scribed in s	ection			
f		509(a)(1) or section 5	, , , ,	ntarmination from the IDC	· 4ba4 .4 .a a	Time I Tu	no II. or Tu	مريم اللهم					
•		<del>-</del>		etermination from the IRS	o iliai il is a	rype i, ry	pe II, OI Ty	pe iii sup	porting				_
_		organization, check to											٠ . ٢
g		=	o, nas trie organiz	zation accepted any gift o	or contribut	on nom ar	iy or trie						
		following persons?						()					
		•	-	controls, either alone or	•	ith persons	s described	ın (II)			_	Yes	No
				y of the supported organi							11g(i)	<u> </u>	
				cribed in (i) above?							11g(iı)		<del> </del>
			•	on described in (i) or (ii) a					• • • • •		11 <b>g</b> (iii)	<u> </u>	<u> </u>
<u></u>				the supported organizati	<del></del>		T		1				
	(1) N	lame of supported organization	(ii) EIN	(in) Type of organization (described on lines 1-9	(iv) Is the d	-	(v) Did ye the organi		(vi) organizati	ls the on in col		Amount upport	of
				above or IRC section	governing o	-	col (i)	of your	(i) organiz	ed in the			
				(see instructions) )	<del>                                     </del>			oort?	+	S ?			
<del>/ • \</del>		·.		<del> </del> -	Yes	No	Yes	No	Yes	No			
(A)													
<del></del> -				_			ļ	ļ	<del> </del>				
(B)								1	1				
<u>(-)</u>					<del></del>				1		_		
(c)													
<del>/=`</del>						-			<del> </del>	<b> </b>			
(D)						1		1					
/ <del></del> \		<del></del> -					<b> </b>				ļ		
(E)		:											
		-	-11		· <del> </del>	ļ	<u> </u>	ļ	<del> </del>	<u> </u>			
T.4	.1			1	1		1		I				
Tota	l i			I	I	1	+	₹	±	5	4		

Schedule A (Form 990 or 990-EZ) 2011 Aurora Area Interfaith Food Pantry 36-3206531 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (e) 2011 Calendar year (or fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009(d) 2010 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 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 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % 15

36-3206531

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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 )

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	187,055	322,831	298,900	455,465	855,407	2,119,658
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 bus under sec 513	4,398	7,938	18,561	21,114	134,238	186,249
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	191,453	330,769	317,461	476,579	989,645	2,305,907
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						j
8	Public support (Subtract line 7c from line 6)						2,305,907
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2007	( <b>b</b> ) 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
9	Amounts from line 6	191,453	330,769	317,461	476,579	989,645	2,305,907
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,449	2,795	3,764	5,758	2,918	17,684
b	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	2,918	17,684
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)						I I
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	193,902	333,564	321,225	482,337	992,563	2,323,591
	First five years. If the Form 990 is for the or organization, check this box and stop here	· · · · · · · · ·	<u></u> .	, or fifth tax year as	a section 501(c)(3	3) 	▶ □
	ction C. Computation of Public Su	<del></del>	_ <del>_</del>	,	<del> 1</del>		
15	Public support percentage for 2011 (line 8, co			)		15	99.24 %
16	Public support percentage from 2010 Schedu			<u> </u>		16	99.02 %
	ction D. Computation of Investme					<del></del>	
17	Investment income percentage for 2011 (line		-			17	0.76 %
18	Investment income percentage from 2010 Sc	chedule A, Part III, I	ine 17			18	0.98 %
	33 1/3% support tests - 2011. If the organization is not more than 33 1/3%, check this box 33 1/3% support tests - 2010. If the organization	and <b>stop here.</b> The	e organization qual	ifies as a publicly s	upported organizat	tion	▶ 🏻
_	line 18 is not more than 33 1/3%, check this	box and stop here	The organization	qualifies as a public	cly supported organ	nization	▶ 🔲
20	Private foundation. If the organization did n	ot check a box on I	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🗖

# Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Complete if the organization is described below. ► See separate instructions.

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

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 Complete Parts I-A and B Do not complete Part I-C

• Section 527 organizations Complete Part I-A only

Open to Public Inspection

2011

OMB No 1545-0047

	Section 501(c)(3) organizations that have f Section 501(c)(3) organizations that have f	•			
	e organization answered "Yes," to Form	•			
	Section 501(c)(4), (5), or (6) organizations		2111 000 22,1 211	v, mic ood (i toxy tax), t	
	e of organization	Ochipiete i ure iii		Employer	identification number
Αu	rora Area Interfaith Food F	antry		36-320	6531
		ization is exempt under sec	tion 501(c) or	is a section 527 or	anization.
1	Provide a description of the organization's				
2	Political expenditures	• • • • • • • • • • • • • • • • • • • •		▶ \$	
3	Volunteer hours				
				_	
Pa	rt I-B Complete if the organ	ization is exempt under sec	tion 501(c)(3).		
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	tax, did it file Form 4720 for this year			. 🗌 Yes 📗 No
4a	Was a correction made?				. 🗌 Yes 📋 No
b	If "Yes," describe in Part IV				
Pa		ization is exempt under sec		cept section 501(c)	(3).
1	Enter the amount directly expended by the				
	activities			▶ \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add I				
	line 17b				
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employed				
	organization made payments. For each or				
	the amount of political contributions receive		•		
	as a separate segregated fund or a politic	al action committee (PAC). If additional	al 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)					
(5)					
(e)					

	art II-A Complete if the organization			4/a\/a\ aad file	36-3206	
F	Complete if the organization section 501(h)).	ı is exempt u	naer section 50	1(c)(3) and file	3 Form 5/68 (ele	ection under
Δ	Check In if the filing organization belongs to	an affiliated group i	and list in Bart IV as	ah offiliated group me	mbor's	
•	name, address, EIN, expenses, an				aniber 5	
R	Check  if the filing organization checked bo			•		
_		ying Expenditure		<u></u>	(a) Filing	<b>6</b> \ 400 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(The term "expenditures" n				organization's totals	(b) Affiliated group totals
1a						
b						
С						
d						<del></del>
е						
f	Lobbying nontaxable amount. Enter the amount fr					
	columns	om the following the	ole iii beai			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :		
	Not over \$500,000		ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500,000	‡	
	Over \$1,000,000 but not over \$1,500,000	<del> </del>	10% of the excess of		<u> </u>	
	Over \$1,500,000 but not over \$17,000,000	<del></del>	5% of the excess ov		1	
	Over \$17,000,000	\$1,000,000				
g						
h		-				
i	Subtract line 1f from line 1c If zero or less, enter					
j	If there is an amount other than zero on either line	1h or line 1i, did th	ne organization file Fo	orm 4720		
						☐ Yes ☐ No
	(Some organizations that r columns below	nade a section 50 v. See the instruc	tions for lines 2a th	t have to complete rough 2f on page 4		
	LOBBY	ing Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
			EEA	<u> </u>	Schedule C (Form	n 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Aurora Area Interfaith Food Pantry 36-3206531

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description belobying activity.  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?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?	Yes			(ь)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		No	Am	ount	
referendum, through the use of  Volunteers?					
Volunteers?	- 1				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
Media advertisements?		X	:		
		X	:		
Mailings to members, legislators, or the public?		X			
Mainings to members, registators, or the public		X			
Publications, or published or broadcast statements?		Х			
Grants to other organizations for lobbying purposes?		Х			
Direct contact with legislators, their staffs, government officials, or a legislative body?		X	<u> </u>		
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
Other activities?		Х			
Total Add lines 1c through 1i		1			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<del></del>		
If "Yes," enter the amount of any tax incurred under section 4912					
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?			į į		
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se	ection		
				Yes	N
Were substantially all (90% or more) dues received nondeductible by members?			1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	
Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	1	
answered "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			
, , , , , , , , , , , , , , , , , , , ,		5			_
Taxable amount of lobbying and political expenditures (see instructions)		<del></del>		-	_

#### SCHEDULE D (Form 990)

Department of the Treasury

Preservation of open space

b

easement on the last day of the tax year

**Supplemental Financial Statements** 

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Held at the End of the Tax Year

2c

Internal Revenue Service Name of the organization Employer identification number 36-3206531 Aurora Area Interfaith Food Pantry 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 Aggregate contributions to (during year) .... 3 Aggregate grants from (during year) . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of states where property subject to conservation easement is located

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

violations, and enforcement of the conservation easements it holds?

	ule D (Form 990) 2011 Aurora Area Int				30-320	
Par	t III Organizations Maintaining	Collections	of Art, His	orical Treasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, accession,	and other reco	rds, check any c	of the following that are	a significant use of its	
	collection items (check all that apply)					
a	Public exhibition	d 🗌	Loan or excha	nge programs		
Ь	Scholarly research	e 🗌	Other			
С	Preservation for future generations	_		<del></del>		
4	Provide a description of the organization's collection	tions and expla	an how they furt	her the organization's e	exempt purpose in	
-	Part XIV	morro ama onpri				
5	During the year, did the organization solicit or re	ceive donations	s of art historica	I treasures or other sin	nılar	
•	assets to be sold to raise funds rather than to be					🗌 Yes 🗍 No
Par	1 IV Escrow and Custodial Arra					
L	Part IV, line 9, or reported an amoun	-		gamzation anowered 1	00 10 101111 000,	
1a	Is the organization an agent, trustee, custodian of			utions or other assets i		
14						□Yes □No
	If "Yes," explain the arrangement in Part XIV and					
b	ii res, explain the arrangement in Fan XIV and	a complete the	lollowing table		Δ	mount
_	Paginning halanga				<u> </u>	inount
C	Beginning balance					
d					<del></del>	-
e 4	Distributions during the year				1f	
1	<del>-</del>					Yes No
2a	Did the organization include an amount on Form	990, Paπ X, III	10 217			🗀 ies 🗀 no
b Do	If "Yes," explain the arrangement in Part XIV	*f 4b		/# 4- F 000 B+	N/ line 40	
FAI	Trivial Trivia		1			. 1
4	Parameter and a second second	(a) Current ye	ar (b) Pn	or year (c) Two year	s back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance					<del></del>
b	Contributions			<del></del>		<del></del>
С	Net investment earnings, gains, and losses					
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 current	year end balar	nce (line 1g, colu	ımn (a)) held as:		
а	Board designated or quasi-endowment	%	,			
b	Permanent endowment   %					
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should	equal 100%				
3a	Are there endowment funds not in the possession	on of the organi	zation that are h	eld and administered fo	or the	
	organization by.					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations lis	sted as required	d on Schedule R	?		3b
4	Describe in Part XIV the intended uses of the or	ganızatıon's en	dowment funds.			
Pa	rt VI Land, Buildings, and Equip	oment. See	Form 990, Part	X, line 10		
	Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
		(is	nvestment)	basis (other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements			-		
d	Equipment			429,593	39,690	389,903
е	Other					
	Add lines 1a through 1e. (Column (d) must equ		art X. column (E	), line 10(c) )	·	389,903

Part VII	Investments - Other Securit	ties. See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	llue
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
_(A)				
(B)				
(C)				
(D)				
(E)	- · · · · · · · · · · · · · · · · · · ·		·	
(F)				*
(G)			<del></del>	
(H)				· · · · · · · · · · · · · · · · · · ·
<u>(I)</u>			······································	
	(b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII	Investments - Program Rela	ated. 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 va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			······································	
	(b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Part	t X, line 15		
		(a) Description		(b) Book value
	Pantry Fund externally held			<del></del>
	ained and administered by	[he		·
	nity Foundation			9,021
(4)				
(5)				<u>.</u>
(6)	····			
(7)				
(8)	-0			<del></del>
(9)			-	<del></del>
(10)	nn (b) must equal Form 990, Part X, col. (B)	the 45 \		
Part X	Other Liabilities. See Form 990, F			9,021
1.			<del></del>	<del></del>
	(a) Description of liability Income taxes	(b) Book value		
	oll Liabilities	4 227		
	erty Tax Credit	4,321		
(4)	sicy lax credit	22,308		
(5)				
(6)	···			
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	▶ 26,629		
	SC 740) Footnote In Part XIV provide the t		and all statements that are as a thin-	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atemente	rago .
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	966,274
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	377,083
3		3	
	Excess or (deficit) for the year Subtract line 2 from line 1	4	589,191
4	Net unrealized gains (losses) on investments	<del></del>	
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	589,191
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	966,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	$\neg$	
С	Recoveries of prior year grants	$\neg$ $\blacksquare$	
d	Other (Describe in Part XIV )	7 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	966,274
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	966,274
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		300,274
	······································	1	277 002
1	Total expenses and losses per audited financial statements	<u> </u>	377,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	-	
Ь	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIV )	_	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	377,083
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	_	
Ь	Other (Describe in Part XIV )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	377,083
Par	t XIV Supplemental Information	· -	
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
and 2	b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	art to provide any additional information		
		•	
		-	

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, fines 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.

Inspection

Name of the organization						Employer ider	ntification number
Aurora Area Interfait							206531
Part 1 Fundraising Activities Form 990-EZ filers are no	ot required to co	mplete this	part			rt IV, line 1	7. 
1 Indicate whether the organization rais	sed funds through	any of the fo	llowing acti	vities Check all that a	pply		
a Mail solicitations		e 🗌	Solicitation	of non-government gr	ants		
<b>b</b> Internet and email solicitations		f 🗌	Solicitation	of government grants			
c Phone solicitations		g 🗌	Special fun	draising events			
d In-person solicitations		•	•	ū			
2a Did the organization have a written o	r oral agreement v	vith any indiv	idual (inclue	ling officers, directors	trustees		
or key employees listed in Form 990				=			es 🗌 No
b If "Yes," list the ten highest paid indiv				_		_	
	-	iunuraiseis)	pursuant to	agreements under wi	iich the fun	idraiser is to t	De .
compensated at least \$5,000 by the	organization						
	1	_		·			
(i) Name and address of individual		(iii) Did fund	raiser have	(iv) Gross receipts		unt paid to ained by)	(vi) Amount paid to
or entity (fundraiser)	(iii) Activity	custody or		from activity		er listed in	(or retained by)
		contribu	itions?			ol <b>(i)</b>	organization
		Yes	No		1		
1							
			1	1	1		
2							
3	<del>                                     </del>					·-· _	
•							Į.
4	<del> </del>						
•			]				Ì
5	<del> </del>	<del>                                     </del>	<del> </del>				
5							
	<del>                                     </del>	<del> </del>	-				
6							
			<del> </del>				
7			ļ				
							<del></del>
8							
<del></del>							
9							
10	Ì		]				ĺ
	<u> </u>		<u> </u>				
Total <u></u>			🕨				<u> </u>
3 List all states in which the organizatio	n is registered or li	censed to so	olicit contribi	utions or has been not	ified it is ex	cempt from	
registration or licensing							
	-				**	<del></del>	
	<del></del>						
		_			<del></del>		
<del></del>	<del>-</del>						
	<del> </del>	_					
				<del></del>			
					<del></del> -		
					4		
				<del></del>			<del></del> -

EEA

**b** If "Yes," explain

	dule G			ion answered "Yes" to F	orm 990, Part IV, line 1	
		gross receipts greater than		<b>g</b>		
		g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
D			Hike for Hes	5k run	3	Add col (a) through col (c))
R :			(event type)	(event type)	(total number)	
v		0	2 426	12.225	115 415	****
e n	1	Gross receipts	3,436	13,385	117,417	134,238
u	2	Less Charitable				
е	١ _	contributions				
	3	Gross income (line 1 minus				
		line 2)	3,436	13,385	117,417	134,238
,	4	Cash prizes				
D L	_					
r	5	Noncash prizes	<u> </u>			
e		<b>5</b>				
c t	6	Rent/facility costs				
_	_					
E x	7	Food and beverages				
p	_					
e	8	Entertainment				
n s						
е	9	Other direct expenses	1,053	4,736	20,701	26,490
S						
	10	Direct expense summary Add lines				( 26,490 )
	11	Net income summary Combine line				107,748
Pa	ırt II	<b></b>	=	d "Yes" to Form 990, Pa	rt IV, line 19, or reporte	d more
		than C1E AAA an Earm AAA	N-E7 line 6a			
R	•	than \$15,000 on Form 990	J-LZ, lifle Ga			
		man \$15,000 on Form 990		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
۷ e		man \$15,000 on Form 950	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
v e n u		man \$15,000 on Form 950		* *	(c) Other gaming	
u e	1	Gross revenue		* *	(c) Other gaming	
u e D	1			* *	(c) Other gaming	
u e D	1 2			* *	(c) Other gaming	
u e D		Gross revenue		* *	(c) Other gaming	
ue D r ect		Gross revenue		* *	(c) Other gaming	
ue D r ect	2	Gross revenue		* *	(c) Other gaming	
ue D r ect	2	Gross revenue		* *	(c) Other gaming	
ue D r ect	3	Gross revenue		* *	(c) Other gaming	
ue D r ect	3	Gross revenue		* *	(c) Other gaming	
ue D r ect	2 3 4	Gross revenue		bingo/progressive bingo	(c) Other gaming	
ue D r ect	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
ue D r ect	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo  Yes%	☐ Yes %	
ue D r ect	2 3 4 5	Gross revenue	(a) Bingo  Yes %	bingo/progressive bingo  Yes %  No	☐ Yes %	
ue D r ect	2 3 4 5	Gross revenue	(a) Bingo  Yes %	bingo/progressive bingo  Yes %  No	☐ Yes %	
ue D r ect	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes %	
ue D r ect	2 3 4 5 6 7	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
Revenue Direct Expenses	2 3 4 5 6 7	Gross revenue	(a) Bingo  Yes%  No  2 through 5 in column (d)	bingo/progressive bingo  Yes%  No  line 7	☐ Yes % ☐ No	
ue Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  Yes % No  2 through 5 in column (d) bine line 1, column d, and	bingo/progressive bingo  Yes %  No  line 7	☐ Yes% No	col (a) through col (c)
ue Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes %  No  2 through 5 in column (d) bine line 1, column d, and tion operates gaming activities in each o	bingo/progressive bingo  Yes %  No  line 7	☐ Yes% No	col (a) through col (c)
ue Direct Expenses 9 a.	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes % No  2 through 5 in column (d) bine line 1, column d, and	bingo/progressive bingo  Yes %  No  line 7	☐ Yes% No	col (a) through col (c)

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

# SCHEDULE I (Form 990)

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2011

OMB No 1545-0047

Open to Public Inspection

X Yes Employer identification number 36-3206531 Part ii Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part 1 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Aurora Area Interfaith Food Pantry Department of the Treasury Internal Revenue Service Name of the organization

**%** 

	(h) Purpose of grant or assistance													
:	(g) Description of non-cash assistance													*
ent received more tha	(f) Method of valuation (book, FMV, appraisal, other)													
s box if no one recip	(e) Amount of non- cash assistance													
ed more than \$5,000. Check this box if no one re	(d) Amount of cash grant													able
received more than led	9													lions listed in the line 1 to
or any recipient that	(a) EIN													d government organiza
to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	(a) Name and address of organization or government	(1)	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)	(12)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2011)

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

36-3206531 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 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants a

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Distribution of Foods					
2					•
e.					
4					
S.					
9					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ns part to provide t	he information require	ed in Part I, line 2, an	d any other additional info	ormation.
				:	
	:				

Schedule 1 (Form 990) (2011)

### (Form 990 or 990-EZ)

#### 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

36-3206531

Employer identification number

Adiota Area interiarth Food Fantry
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

Sahari 10 (/Samanon 2000 F7) (1001)	n . 2
Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
Aurora Area Interfaith Food Pantry	36-3206531
Committee and compensation is recommended based upon performance and info	ormation from any
relevant salary surveys. The Executive Director conducts a performance re	eview 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 Boar	rd for approval or
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	re 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	to be disclosed
copies are produced and forwarded to the requesting party.	

#### Form **4562**

18

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization** (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return. OMB No 1545-0172 Attachment

17

2011 Sequence No. 179

Name(s) shown of	Name(s) shown on return					Business or activity to which this form relates			
Aurora	Area	Interfaith	Food	Pant	FORM	990 -	1	36-3206	
Part I	Electio	n To Expense Ce	ertain Pi	roperty Und	er Section	n 179			

	ora Area Interfaith Food Pant		1	36-3206531
Pai	Election To Expense Certain Property Un	der Section 179		
	Note: If you have any listed property, complete Part V b	efore you complete Part I		
1	Maximum amount (see instructions)		1	
2	Total cost of section 179 property placed in service (see instruction	2		
3	Threshold cost of section 179 property before reduction in limitation			
4	Reduction in limitation Subtract line 3 from line 2. If zero or less,	4		
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or	ng		
	separately, see instructions	· · · · · · · · · · · · · · · ·	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
				7
7	Listed property Enter the amount from line 29		7	
8	Total elected cost of section 179 property Add amounts in column	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
0	Carryover of disallowed deduction from line 13 of your 2010 Form	10	0	
1	Business income limitation. Enter the smaller of business income	5 (see instructions) 11	1	
2	Section 179 expense deduction Add lines 9 and 10, but do not er	1	2	
3	Carryover of disallowed deduction to 2012 Add lines 9 and 10, le	ss line 12 . ▶ 13		
lote	Do not use Part II or Part III below for listed property Instead, us	e Part V		
Pai	III Special Depreciation Allowance and Othe	r Depreciation (Do n	ot include listed property	y ) (See instructions.)
4	Special depreciation allowance for qualified property (other than li	sted property) placed in se	rvice	
	during the tax year (see instructions)			4
5	Property subject to section 168(f)(1) election			5
6	Other depreciation (including ACRS)		16	1,524
Pai	MACRS Depreciation (Do not include listed pro	operty ) (See instructions.)		
	•	Section A		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System									
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction		
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs.		S/L			
h	Residential rental			27.5 yrs.	MM	S/L			
	property			27.5 yrs.	ММ	S/L			
i	Nonresidential real			39 yrs	MM	S/L			
	property				MM	S/L			
	Section C - Ass	ets Placed in Serv	rice During 2011 Tax Y	ear Using the	Alternative [	epreciation	System		
20a	Class life					S/L			
_	10	<b></b> ;	:	40					

2Ua	Class life			į .	S/L		
b	12-year		12 yrs		S/L		<u> </u>
С	40-year		40 yrs	ММ	S/L		
Pa	rt IV Summary (See	instructions)					
21	Listed property Enter amoun	t from line 28		<del></del>		21	
22		12, lines 14 through 17, lines 1					
	and on the appropriate lines of	of your return. Partnerships and	S corporations - see insti	ructions		22	1,524
23	For assets shown above and	placed in service during the cu	ırrent year, enter the			,,.	<del></del>
	portion of the basis attributable	e to section 263A costs		23			

MACRS deductions for assets placed in service in tax years beginning before 2011

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