WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

THE RIVER FOOD PANTRY, INC. 2201 DARWIN RD MADISON, WI 53704-3105

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STATE REGISTRATION NO. 9773-800

(Rev. January 2020) Department of the Treasury Internal Revenue Service 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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2019 calendar year, or tax year beginning an	d ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		20-41797	49
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2201 DARWIN RD	Room/suite	E Telephone number 608-442-	
	termin- ated		1	G Gross receipts \$	6,638,949.
	Amend				
F	lreturn ⊟Applica	-		H(a) Is this a group re for subordinates	
	⊥ltiön pendin	SAME AS C ABOVE		1	
_			\ 507	H(b) Are all subordinates in	
		empt status: X 501(c)(3)) or 527		list. (see instructions)
		e: WWW.RIVERFOODPANTRY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2006 N	1 State of legal domicile: WI
P		Summary		T.C. T.O.D.	D = 4011D 4 = 4
& Governance		Briefly describe the organization's mission or most significant activities: OUR AND FAITH TO BUILD A STRONGER COMMUNITY		ON IS FOOD,	RESOURCES,
rna	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
Š				3	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	14
<u>დ</u>		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			31
iţie		Total number of violunteers (estimate if necessary)			3541
Activities		Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 39			0.
	0	Net differenced business taxable income from 1 offi 990-1, life 39		Prior Year	Current Year
Revenue		Contributions and grants (Dort VIII line 1b)		6,395,465.	6,608,547.
		Contributions and grants (Part VIII, line 1h)		0,333,403.	12,781.
	1	Program service revenue (Part VIII, line 2g)		476.	1,076.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,908.	13,959.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,415,849.	6,636,363.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,359,165.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,107,273.
		Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	758,056.	746,439.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 78,6		260 201	210 600
	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,201.	310,602.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,385,422.	6,164,314.
. (/		Revenue less expenses. Subtract line 18 from line 12		30,427.	472,049.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		674,751.	1,144,951.
TA A	21	Total liabilities (Part X, line 26)		63,884.	62,035.
		Net assets or fund balances. Subtract line 21 from line 20		610,867.	1,082,916.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
		Observations of efficient			
Sig	ın	Signature of officer		Date	
He	re	CHARLES MCLIMANS, CEO/PRESIDENT			
		Type or print name and title		Oata -	T. DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Pai		BRUCE MAYER, CPA Bruce May	rei	5/5/20 self-employe	
Pre	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN ▶	39-0974031
Use	Only	Firm's address 2921 LANDMARK PL STE 300			
		MADISON, WI 53713-4236		Phone no. 60	8-274-4020
Ma	v tha IE	RS discuss this return with the preparer shown above? (see instructions)			X Ves No

Ра	Check if Schedule O centains a response or note to any line in this Best III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR MISSION IS FOOD, RESOURCES, AND FAITH TO BUILD A STRONGER	
	COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	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 by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the services of the s	
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,866,065 • including grants of \$ 5,107,273 •) (Revenue \$	10 701 .
4a	IN 2019, THE RIVER FOOD PANTRY DISTRIBUTED OVER 2 MILLION POUN	
	FOOD TO 31,794 HOUSEHOLDS. THE RIVER SERVED 36,477 COMMUNITY AND DISTRIBUTED OVER 80,000 MOBILE LUNCHES WITH OUR MUNCH PROG	
	OF THIS WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE 55,851 HOURS	
	SERVICE BY VOLUNTEERS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5 , 866 , 065 •	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	11f		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	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ı	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 31							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
·	to file Form 8282?		7с		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а			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:	1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	440							
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
D	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				17				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		F	990	(0040)				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
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 one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
<u>Sec</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						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х							
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37							
	The organization's CEO, Executive Director, or top management official	15a	Х	37						
b	Other officers or key employees of the organization	15b		Х						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х						
	taxable entity during the year?	16a		Λ						
р	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	401-								
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17 10	List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501(c))(3)	ic onl	() OVO:1	able						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial							
13	statements available to the public during the tax year.	u midi	icial							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	CHARLES MCLIMANS - 608-442-8815									
	2201 DARWIN RD, MADISON, WI 53704-3105									

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLES MCLIMANS	45.00	,,		.,				110 226	•	0 200
CEO/PRESIDENT	2 00	Х		Х				119,336.	0.	9,398.
(2) JENNIFER ZISSER	3.00	٠,,		,,						•
CHAIR	2 00	Х		Х				0.	0.	0.
(3) DAVE BECK ENGEL	2.00	٠,,		,,						•
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(4) JENNIFER NORR	2.00	٠,,		x				0.	0.	•
VICE CHAIR FINANCE	2 00	Х		A				0.	0.	0.
(5) CINDY WITT	2.00	X		x				0.	0.	0
VICE CHAIR ADVANCEMENT	2.00	^		Λ				0.	0.	0.
(6) DAN STRUM	2.00	X		x				0.	0.	0.
TREASURER	2.00	^		^				0.	0.	0.
(7) JORGE AGUILAR	2.00	X						0.	0.	0.
OIRECTOR (8) GEORGIA ALLEN	2.00	Δ						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(9) AMY ISAACHSEN	2.00	^						0.	0.	<u></u>
DIRECTOR	2.00	X						0.	0.	0.
(10) KARL SACHTJEN	2.00	Δ						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(11) JIM SIRIANNI	2.00							0.	•	
DIRECTOR	2.00	x						0.	0.	0.
(12) AMY BARRILLEAUX	2.00								•	
DIRECTOR		x						0.	0.	0.
(13) SUSAN CRAWFORD	2.00									
DIRECTOR		x						0.	0.	0.
(14) ANGELA JENKINS	2.00	 						•		
DIRECTOR		x						0.	0.	0.
(15) KRISTI KAVANAUGH	2.00									
DIRECTOR		Х						0.	0.	0.
		L			<u> </u>	L_	L_			

Part	Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op xo op	not c	Pos check ess pe	c) sition more erson		one th an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related organization (W-2/1099-MI	on d ns	com fr org	(F) timate nount of other pensation the anization relate anization	of tion e on ed
			-											
									110 226		0		0 20	
2 c	Subtotal Total from continuation sheets to Part \ Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization	/II, Section A			· · · · · · · ·			<u> </u>	119,336. 0. 119,336. ecceived more than \$100	0,000 of reportab	0. 0. 0. ole		9,39 9,39 Yes	0.
5	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$1! Did any person listed on line 1a receive or rendered to the organization? If "Yes," colion B. Independent Contractors	such individual sum of reportab 50,000? If "Yes, accrue compe	le co " co nsat	omp omple tion t	ensa ete S	atior S <i>ch</i> e	n and edule y uni	d ot e <i>J t</i> elat	her compensation from for such individual	the organization		3 4 5	162	X X
	<u> </u>									year.	(C) Compensation			<u> </u>
	Total number of independent contractors \$100,000 of compensation from the orgar		not li	mite	ed to	tho	se li:	stec	d above) who received n	nore than			000 (0	

Pa	r L V	Ш			a a la Alaia Davi VIII			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ıts	1	а	Federated campaigns 1a					
iran oun			Membership dues 1b					
s, G			Fundraising events 1c	31,573.				
Sift lar /			Related organizations 1d					
imil			Government grants (contributions) 1e					
tion		f	All other contributions, gifts, grants, and					
ibu				576,974.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	910,854.				
g E		h	Total. Add lines 1a-1f		6,608,547.			
				Business Code				
ce	2	а	FISCAL SPONSORSHIP FEE	900099	12,781.	12,781.		
ervi		b						
n Si ent		С						
Jrar Rev		d						
Program Service Revenue		е						
ъ			All other program service revenue		10 701			
		g	Total. Add lines 2a-2f		12,781.			
	3		Investment income (including dividends, inter	*	1,076.			1,076.
	4		other similar amounts)		1,070.			1,070.
	4		Income from investment of tax-exempt bond	•				
	5		Royalties(i) Real	(ii) Personal				
	6	_		(ii) i cisoriai	-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c	1	-			
			Net rental income or (loss)	<u> </u>				
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a	.,	-			
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
oth			including \$ 31,573. of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b	2,586.				12 014
			Net income or (loss) from fundraising events	<u></u>	13,014.			13,014.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		-			
			Less: direct expenses 9b	<u>'</u>				
			Net income or (loss) from gaming activities .					
	10	а	Gross sales of inventory, less returns and allowances					
		h	Less: cost of goods sold 101		-			
			Net income or (loss) from sales of inventory	•				
		<u> </u>		Business Code				
ons	11	а	MISCELLANEOUS SALES	900099	870.			870.
ane		b	FUEL REBATE	900099	75.			75.
Miscellaneous Revenue		С						
Aisc R			All other revenue					
_			Total. Add lines 11a-11d		945.			
	12		Total revenue. See instructions	>	6,636,363.	12,781.	0.	15,035.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	E 107 272	E 107 272		
_	individuals. See Part IV, line 22	5,107,273.	5,107,273.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	128,734.	77,240.	25,747.	25,747
6	trustees, and key employees	120,754.	77,240.	25,7476	25,747
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 40E9(a)(2)(B)				
7	Other salaries and wages	530,447.	422,428.	74,671.	33,348
, 8	Pension plan accruals and contributions (include	200/44/6	-22/ +20 •	, 1, 0, 11	55,540
J	section 401(k) and 403(b) employer contributions)	10,136.	7,683.	1,544.	909
9	Other employee benefits	30,360.	23,013.	4,625.	909 2,722
9 10	Payroll taxes	46,762.	35,446.	7,124.	4,192
1	Fees for services (nonemployees):		00,1100	.,====	-,
	Management				
b	Legal				
	Accounting	10,722.		10,722.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	34,098.		34,098.	
12	Advertising and promotion	5,944.			5,944
13	Office expenses	91,944.	36,582.	54,582.	780
14	Information technology		•		
15	Royalties				
16	Occupancy	86,946.	83,120.	1,913.	1,913
17	Travel	17,711.	17,606.	66.	39
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,091.	37,371.	860.	860
23	Insurance	24,146.	18,303.	3,678.	2,165
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,164,314.	5,866,065.	219,630.	78,619
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Ра	πX	Balance Sneet					
		Check if Schedule 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	60,067.	1	372,626.		
	2	Savings and temporary cash investments			359,678.	2	445,639.
	3	Pledges and grants receivable, net	82,602.	3	130,367		
	4	Accounts receivable, net	4,753.	4	1,513		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
Assets		under section 4958(f)(1)), and persons descr	ibed in secti	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			8,695.	9	7,441
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	601,766.			
	b	Less: accumulated depreciation	10b	414,401.	158,956.	10c	187,365
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4-4	15	
	16	Total assets. Add lines 1 through 15 (must e			674,751.	16	1,144,951
	17	Accounts payable and accrued expenses		63,884.	17	62,035	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
<u> </u>		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). (Complete Part X			
		of Schedule D			63,884.	25	62,035
	26	Total liabilities. Add lines 17 through 25			03,004.	26	02,033
es		Organizations that follow FASB ASC 958,	cneck nere				
Š	0.7	and complete lines 27, 28, 32, and 33.			525,867.	27	749,870
3alç	27	Net assets with depart restrictions			85,000.	28	333,046
β	28	Net assets with donor restrictions Organizations that do not follow FASB AS			03,000.	20	333,040
Ξ		_	C 936, CiteC	K flere			
ò	20	and complete lines 29 through 33.	1		29		
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, or			30		
Ass	30	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • • •	610,867.	32	1,082,916.
Z	33	Total liabilities and net assets/fund balances			674,751.	33	1,144,951
	<u> </u>	TOTAL HADHILLES AND HEL ASSETS/TUND DAIANCES			0,4,,01	აა	-,- - -,

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,63					
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,16					
3	Revenue less expenses. Subtract line 2 from line 1	3		472,049.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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 on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1	,08	2,9	16.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit						
	Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE RIVER FOOD PANTRY, INC. 20-4179749 Part I 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: 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 X 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.) 8 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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. 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. ☐ 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 I, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4359195.	4927453.	5642845.	6395465.	6608547.	27933505.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	4250405	4005450	5640045	6205465	6600545	0000000		
4	Total. Add lines 1 through 3	4359195.	4927453.	5642845.	6395465.	6608547.	27933505.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						07022505		
6	Public support. Subtract line 5 from line 4.						27933505.		
	etion B. Total Support	() 2045	#1.0040	/) 0047	(1) 0040	() 0040	(C) T		
	ndar year (or fiscal year beginning in)	(a) 2015 4359195.	(b) 2016 4927453.	(c) 2017 5642845.	(d) 2018 6395465.	(e) 2019	(f) Total 27933505.		
	Amounts from line 4	4339193.	494/455.	3042043.	0393403.	0000547.	2/933303.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	809.	873.	664.	476.	1,076.	3,898.		
_	and income from similar sources	009.	073.	004.	470.	1,070.	3,090.		
9	Net income from unrelated business								
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						27937403.		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	88,499.		
13	First five years. If the Form 990 is for			d fourth or fifth ta			00,200		
.0	organization, check this box and stor				-		ightharpoonup		
Sec	ction C. Computation of Publ								
	Public support percentage for 2019 (column (f))		14	99.99 %		
15	Public support percentage from 2018					15	99.74 %		
16a	33 1/3% support test - 2019. If the					nore, check this b	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X		
b	33 1/3% support test - 2018. If the								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt VI how the orga	nization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	e		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□		
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								

Schedule A (Form 990 or 990-EZ) 2019

Part III | 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.)

Section A. Public Support	low, picase com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-7	(,	(=,==::	(-,, : -	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
4 Tax revenues levied for the organ-						
ization'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				-		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ	ļ	<u> </u>
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 line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)		+		+	1	
13 Total support. (Add lines 9, 10c, 11, and 12.)		1			504()(0)	
14 First five years. If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public		roontago				<u></u>
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2019 (lin					15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	<u>%</u>
Section D. Computation of Invest					11	
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the c						1/ is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2018. If the c	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶

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.)

Section A. All Supporting Organizations

- 1 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.
- **b** 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.
- 5a 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?
- 6 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.
- 7 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).
- 8 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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A family	y member of a person described in (a) above?	11b		
С	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.	11c		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the control of the contr		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) . The organization satisfied the Activities Test. Complete line 2 below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions of the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).							
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current 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					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by .035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
_		de details in Part VI). See instructions.		-	
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	<u> </u>	amount arriage by line o amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	EXCES	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(Point and of any color and the transfer of any color and the color and
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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE RIVER FOOD PANTRY, INC.

Employer identification number 20-4179749

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd 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 advisors in	-			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year >				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

932051 10-02-19

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Other	Similar As	sets(continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make sigi	nificant use o	fits	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit o	· · · · · · · · · · · · · · · · · · ·		•	_	-			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes	No
Pa	rt IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Pai	t X, line 21.		_					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe						?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided on	Part XIII			
Pa	rt V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fe	orm 990, Par	t IV, line 10.			
	·	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ack (e) Four yea	ars back
1a	Beginning of year balance			•					
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:			•	
а	Board designated or quasi-endowment	•	%		,,				
b	Permanent endowment	%	_						
С	Term endowment	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organization		
	by:	-					-	Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?)			3b	
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. \$	See Form 990), Part X, Iir	ne 10.		
	Description of property	(a) Cost or o		. ,	t or other (other)		umulated eciation	(d) Book va	alue
	Land								
	Buildings								
	Leasehold improvements			19	5,447.	18	3,348.	12,	099.
	Equipment				7,919.		22,653.	175,	
	Other				8,400.		8,400.	<u> </u>	0.
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			187,	365.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE RIVER FC	OOD PANTRY,	INC.	20-4179749 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ine 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			-
Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(1)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements W	ith Reve	nue per F	eturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements				1	6,666,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	• • • • • • • • • • • • • • • • • • • •					
b	***************************************			27,590.		
С	. , , , , , , , , , , , , , , , , , , ,					
d	Other (Describe in Part XIII.)	2d				05 500
е	• • • • • • • • • • • • • • • • • • • •				2e	27,590.
3	Subtract line 2e from line 1				3	6,638,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	ı			
	, , , ,			2 500		
	Other (Describe in Part XIII.)	<u>-</u>		-2,586.	1	2 506
_	Add lines 4a and 4b				4c	-2,586.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5 Dotu	6,636,363
Pa	Reconciliation of Expenses per Audited Financial Sta		vitn Exp	enses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					6,194,490.
1	Total expenses and losses per audited financial statements				1	0,134,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	١٠		27,590.		
a			4	41,390.	-	
	Prior year adjustments				-	
C				2,586.	-	
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			1	30,176.
e	• • • • • • • • • • • • • • • • • • • •				2e 3	6,164,314.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				3	0,104,514
4 a		4a	I			
	Other (Describe in Part XIII.)				-	
		"			4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18				5	6,164,314.
	irt XIII Supplemental Information.					.,,.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines	1b and 2b	; Part V, line	4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional ir	nformation.			
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
DTI	DEGE EVDENGEG DEDODEED ON HODE 000 DAD	m *****	T T110	0.0		2 506
ודת	RECT EXPENSES REPORTED ON FORM 990, PAR	T VIII,	LINE	88		-2,586.
DΔI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
	KI AII, BING 2D OTHER ADOUGHMINTS.					
ודמ	RECT EXPENSES REPORTED ON FORM 990, PAR	י עדדד.	LINE	8B		2,586.
	1201 211 21,020 1121 011 22 011 1 0111 330 , 1111	_ ,,				2,300

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE RIVER FOOD PANTRY. INC.

Employer identification number

	ER FOOD PANTRY, IN				20-41/9	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	' filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, F If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice see the Instructions for Form	990 0	990.1	F7 G	Schadula G (Form 9	990 or 990-EZ) 2019
Livit i or i aperwork neduction Act Not	acceptate include actions for FUIIII	UI	JJU-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

932081 09-11-19

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·					
		or idital along event contributions and gi	(a) Event #1 FEED THE NEED	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))				
e			(event type)	(event type)	(total number)	COI. (C))				
Revenue	1	Gross receipts	47,173.			47,173.				
	2	Less: Contributions	31,573.			31,573.				
	3	Gross income (line 1 minus line 2)	15,600.			15,600.				
	4	Cash prizes								
es	5	Noncash prizes								
pens	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	681.			681.				
	8	Entertainment	300.			300.				
	9	Other direct expenses				1,605.				
	10	Direct expense summary. Add lines 4 throug	(,		>	2,586. 13,014.				
D -	11 Net income summary. Subtract line 10 from line 3, column (d)									
Pa	irt i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than					
		\$13,000 0111 01111 930-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Зеvе										
_	1	Gross revenue								
ses	2	Cash prizes								
Expen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
		,	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No No					
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>					
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)							
	U	Net garning income summary. Subtract line	Trom line 1, column (a)							
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No				
a	IT "	No," explain:								
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No				
	_									

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 THE RIVER FOOD PANTRY, INC. 20-	4179749	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,
•	Enter the manie and address of the person time property the organization organization of garming openial overthe pools and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
-	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	The fact of the first and address of the time party.		
	Name		
	Address >		
46			
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Garning manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Ра	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	\mathbf{THE}	RIVER	FOOD	PANTRY,	INC.	20-4179749 _{Pag}	je 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued))				
_								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification							
THE RIVER FOOD PANTRY, INC. 20-417974	<u>. 9</u>						
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection							
	No						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any							
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance or assistance							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

Schedule I (Form 990) (2019) THE RIVER FOOD	20-4179749	Page 2				
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
Tool IVID GLOWING DESIGNATION WILLIAM TOOL DIVIDIN	21504		5 105 053	COST AT DATE OF	TOOD IND GLOTHING	
FOOD AND CLOTHING DISTRIBUTED THROUGH FOOD PANTRY	31794	0,	5,107,273.	DONATION	FOOD AND CLOTHING	
Part IV Supplemental Information. Provide the information red	ruired in Dort Llin	o Or Dort III. ookumr	(b), and any other a	additional information		
	quireu iii Fart i, iii	ie 2, Part III, Columi	r (b), and any other a	dulional information.		
PART I, LINE 2:						
THE RIVER FOOD PANTRY MAINTAINS SE	PECIFIC R	ECORDS OF	THE NUMBER	R OF FAMILIES		
WHO RECEIVED FOOD PACKAGES DURING	THE YEAR	. CLIENTS	MUST PRE-	REGISTER WITH		
THE ORGANIZATION TO USE THE FOOD I	PANTRY.	THE ORGANI	ZATION'S D	IRECTORS		
CLOSELY MONITOR THE USE OF FUNDS T	O ENSURE	THEY ARE	USED FOR I	HE INTENDED		
PURPOSES AND PREPARE AND REVIEW AI	LL FINANC	IAL AND OT	HER REPORT	S RELATING TO		
PROVIDING ASSISTANCE.						
TIOATIO WONTDIMICH.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE RIVER FOOD PANTRY, INC. **Employer identification number** 20-4179749

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contribu amounts reported		Method of de		-	
		applicable		Form 990, Part VIII,		noncash contribu	ition ar	nount	S
1	Art - Works of art			,	_ ŭ				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		766.3	122.	COST/SELLIN	G P	RIC	E
6	Cars and other vehicles			,					
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	3,317	4,095,	700.	COST/SELLIN	G P	RIC	E
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SUPPLIES)	X	7	49,	032.	COST/SELLIN	G P	RIC	E
26	Other • ()								
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for c	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement2	29			0	
								Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	oorted in Part I, lines	1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required	to be u	sed for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard	contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell n	oncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a	a) is che	cked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

MILE DIVIED ECOD DIVIDOR

Employer identification number

THE RIVER FOOD PANTRY, INC.	20-41/9/49
FORM 990, PART VI, SECTION B, LINE 11B:	_
THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEME	BERS OF THE
GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS. 1	THE DISTRIBUTION
OF THE RETURN AND THE VOTE TO APPROVE ARE GENERALLY CONDUC	CTED
ELECTRONICALLY.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE DIRECTORS REVIEW ANY POTENTIAL CONFLICTS OF INTEREST A	AS THEY ARISE. IF
THE DIRECTORS DETERMINE THAT A CONFLICT OF INTEREST EXISTS	S, ANY INTERESTED
PERSON IS GENERALLY PROHIBITED FROM PARTICIPATING IN THE C	GOVERNING BODY'S
DELIBERATIONS AND DECISION ON THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15A:	
QTI REVIEWED AND COMPARED THE EXECUTIVE DIRECTOR'S COMPENS	SATION TO PUBLIC
INFORMATION ABOUT COMPENSATION IN POSITIONS AT SIMILAR ORG	GANIZATIONS. THE
STUDY WAS LAST PERFORMED IN 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST. THE
ORGANIZATION'S FINANCIAL STATEMENTS WERE ALSO POSTED ON IT	rs website.