

Return of Organization Exempt From Income Tax

2018

OMB No. 1545-0047

Department of the Treasury
Internal Revenua Service

For Paperwork Reduction Act Notice, see the separate instructions.

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

Dep	ertment o	f tho Treasury			nter social security r		-		071	Open to Public		
A	Internal Revenue Service											
<u></u>				كأداد المناد				ending	<u>07-3</u>			
ñ		applicable			ora Area Inter	faith Food P	antry		_	Employer Identification no.		
H	Address	-	Doing busine		-				36	5-3206531		
H	Name ch		Number and		Room/suite	E Telephone number						
	indial ref		PO Box	-				J.,		530) 897-2127		
	Final ret	um/terminated	•		, country, and ZIP or foreign	postal code			G	Gross receipts		
	Amende	d return		a, IL 605						5,793,309		
	Applicati	on pending	F Name and a	ddress of principa	al officer			K(a) tsthis a group	retum for subs	ordinates? Yes 🔀 No		
		dinates inci	tuded? Yes No									
<u></u>	Tax-exer	stiach a list.	(see instructions)									
<u>-</u>		: ► N/A	i 					K(c) Group exe	nption num	ber •		
			Corporation	Trust As:	sociation Other		L Year of formation.	1981 M State	of legal dor	nicie IL		
	art I	Summar										
1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOOD TO THOSE IN NEED												
e_								· · · · · · · · · · · · · · · · · · ·				
Activities & Governance												
/eri			. 🗀			 						
ő	2				discontinued its oper		of more than 25% of	fits net assets.	. 1			
જ	3			-	ming body (Part VI, lin		• • • • • • • • •		3	10		
ies	4			-	s of the governing bod	• -			4	10		
Ķ	5				calendar year 2018 (F	Part V, line 2a)			_5	19		
ç	6			s (estimate if r	• • •				6			
•	7a				Part VIII, column (C), li				7a	881		
	b	Net unrelated	1 business tax	rable income	from Form 990-T, line	38			7b	0		
	ı				[RECEI	VED	Prior Year		Current Year		
<u>ر</u>	8		•	Part VIII, tine	•	<u>. اجلاک جازایم</u>	<u>~</u> -ю -	5,852	,209	5,651,948		
Revenue	9	9 Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·										
\$	10						· 2021· · 9] · [881		
2 8	11	Other revenu	e (Part VIII, c	olumn (A), lin	es 5, 6d, 8c, 9c, 10c	and 11e)	· · · · · · 🕰 · [168	,104	79 <u>,023</u>		
<u>i_</u>	12	Total revenue	- add lines 8	through 11 (r	nust equal Part VIII, c	olumn (A)-line (2)	7 117	6,020	, 313	5,731,852		
)	13	Grants and si	imilar amount	s paid (Part I)	K, column (A), lines 😓	3) OGDEN	<u> </u>	5,170	603	5,040,351		
	14	Benefits paid	to or for mem	nbers (Part IX	, column (A), line 4)		. [0		
, , ,	15	Salaries, other	er compensati	ion, employee	benefits (Part IX, colo	umn (A), lines 5-10)	[447,879		481,568		
Expenses	16a	Professional t	fundraising fe	es (Part IX, c	olumn (A), line 11e)		. [0		
ber o	b	Total fundrais	ing expenses	(Part IX, colu	ımn (D), line 25)		117,825		、	いた。		
γÄ	17	Other expens	es (Part IX, c	olumn (A), lin	es 11a-11d, 11f-24e)			287	, 338	329,919		
3	18	Total expense	es Add lines	13-17 (must e	equal Part IX, column	(A), line 25) · ·	[5,905	820	5,851,838		
၁	19	Revenue less	s expenses. §	Subtract line 1	8 from line 12 · ·				493	(119,986)		
5	ę							Beginning of Current		End of Year		
ate	20	Total assets ((Part X, line 16	6)				1,363		1,245,768		
Ass	21	Total liabilities	s (Part X, line	26)			[678	54,759		
Net Assets or	22	Net assets or	fund balance	s. Subtract li	ne 21 from line 20			1,310		1,191,009		
Pa	rt II	Signatui	re Block	-						·		
					m, including accompanying s			nowledge and belief, it is				
uua,	CONTROL,	and complete. Dec	laration of prepar	er (otner than ont	cer) is based on all informat	ion of writch preparer has	any knowledge.			7 ,		
		David	d Bohman	17a	vid Bolim	00-			11	121/2021		
Sig	n	Signature	e of officer				-		Date			
Her	e e	David	i Bohman,	Preside	nt							
			onni name and till									
		Print/Type prep	parer's name		Preparer's signature	۲٦	Date	Check	d PTIN			
Pai	d	Steve W	atts		 0 -	- Nach	12-28-2020	self-employee	, P	01330295		
Pre	parer		•	Syneray	Financial Ser	vices Inc		Fum's EIN				
	Only		•		rside Avenue			Phone no				
					arles IL 6017	4		1	0-377-	-1040		
May :	the IRS	discuss this re	etum with the		wn above? (see instru					. X Yes No		

Form 990 (2018)

	1990 (2018) Aurora Area Interfaith Food Pantry	36-3206531	Page
Pa	Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
•	TO PROVIDE FOOD TO THOSE IN NEED		
	TOVERCOVIDE FOOD TO TROSE IN REED		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the	□., r	٦
	prior Form 990 or 990-EZ?	· · · · [Yes [] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? ····································	· · · · □ Yes 「	No
	if "Yes," describe these changes on Schedule O.		_
)	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported.		
 a	(Code:) (Expenses \$ 5,522,908 including grants of \$) (Revenue		
_	Aurora Food Pantry continues to serve a large number of families from Kane, I		—— ′
	and Will Counties. Throughout FY 2018, 950 families visited weekly to receive		
	4.5 days of food per family member. During FY 2018, 19,000 different people :	received food	
	from Aurora Food Pantry.		
			
		· · · · · · · · · · · · · · · · · · ·	
b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$,
			
		 	
		 	
	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			
1	Other program services (Describe in Schedule O.)		
•	(Expenses \$ including grants of \$) (Revenue \$)	
,	Total program service expenses 5,522,908		
_		Form 9	90 (201

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Form 990 (2018)

Aurora Area Interfaith Food Pantry

Part IV. 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
1	The state of the s			
•	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,	1		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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			
-	"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,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1 _	1	
	complete Schedule D, Part III	8_	\vdash	<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Pert IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	,,		v
11		10	-	X
•••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		1 1	*
а	The state of the s		iéev.	•
•	complete Schedule D, Part VI	11a	x	
h	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 167 if "Yes," complete Schedule D, Part VII	11b		х
С	The state of the s			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		\dashv	^
	reported in Part X, line 16? // "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	116		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a]	Χ
Ь	Oid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- 1	.,
4 -	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
90 -	If "Yes," complete Schedule G, Part III	19		X
	The state of the s	20a		<u>X</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь	+	
41	Annual Committee of the	21	J	х
EFA		orm 9	20 (20)	

	n 990 (2018) Aurora Area Interfaith Food Pantry 36-3206 art IV: Checklist of Required Schedules (continued)	531	<u>-</u> _	Page 4
22	Did the emperation count man then \$5,000 of anythen attended to the second man then \$5,000 of anythen attended to the second man then \$5,000 of anythen attended to the second man then \$5,000 of anythen attended to the second man then \$5,000 of anythen attended to the second man the second m		Yes	No
**	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	┼	┝
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	• • •		╁	 ^
	\$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 25a	24a	1	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	245	├-	
	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	\vdash	
25a	- · · · · · · · · · · · · · · · · · · ·			\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		 	<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ŀ		}
	If "Yes," complete Schedule L, Pert I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	⊨	-	Ë
	current or former officers, directors, trustees, key employees, highest compensated employees, or	l		
	disqualified persons? 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	l		
	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		Ιx
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u></u>		4.5
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	.		v
27	related organization?//f "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	_	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 ³′ 		X
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Pari		_ 55		
_ ***	Check if Schedule O contains a response or note to any line in this Part V			
	and the manner of the manner of the state of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	\ \	: · - [- :
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	ř	<u> </u>	
,	reportable gaming (gambling) winnings to prize winners?	10	x	-
EEA	· · · · · · · · · · · · · · · · · · ·	-	990 (2	018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-3206531

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2.1	
	Statements, filed for the calendar year ending with or within the year covered by this return		. المقدر	1.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-:
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	2.4	-:	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		14. 14.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	272.	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Sc	-	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va				v
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	H	X
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or			į
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	5, 1	. 1	l -
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*	-500	
	and services provided to the payor?	7a		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	35	.g., \$5	 -3
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	·	, F	·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- '		~.=
a	Initiation fees and capital contributions included on Part VIII, line 12			ı
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	[
11	Section 501(c)(12) organizations. Enter:	· j · .		f <u>f</u> -
8	Gross income from members or shareholders	- ' - '- '-	-	ı
ь	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			۲. ِ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in tieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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	· -	
•	Note. See the instructions for additional information the organization must report on Schedule O.	1.00	N.E	
ь	Enter the amount of reserves the organization is required to maintain by the states in which	- 5	- 📆	
U				•
_		÷		· !
G		14a	4	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?			<u>^</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		v
	excess parachute payment(s) during the year	15	- ,, <u>.</u>	<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.	2.5-7	:=[=]	寰
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> X</u>
	If "Yes," complete Form 4720, Schedule O.	11.4	انير بريد	

62	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	• • • •	· [X]
36	ction A. Governing Body and Management			
12	Enter the number of united manufactures of the name of		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-	<u> </u>	
	If there are material differences in voting rights among members of the governing body, or		€.	j
	if the governing body delegated broad authority to an executive committee or similar		E.	İ
_	committee, explain in Schedule O.			ļ
b	TO	_[::::	-	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.	1	١.,
•	any other officer, director, trustee, or key employee?	· _2_	 -	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	۱
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	↓ _	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6	├ ─	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ļ	۱
	one or more members of the governing body?	7a	-	X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
_	stockholders, or persons other than the governing body?	7b	-	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1 - 5		<u>.</u>
	the year by the following:	1		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1.		
6	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
<u> 260</u>	tion 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		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
			1 1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	14. 14.	.
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a 12a	X_	
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	14. 14.	<u>.</u>
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a 12a 12b	X	 -
b 12a b c	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done	11a 12a 12b	X X X	
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b 12a b c	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 filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	X X X	
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b 12a b c 13 14 15	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	X X X X	
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b 12a b c c 13 14 15 a b b Sec 17	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? **Tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11a 12a 12b 12c 13 14 15a 15b	X X X X	X
b 12a b c c 13 14 15 b 16a b Sec 17 18	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Action 104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	11a 12a 12b 12c 13 14 15a 15b	X X X X	X
b 12a b c c 13 14 15 a b b Sec 17	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 filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? It in C. Disclosure List the states with which a copy of this Form 990 is required to be filed Policy and the organization in Schedule O whether and if so, how) the organization made its governing documents, conflict of interest policy, and	11a 12a 12b 12c 13 14 15a 15b	X X X X	x
b 12a b c c 13 14 15 a b Sec 17 18	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Action 104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	11a 12a 12b 12c 13 14 15a 15b	X X X X	X

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Aurora Area Interfaith Food Pantry

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

Check if Schedule O contains a response or note to any line in this Part 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.

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

				_	(C)	•				
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	(do not check more than one Average box, unless person is both an							Reportable	Reportable	Estimated
Mento din Tito	hours per							compensation	compensation from	amount of
	week (list any		from					from	related	other
				hours for		the organization	organizations (W-2/1099-MISC)	compensation from the		
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	킕	Form	(W-2/1099-MISC)	(44-2) (035-18130)	organization
	below dotted	0 a	tion:	ן"	B	2 N	4			and related
	line)	12	5		yee	Ž				organizations
		8	stee			Highest compensated employee				
						8				
(1) Lynn_Flores	1.00			-	_					
President	-=:-	x		x				o	o	o
(2) Chuck Thulin	1.00		П							
Vice President		х		х				0	0	0
(3) Hillary Brennan	1.00	-								
Secretary		x		x				o	0	0
(4) Joe Mayer	1.00									
Board Member	=	х						o	0	0
(5) Claire Perez	1.00_									
Board Member		х					Ì	o	0	0
(6) Dave Bohman	1.00									
Board Member		Х						0	0	0
(7) Zaida Rodgriguez	1.00									
Board Member		Х			_			o	0	0
(8) Jane Miller	1.00									
Treasurer		Х		X				0	0	0
(9) Melinda Kruder	1.00_			-	- 1		- 1			
Board Member		X						0	0	0
(10)Eva Serrano	1.00									
Board Member		Х			_			0	0	0
(11)Catherine Battista	50.00			ŀ	-			Ì		
Executive Director			_	_		Х	_	42,933	0	0
(12)				İ						
(13)			\dashv	\dashv	\dashv					
7.27								_		
(14)										
	i				1	ŀ				

Page 8

(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an officer and a director/fustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated semount of other
	haurs for related organizations below dotted (ina)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)		-								
(20)										
(21)										
(22)										
(23)										
(24)									` .	
(25)										
to Sub-total	nA · ·		• •	• • •		• • •	>	42,933) 0
Total number of individuals (including but not limited reportable compensation from the organization					_					
3 Did the organization list any former officer, director, or employee on line 1a? If "Yes," complete Schedule J for For any individual tisted on line 1a, is the sum of reprogramization and related organizations greater than \$1:	r such individu ortable compe 50,000? If "Ye	<i>ial</i> nsatioi s," con	n and	d oth	er a	ompen	satic	n from the		Yes No
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," con Section B. Independent Contractors	mpensation fr	om an	-			_		or individual	· · · · · · · · · · · · · · · · · · ·	5 X
 Complete this table for your five highest compensate compensation from the organization. Report compen year. 										
(A) Name and business address								(B) Description of s	BIVICOS	(C) Compensation
			•	_						
2 Total number of independent contractors (including be received more than \$100,000 of compensation from			e list	ed a	bove	e) who			- - - -	

Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Revenue excluded from tax Related or Unrelated Total revenue under sections 512-514 Federated campaigns 1a 20,867 Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b Fundraising events С 1c d Related organizations 1d e Government grants (contributions) . . 10 12,000 f All other contributions, gifts, grants, and similar amounts not included above 5,619,081 g Noncash contributions included in lines 1a-1f \$ 5,011,879 <u>....</u> ▶ **Business Code** Service Revenue Program f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 881 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) . . 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss) · · · · · · · · · · · · · · ▶ Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 140,480 61,457 c Net income or (loss) from fundraising events 79,023 79,023 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances · · · b Less. cost of goods sold · · · · · · b c Net income or (loss) from sales of inventory · · · · · · · ▶ Business Code Miscellaneous Revenue 11a d All other revenue e Total. Add lines 11a-11d 881 Total revenue. See instructions 5,731,852 79,023 Form 990 (2018)

Aurora Area Interfaith Food Pantry

Part IX: Statement of Functional Expenses

	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(0)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			Ballarai ovbarios	A TOOL
	and domestic governments. See Part IV, line 21		i		
2	Grants and other assistance to domestic				1 - 1
	individuals. See Part IV, line 22	5,040,351	5,040,351		
3	Grants and other assistance to foreign	5755755	5,040,555	1 Table 2007 15 15	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			Ann an Cart	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		 	Islam Island that . For the Land	222461400
	trustees, and key employees	421,427	316,070	75,857	29,50
6	Compensation not included above, to disqualified	452/42/	310,070	73,037	23,00
	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B)			}	
7	Other salaries and wages		†		
В	Pension plan accruals and contributions (include	 	 	-	1
-	section 401(k) and 403(b) employer contributions)	3,226	2,452	613	16
9	Other employee benefits	24,159	18,299	4,531	1,32
0	Payroll taxes · · · · · · · · · · · · · · · · · · ·				2,29
1	Fees for services (non-employees):	32,756	24,567	5,896	2,23
· a	Management · · · · · · · · · · · · · · · · · · ·	1			
b	Legal	0F 170	0.550	15 600	
	Accounting	25,172	9,550	15,622	
C					
ď	Lobbying		<u> </u>	Taris No. 1 and 1	
0	Professional fundraising services. See Part IV, line 17		will the same	भी रे भवाक्य रे सम्बद्धीकी र	
T -	Investment management fees	····	 		
g	Other. (If line 11g amount exceeds 10% of line 25, column		1	1	
_	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion	46,252	34,689		11,56
3	Office expenses	5,035	2,774	1,005	1,25
4	Information technology				
5	Royalties				
6 -	Occupancy	24,831	19,122	4,468	1,24
7	Travel				
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	2,576	1,413	1,163	
)	Interest · · · · · · · · · · · · · · · · · · ·				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	62,152		62,152	
3	Insurance	16,042	14,016	2,026	
1	Other expenses. Itemize expenses not covered			一種是一種語言	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				The second
	(A) amount, list line 24e expenses on Schedule O.)	小黑是以是此一			
а	Postage	1,096	712	274	11
b	Leased Equipment	1,955	1,901_	27	2
C	Other Supplies	1,059	937	122	
d	Vehicle expense	10,612	10,612		
8	All other expenses	133,137	25,443	37,349	70,34
5	Total functional expenses. Add lines 1 through 24e .	5,851,838	5,522,908	211,105	117,82
;	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Part X Balance Sheet

		Check if Screedile O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	84,797	1	8,258
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	1487; y 1 1 4	· · ·	11.75
		trustees, key employees, and highest compensated employees.	l	2	
	1	Complete Part II of Schedule L	,	5	-v -v - z -
	6	Loans and other receivables from other disqualified persons (as defined under section	North Barter (1950) and the Company	142	1 1 EEE 1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			7
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	PARTE NO.
	7	Notes and loans receivable, net		7	
श्च	8	Inventories for sale or use		8	
Assets	9		<u></u>	9	
•		Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or			***
	١.	other basis. Complete Part VI of Schedule D 10a 1,571,924	. uhtu.in Sa	<u></u> .	le. Calling
	b	Less: accumulated depreciation	1,269,601	10c	1,220,449
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	4
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,275	15	17,061
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,363,673	16	1,245,768
	17	Accounts payable and accrued expenses	871_	17	4,386
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and toans payable to unrelated third parties	50,000	24	50,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,807	25	373
	26	Total liabilities. Add lines 17 through 25	52,678	26	54,759
	T	Organizations that follow SFAS 117 (ASC 958), check here		100	
es		complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	1,292,721	27	1,189,040
ales i	28	Temporarily restricted net assets	18,274	28	1,969
D E	29	Permanently restricted net assets		29	
E		Organizations that do not follow SFAS 117 (ASC 958), check here	THE PERSON NAMED IN THE PE	1.	[원리스 코탈]
or I		complete lines 30 through 34.			
ħ.	30	Capital stock or trust principal, or current funds		30	radio es
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne l	33	Total net assets or fund balances	1,310,995	33	1,191,009
	34	· · · · · · · · · · · · · · · · · · ·		34	
	34	Total liabilities and net assets/fund balances	1,363,673	J4	1,245,768

	Aurora Area Interfaith Food Pantry	<u>36-32065</u>	31	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. <u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	5,73	1,852
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	5,85	1,838
3	Revenue less expenses. Subtract line 2 from line 1	. 3		9,986)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,31	0,995
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses · · · · · · · · · · · · · · · · · ·	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	1,19	1,009
Pa	rtXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			$\cdots \square$
			Y	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		37. 3	:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			i .
	Schedule O.		电影	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			77
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	• • • • • •	2b 2	<u>x </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:		£.	
	Separate basis Consolidated basis Both consolidated and separate basis		1 45	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 12
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		7.4	-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1
	the Single Audit Act and OMB Circular A-133?	· · · · · ·	3a	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ŀ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

EEA

Form 980 (2018)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 980 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest Information.

OMB No 1545-0047 2018

Open to Public Inspection

Name of the organization Employer Identification number Aurora Area Interfaith Food Pantry 36-3206531 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 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 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (v) Amount of monetary (I) Name of supported organization (vi) Amount of (III) Type of organization (iv) is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

13	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) organization, check this box and stop here		 ▶ []
Sec	tion C. Computation of Public Support/Percentage	-	
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	 %
15	Public support percentage from 2017 Schedule, A, Part II, line 14	15	 %
16a	33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		
	box and stop here. The organization qualifies as a publicly supported organization		
þ	33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		
	this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
	organization · · · · · · · · · · · · · · · · · · ·		
b	10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
	supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	Instructions /		

EEA

Schedule A (Form 890 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Partill
Support Sc Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

<u>Se</u>	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,900,366	6,532,732	6,702,792	5,807,446		1.1
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		0,352,132	0,102,132	3,007,440	3,331,312	30,334,730
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •	194,303	167,512	139,054	212,867	140,480	854,216
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 · · · · · · · ·	6,094,669	6,700,244	6,841,846	6,020,313	5,731,852	31,388,924
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 · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from	· 图 图 第	多臺灣	打選の企業!	美国哲学	7. 唐 · 唐 ·	
Sac	ction B. Total Support	立 明 新	经过程 25	E.最小成品。			31,388,924
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(-) 2016	(4) 2047	(a) 2040 T	(D. Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	6,094,669	6,700,244	(c) 2016 6,841,846	(d) 2017 6,020,313	(e) 2018 5,731,852	(f) Total 31,388,924
	Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources	980	145	606	718	881	3,330
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		33333333				
C	Add lines 10a and 10b · · · · · · · · · · · · ·	980	145	606	718	881	3,330
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	212					212
13	Total support. (Add lines 9, 10c, 11, and 12.)	6,095,861	6,700,389	6,842,452	6,021,031	5,732,733	31,392,466
	tion C. Computation of Public Su						
	Public support percentage for 2018 (line 8, col		ne 13, column (f))	• • • • • • • • •		15	99.99 %
	Public support percentage from 2017 Schedul			• • • • • • • •	· · · · · · · · · · · · · · · · · · ·	16	99.99 %
	tion D. Computation of investmen			/A \	· 	4 7	
	Investment income percentage for 2018 (line 10	• • • • • • • • • • • • • • • • • • • •	-	(f)) · · · · · · ·	⊢	17	0.00 %
19a		on did not check the t	oox on line 14, and li	ne 15 is more than	33 1/3%, and line	10	0.00 <u>%</u>
	33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
D	33 1/3% support tests - 2017. If the organization in the 18 is not more than 33 1/3%, check this box	on did not check a bo cand stop here. The	x on line 14 or line 1 organization qualific	9a, and line 16 is m es as a publicly supp	ore than 33 1/3%, a corted organization	nd	▶ 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Si	ect	ion	A. All	Sup	porting	Orgai	nizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
-	_	
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rm 990 c	r 980-E2	2018

		Page 5
	Yes	No
<u> </u>	163	1.10
=:		
11a		
11c		
	Yes	No
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	Yes	No
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	Yes	No
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Schedule A (Form 990 or 990-EZ) 2018 Aurora Area Interfaith Food Pantry 36-3206531 Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). a The organization satisfied the Activities Test. Complete line 2 below. **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b	. 17.	
3a	,	
3b		

Page 6 Aurora Area Interfaith Food Pantry 36-3206531 Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 ---4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 St. 18 English

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

	Schedule A (Form 990 or 990-EZ) 2018 Aurora Area Interfaith Food Pantry 36-3206531 Page 7 Part V- Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Та	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued)			
Sec	ction D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	the state of the s	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	tions				
4	Amounts paid to acquire exempt-use assets					
	The state of the s	·				
	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.			<u> </u>		
8	Distributions to attentive supported organizations to which the	e organization is respons	sive			
9	(provide details in Part VI). See instructions.					
10	Line 8 amount divided by Line 9 amount		733	(111)		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	Distributable Amount for 2018		
1						
2	Underdistributions, if any, for years prior to 2018			Francisco		
	(reasonable cause required - explain in Part VI). See			100		
	instructions.					
	Excess distributions carryover, if any, to 2018		, ,:	* * * * * * * * * * * * * * * * * * * *		
	From 2013			<u></u>		
	From 2014					
	From 2015			全国 第八次		
_	From 2016					
	From 2017					
	Total of lines 3a through e	20 1- 2 2 22 22 22 22 22 22 22 22 22 22 22 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Applied to underdistributions of prior years			The state of the s		
	Applied to 2018 distributable amount					
! -	Carryover from 2013 not applied (see instructions)	<u></u>		talles and		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	7		1 10 10 10 10 10 10 10 10 10 10 10 10 10		
4	Distributions for 2018 from			in marin yeri izi. Afira di		
_	Section D, line 7: \$	Construct of the Construction of the				
	Applied to underdistributions of prior years Applied to 2018 distributable amount		見・ シ・ a	: T - 12		
	Remainder. Subtract lines 4a and 4b from 4.			ninad Mas		
	Remaining underdistributions for years prior to 2018, if	. Transpirated.	17.20	A MA CELEBRAS		
5	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
	Remaining underdistributions for 2018. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in		[3] [3] [4]			
	Part VI. See instructions.		프랑스틱 그는 1			
7	Excess distributions carryover to 2019. Add lines 3	1 ************************************	San Charles	(2) 新华克尔萨斯(2)		
٠	and 4c.		數字 是到了一样			
8	Breakdown of line 7:			The first of the second of the		
	Evenes from 2014	The state of the second	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon		

b Excess from 2015 c Excess from 2016

d Excess from 2017 e Excess from 2018

. . . .

	n 990 or 990-EZ) 2018 Page
Part-VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2018

Open to Public

Department of the Treasury Internal Revenue Service

o Organizations Exempt From Income tax order section 50 (c) and sect

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

Tax)	e organization answered "Yes," on Form (see separate instructions), then	, , ,	parate instruction	s) or Form 990-EZ, Part V,	line 35c (Proxy
	Section 501(c)(4), (5), or (6) organizations: te of organization	Complete Part III.		Employer	Identification number
				1	
	rora Area Interfaith Food Inti-A Complete if the organ	rantry Ization is exempt under secti	on 501(c) or is	36-320	6531 nization
1	Provide a description of the organization's				INEBROOM.
•	definition of "political campaign activities")	•	ivilies iii Fait iv. (se	38 113111111111111111111111111111111111	
2	Political campaign activity expenditures (s			 	
3	Volunteer hours for political campaign acti			·	
	rt I-B Complete if the organ	ization is exempt under section	on 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?				
ь	If "Yes," describe in Part IV.				
Pa		ization is exempt under section	on 501(c), exc	ept section 501(c)(3	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 lin				
	line 17b				
4	Did the filing organization file Form 1120-P	OL for this year?		· · · · · · · · · · · · · · · · · · ·	· Yes No
5	Enter the names, addresses and employe				
	organization made payments. For each or	ganization listed, enter the amount paid fr	om the filing organ	ization's funds. Also enter	
	the amount of political contributions receiv	ed that were promptly and directly deliver	ed to a separate p	olitical organization, such	
	as a separate segregated fund or a political	al action committee (PAC). If additional sp	ace is needed, pro	vide 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.
(1)					If none, enter -0-
(2)					
(3)					
(4)					
(5)					
(6)					

	dule C (Form 990 or 990-EZ) 2018 Aurora Area	Interfaith Fo	ood Pantry		36-320	5531 Page 2			
Pa	Complete if the organization F04/b)	on is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	ction under			
	section 501(h)).								
A	Check ▶ . if the filing organization belongs to	an affiliated group (a	and list in Part IV eac	h affiliated group men	iber's name,				
	address, EIN, expenses, and share of excess tobbying expenditures). 3 Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.								
=				<u>/· </u>	1				
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals			
1a		(The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying)							
b	Total lobbying expenditures to influence a legisla				ļ				
c	Total lobbying expenditures (add lines 1a and 1b								
d	Other exempt purpose expenditures	,							
8	Total exempt purpose expenditures (add lines 10	and 1d)							
f	Lobbying nontaxable amount. Enter the amount	•							
	columns.	iom the lonowing tab	ie iii botti						
1	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		£ 20 1			
	Not over \$500,000	 	nount on line 1e.			至一章 [
1	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		10% of the excess of						
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov						
1	Over \$17,000,000	\$1,000,000.			- Francis	##			
g	Grassroots nontaxable amount (enter 25% of line					_ · <u></u>			
h	Subtract line 1g from line 1a. If zero or less, ente	•							
ī	Subtract line 1f from line 1c. If zero or less, enter								
j	If there is an amount other than zero on either lin		organization file For	m 4720					
	reporting section 4911 tax for this year?					Yes No			
	(Some organizations that made a s		ng Period Under ction do not hav		of the five columns	s below.			
	Se	e the separate in	structions for lin	es 2a through 2f.)	ı				
	Lobb	ying Expenditures	During 4-Year Avers	nging Period					
_		ying Expension							
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total			
	beginning in)				ļ				
2a	Lobbying nontaxable amount					_			
b	Lobbying ceiling amount (150% of line 2a, column (e))			医新力基	達度				
c	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))	非常產產			神経管 皇				
f	Grassroots lobbying expenditures								
					Schedule C /Fo	rm 980 or 990-EZ) 2018			

Aurora Area Interfaith Food Pantry Page 3 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)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 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: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X d Mailings to members, legislators, or the public? X Publications, or published or broadcast statements? X 8 Grants to other organizations for lobbying purposes? X Direct contact with legislators, their staffs, government officials, or a legislative body? X a X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 2a 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 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 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 expanditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public

		romaso for instructions and the latest informatio	n. <u>Inspection:</u>
	of the organization		Employer identification number
	ora Area Interfaith Food Pa	antry	36-3206531
Pa	Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or Accou	ints.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	,	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor		F. F.
	funds are the organization's property, subject to the organization's	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and do		
	only for charitable purposes and not for the benefit of the		п. п.
Da	conferring impermissible private benefit?		
<u>F.a</u>		Voell on From COO. Dark IV. Euro 7	<u> </u>
1	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the orga	_	
	Preservation of land for public use (e.g., recreation Protection of natural habitat	· = '	
	Party Company	Preservation of a certified	nistone structure
2	Preservation of open space		
-	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation contribution in the form of a con	
а	Total number of conservation easements		Held at the End of the Tax Year 2a
ь	Total acreage restricted by conservation easements		2a 2b
c	Number of conservation easements on a certified histori		26
ď	Number of conservation easements included in (c) acqu	• •	
•			2d
3	Number of conservation easements modified, transferre		
•	tax year	o, released, exampaismed, or terminated by the organi	zauon danng me
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the		
_	violations, and enforcement of the conservation easeme		Tyes No
6	Staff and volunteer hours devoted to monitoring, inspect		
	>	,	,
7	Amount of expenses incurred in monitoring, inspecting, I	handling of violations, and enforcing conservation eas	ements during the year
	▶\$	·	• •
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
`9	In Part XIII, describe how the organization reports conse	rvation easements in its revenue and expense statem	sent, and
	balance sheet, and include, if applicable, the text of the f	colnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements.		
Pai	-	tions of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS 116		
	works of art, historical treasures, or other similar assets		
	public service, provide, in Part XIII, the text of the footnot		
b	If the organization elected, as permitted under SFAS 116		
	works of art, historical treasures, or other similar assets		therance of
	public service, provide the following amounts relating to		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historica		provide the
	following amounts required to be reported under SFAS 1		
8	Revenue included on Form 990, Part VIII, line 1		
b_	Assets included in Form 990, Part X		· · · · · • • • • • • • • • • • • • • •

Part IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assats (confinued)		tule D (Form 990) 2018 Aurora Area In	terfaith Food	Pantry				36-3206	531 Page 2	
collection jams (check all that apply): a Public destribilition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical freasures, or other smiller seaset to be acid or rate humbs wither than to be maintained as part of the organization's excent pupulse in Part XIII sease to be acid or rate humbs wither than to be maintained as part of the organization's collection? Part IV Escrow and Gustodial Arrangements: Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not incided on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not incided on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not incided on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not incided on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions during the year			ollections of A	rt, Histor	<u>ical Tre</u>	asures,	or Othe	r Similar Asse	ts (continued)	
a Prublic exhibition d Loan or exchange programs	3		and other records, ch	neck any of t	he followin	ng that are a	significan	t use of its		
b Scholarly research Other Other		_								
Preservation for future generations	_				nge progra	ms				
4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other smillar sease to be sold to ruise funds rether than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements.	Ь		e 📙 Ot	her						
XIII. So During the year, did the organization solicil or receive donations of art, historical treasures, or other similar assists to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrive and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes, "Explain the arrangement in Part XIII and complete the following table: C Beginning balance	C									
So During the year, diff the organization solicit or receive donations of art, historical treasures, or other smillar assets to be sold to raise funds after than to be maintained as part of the organization?	4									
sesses to be sold to raise funds rather than to be maintained as part of the organization? Patr IV Escrow and Custodial Arrangements.										
Eart V Escrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yee No I "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiliability? Yee No I "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Check here if the explanation has been provided on Part XIII. Part	5	During the year, did the organization solicit or rec	ceive donations of an	t, historical t	reasures, c	or other sımi	lar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather than to be	maintained as part of	of the organi	zation's co	llection?		• • • • • • • • •	Yes No	
990, Part X, line 21. Is its de organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Amount	Pa									
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY Yes No If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 1 1 1 1 1 1 1 1			nswered "Yes" o	n Form 9	90, Part	IV, line 9	, or rep	orted an amou	nt on Form	
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning belance It Amount It It It It It It It										
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a		or other intermediary	for contributi	ions or oth	er assets no	ot			
C Beginning balance C Amount C Amount C Additions during the year 1d		•						<i></i> .	· Yes No	
c Beginning balance d Additions during the year Distributions during the year f Ending balance f Ending balance f Ending balance Distributions during the year f Ending balance f Ending balance Distributions during the year f Ending balance Bif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Fart.** Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement in Part XIII and complete the following table:								
d Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Describe in the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prox years back (d) Three years back (d) For years back (e) For								Amo	ount	
O Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	C	Beginning balance					· · 1c			
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodief account liability? Part W Endowment Funds.	d	• •	• • • • • • • • •				· · 1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No No No No No No N	0	Distributions during the year					· · 1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part		9								
Part Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									· · Yes No	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four			ck here if the explan	ation has be	en provide	ed on Part X	<u> </u>		<u> </u>	
Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back	Pa	7.74								
Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment Begrand designated or quasi-endowment W Fermanent endowment W The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Pax XIII the intended uses of the organization's endowment funds. Peart VIII Describe in Pax XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. A Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. Describe in Pax XIII the intended uses of the organization on Form 990, Pax X, line 10. A Describe in Pax XIII the intended uses of the organiza		Complete if the organization ar	nswered "Yes" o	n Form 9	90, Part	IV, line 1	0			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years back	(e) Four years back	
c Net investment earnings, gains, and tosses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance								
Committee of the committee of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated of the current year end balance (line 1g, column (a)) held as: Committee of the estimated of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the estimated percentage of the current year end balance (line 1g, column (a)) held as: Committee of the stance of the percentage of the current year end balance (line 1g, column (a)) held as: Committee of	b	Contributions · · · · · · · · · · · · · · · · · · ·								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c	Net investment earnings, gains, and								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment W c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Parl XIII the intended uses of the organization's endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe or property (a) Cost or other basis (other) (investment) (invest		losses								
programs	d	Grants or scholarships								
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment W W W	0	Other expenditures for facilities and			Ĭ		Ī			
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Note the percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Cost or other basis (other) Buildings 1, 353,509 246,293 1, 107,216 Equipment Cheesehold improvements d Equipment Other Other		programs					i			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f	Administrative expenses								
Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedute R? Describe in Part XIII the intended uses of the organization's endowment funds. Part_VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe or property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depredation depredation 1a Land 75, 182 Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements d Equipment Other Other	g	End of year balance								
b Permanent endowment	2	Provide the estimated percentage of the current y	ear end balance (line	e 1g, columr	a)) held	as:		- - i		
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe or property (a) Cost or other basis (other) depreciation depreciation (investment) 1a Land 75,182 5 Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements d Equipment Other Other Other	а	Board designated or quasi-endowment	%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations (Ii) unrelated organizations (Iii) related organizations (Iii) related organizations (Iii) related organizations (Iii) related organizations (Iiii) related organizations (Iiii) related organizations (Iiiii) related organizations (Iiiiii) related organizations (Iiiiiii) related organizations (Iiiiiiiii) related organizations (Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b	Permanent endowment ► %								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations (II) related organizations (II) related organizations (II) related organizations (II) related organizations (III) related organizations (III) the intended uses of the organization's endowment funds. Part_VIII the intended uses of the organization's endowment funds. Part_VIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) 1a Land 75,182 75,182 b Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements d Equipment 4 Other 143,233 105,182 38,051	C	Temporarily restricted endowment	%							
organization by: (ii) unrelated organizations (iii) related	The percentages on lines 2a, 2b, and 2c should e	equal 100%.								
(ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part_VI: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (investment) (investment) (investment) (inter) 24 Describe in Part XIII the intended uses of the organization's endowment funds. (d) Book value (d) Book value (d) Book value 75,182 75,182 Describe in Part X, line 10. 1a Land 1b Cost or other basis (other) (investment) (inter) 1a Land 1b Cost or other basis (other) (inter) 1c C	3a	Are there endowment funds not in the possession	of the organization	that are held	and admir	nistered for t	the			
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describion of property (a) Cost or other basis (other) (a) Cost or other basis (other) (a) Cost or other basis (other) 75,182 75,182 b Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements d Equipment 4 Other 143,233 105,182 38,051		organization by:							Yes No	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment)		(I) unrelated organizations							3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds. Part-VI Land, Buildings, and Equipment.		(ii) related organizations							3a(ii)	
Part-VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (inve	b	If "Yes" on line 3a(ii), are the related organizations	s listed as required o	n Schedule I	R?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation	4	Describe in Part XIII the intended uses of the orga	anization's endowme	nt funds.	_					
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (d) Book value	Pai			_						
(investment) (other) depreciation 1a Land 75,182 75,182 b Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements 143,233 105,182 38,051 e Other 0 143,233 105,182 38,051		Complete if the organization an	iswered "Yes" o	n Form 99	90, Part	IV, line 11	1a. See	Form 990, Par	t X, line 10.	
1a Land 75,182 75,182 b Buildings 1,353,509 246,293 1,107,216 c Leasehold improvements 143,233 105,182 38,051 e Other 0		Description of property	(a) Cost or oth	er basis	(b) Cost or	other basis	(c) A	coumulated	(d) Book value	
b Buildings			(investmi	ent)	(ot	her)				
c Leasehold improvements	1a	Land · · · · · · · · · · · · · · · · · · ·	• • •			75,182	35		75,182	
d Equipment	b	Buildings			1,3	53,509		246,293	1,107,216	
e Other · · · · · · · · · · · · · · · · · · ·	C	Leasehold improvements								
	d	Equipment			1	43,233		105,182	38,051	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	- 0	Other	• • • •							
	Total	Add lines 1a through 1e. (Column (d) must equal I	Form 990, Part X, col	umn (B), line	10c.)			▶	1,220,449	

Schedule D (Form 990) 2018 Aurora Area Int	terfaith Food Pantry	36-32	06531 Page
Investments - Other Securities. Complete if the organization answere	od "Yes" on Form 990. Pa	ort IV line 11h See Form 000	Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financial derivatives		Cost of and-dryses market	7840
(2) Closely-held equity interests	<u></u>		
(3) Other			
(A)			
(8)			
(C)			
(D)			
(E)			
(F) (G)		<u> </u>	
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		. 24 . 22	
Part VIII Investments - Program Related. Complete if the organization answere	d "Ves" on Form 990 Pa		Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)			
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)		 	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X col (B) line 13) Part: IX: Other Assets.		tions	<u> </u>
Complete if the organization answered	d "Yes" on Form 990. Par	rt IV. line 11d. See Form 990.	Part X. line 15.
	ascription		(b) Book value
(1) Food Pantry Fund externally held			
(2) maintained and administered by The			
(3) Community Foundation			17,06
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			15.06
Part X Other Liabilities.		• • • • • • • • • • • • • • • •	17,06
Complete if the organization answered	d "Yes" on Form 990. Par	t IV. line 11e or 11f. See Form	990. Part X.
line 25.	- 100 0 0 000, 1 0		, , , , , , , , , , , , , , , , , , , ,
1. (a) Description of trability	(b) Book value		
(1) Federal income taxes			
(2) Payroll Liabilities	373		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (8) line 25.)	373	1.20年2月1日 アデザカのでは、1.20年2月 日	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2018 Aurora Area Interfaith Food Pantry	36-3206531	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		5,731,852
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- , 5	
а	Net unrealized gains (losses) on investments 2a		
Ь	Donated services and use of facilities	_ [
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		5,731,852
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<i>₹</i>	
8	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·	山 · 漢	
C	Add lines 4a and 4b	4c	
5 (1) = 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,731,852
ra	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 1 1	5,851,838 -
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
8	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII.)	- :-=	
0	Add lines 2a through 2d	20	
3	Subtract line 2s from line 1	3 9	5,851,838
4	Amounts included on Form 990, Part IX, Ilne 25, but not on line 1:	:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	— [元稹]	
b	Other (Describe in Part XIII.)	.	
C	Add lines 4a and 4b	4c	. 051 020
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 5	5,851,838
	Supplemental Information.	Y Iron	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	i A, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			
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			,
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EEA

Schedule D (Form 980) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Employer Identification number

OMB No 1545-0047

Form 990-EZ filers are not required to complete this part.	urora Area Interfaith Food	Pantry				36-32	06531
Indicate whether the organization releed funds through any of the following activities. Check all that apply: a					swered "Yes" on F	orm 990, Part IV,	line 17.
a Mail solicitations					ing Objects of the same	 	
b Intermet and email solicitations f Solicitation of government grants d Phone solicitations g Special fundraising events d In-person solicitations a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (I) Name and address of indradual or entities (fundraiser have custody or control of contributions? (V) Amount paid to (or retained by) tundraiser lasted in col. (i)		sea tunas virougn					
c Phone solicitations g Special fundraising events d In-person solicitations a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (I) Name and address of individual or entities (fundraiser have custody or control of contributions? (VI) Amount paid to (or retained by) fundraiser listed in col. (I) Yes No Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	= '''''''		_			nts	
d in-person solicitations a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No No No No No No No No No No No No No	=				-		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundratising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. If Name and address of individual (II) Activity (III) Did fundraiser have custody or control of contributions? Yes No (IV) Gross receipts from activity fundraiser listed in coll (IV) amount paid to control of contributions? Yes No (IV) Gross receipts from activity from activity from activity organization. Yes No (IV) Gross receipts from activity from activity from activity organization. Yes No (IV) Gross receipts from activity from activity from activity organization. Yes No (IV) Gross receipts from activity from activity from activity from activity organization.	=		9 🗀	Special fund	iraising events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?		r oral agranament	والمتالحين ومرور طائة	dual Castudia	a afficación discustante tou	ntone	
b. If "Yes," list the 10 highest paid individuals or enlities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or enlity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No 10						_	os 🗆 No
compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No (iv) Gross recepts from activity fundraiser isted in coll. (i) (vi) Amount paid to (or retained by) fundraiser isted in coll. (i) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii) (vi) Amount paid to (or retained by) fundraiser isted in coll. (ii)							[] NO
(i) Name and address of individual or entity (fundralser) (iii) Activity (iii) Dd fundralser have custody or control of contributions? Yes No Yes No (iv) Gross receipts from activity fundralser listed in cot. (i) (vi) Amount paid to (or retained by) fundralser listed in cot. (ii)			maraiscis) pe		recinerità unuel milari		
(II) Activity custody or control of contributions? Yes No Yes No Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
(ii) Activity custody or control of contributions? (iv) Gross receipts from activity from activity from activity cost. (i) (i) cryanization Yes No Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from		 	am Ded fun	draiser bave	<u> </u>	(v) Amount paid to	(vi) Amount paid to
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Schedule G (Form 990 or 990-EZ) 2018 Aurora Area Interfaith Food Pantry 36-3206531 Fundralsing Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through Gala/Fashion (event type) (eve<u>nt type)</u> (total number) Gross receipts 140,480 2 Less: Contributions 3 Gross income (line 1 minus 140,480 Cash prizes Noncash prizes Rent/facility costs · Expenses Food and beverages · · · · · Entertainment Other direct expenses 61,457 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Partill Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	 · · · Yes	No
If "Yes," explain:	 	

10a

Schedule I (Form 990) (2018) Open to Public Inspection (h) Purpose of grant OMB No. 1545-0047 or assistance 2018 **⊠** ₩ Employer identification number 36-3206531 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Governments, and Individuals in the United States complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the instructions for Form 990. EEA Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN Aurora Area Interfaith Food Pantry (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the expanization SCHEDULE (Form 990) Parti Partil (10) € 3 9 ε <u>@</u> 6 3 <u>8</u> €

Schedule! (Form 980) (2018) Aurora Area Interfaith Food Pantry	ith Food Pantr	, M			36-3206531 Page 2
Rart III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	ils. Complete if the	organization answer	ed "Yes" on Form 990,	
(a) Type of grant or essistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Distribution of Foods					
2					
en					
4					
S					
9					
		C			
િલ્લાપાળ્યું Supplemental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	we information re	quired in Part I, lin	e Z; Part III, column (t)); and any other additi	ional information.
EEA					Schedule I (Form 830) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization				Employer identific	ation nu	mber	
Aur	ora Area Interfaith Food	l Pantry			36-320653	1		
Pa	rt 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	Method o			
1	Art - Works of art							
2	Art - Historical treasures				<u></u>			
3	Art - Fractional interests							
4	Books and publications				ļ			
5	Clothing and household		不可能。 1950年	<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				1			
14	Qualified conservation				<u> </u>			
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial · · · ·							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	x	34	5,011,879	Retail Va	ם וו		
20	Drugs and medical supplies · · ·			3,011,073	NOCALL VA	- 40		
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·				
22	Historical artifacts							
23	Scientific specimens						-	
24	Archeological artifacts							
25	•							
26	Other ►()							
27	Other ►()							-
28	Other ►() Other ►()							
29	Number of Forms 8283 received by t	ha acaasirati	an during the tay wast for contrib	autions for	<u> </u>			
20	which the organization completed Fo	-			29			
	which the organization completed Fo	IIII 0203, Fail	14, Dolles Movillamendellielli				Yes	No
20-	During the year, did the organization		atalbutian nau acanadu manadad	in Part I lines 1 through			::: <u>:</u> ::	
30a						٦		-
	28, that it must hold for at least three			and which isn't required		30a		
L	to be used for exempt purposes for the		ng penoar · · · · · · ·			Jua		
b	If "Yes," describe the arrangement in		tht	, manatandard				
31	Does the organization have a gift accontributions?			• • • • • • • • • • • • • • • • • • • •		31	- :	<u> </u>
32 a	Does the organization hire or use thir							İ
				• • • • • • • • • • • • • • • • • • • •		32a		<u> </u>
þ	If "Yes," describe in Part II.					= -		
33	If the organization didn't report an am	ount in colum	in (c) for a type of property for w	rhich column (a) is checked,			٠,	-

SCHEDULE 0 (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Nome of the organization	Employer tolerance about number							
Aurora Area Interfaith Food Pantry	36-3206531							
01. Form 990 governing body review (Part VI, line 11)								
There is a written procedure for the review of the 990. The draft 990 document is								
presented to the full board at a meeting for review and questions. Any questions are								
forwarded to the accountant for response. The accountant's responses are for	rwarded to the							
board members. The 990 is approved at the next regular full board meeting.								
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 in	nterest 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	t becomes a							
matter of board action. Any governing board member having a duality of inter	rest 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	e 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 Chairma	an and another							
member of the Executive Committee conduct a performance review of the Executive	ive Director							
in May before the budget process begins. The results are then shared with the	ne Executive							
Committee and compensation is recommended based upon performance and information from any								
relevant salary surveys.								
04. Other officer or key employee compensation (Part VI, line 15b								
There are no other officers or key employees that are compensated that are no For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	ot covered in Schedule O (Form 990 or 990-EZ) (2018)							

Schadute O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer Identification number
Aurora Area Interfaith Food Pantry	36-3206531
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.	
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