

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE RIVER FOOD PANTRY, INC.		D Employer identification number 20-4179749
	Doing business as		E Telephone number 608-442-8815
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,473,677.
	2201 DARWIN RD		H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53704-3105		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: JENNY CZERKAS SAME AS C ABOVE		H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c)() § (insert no.) 4947(a)(1) or 527

J Website: **WWW.RIVERFOODPANTRY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2006** **M** State of legal domicile: **WI**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO BRING A MESSAGE OF MERCY AND HOPE TO THOSE IN NEED BY PROVIDING NUTRITIONAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,885,417.	4,359,195.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	751.	809.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,752.	65,184.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,911,920.	4,425,188.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,326,498.	3,789,830.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	342,916.	425,827.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	53,553.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	218,314.	237,409.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,887,728.	4,453,066.	
19 Revenue less expenses. Subtract line 18 from line 12	24,192.	-27,878.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 556,313.	End of Year 536,116.
	21 Total liabilities (Part X, line 26)	11,959.	19,640.
	22 Net assets or fund balances. Subtract line 21 from line 20	544,354.	516,476.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JENNY CZERKAS, EXECUTIVE DIRECTOR	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRUCE MAYER, CPA	Preparer's signature	Date	Check if self-employed	PTIN P00187180
	Firm's name WEGNER CPAS, LLP	Firm's address 2110 LUANN LN MADISON, WI 53713-3074	Firm's EIN 39-0974031	Phone no. 608-274-4020	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No