JOHNSON BLOCK & CO., INC 9701 BRADER WAY, SUITE #202 MIDDLETON, WI 53562

> THE RIVER FOOD PANTRY, INC. 2201 DARWIN ROAD MADISON, WI 53704

hhdimlidindlinididindli

Form	qq	n
Form	22	U

# **\*\* PUBLIC DISCLOSURE COPY \*\*** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Dep: Inter	artment o nal Rever	Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection
Α	For the	e 2023 calenda	ar year, or tax year beginning and	ending		
	Check if applicabl		organization		D Employer identificat	on number
	Addre	es THE	RIVER FOOD PANTRY, INC.			
	Name chang	e Doing bu	isiness as		20-4179749	
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	2201	DARWIN ROAD		(608) 442-	8815
	termin ated	1-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	16,594,598.
	Ameno		SON, WI 53704		H(a) Is this a group retur	n
	Applic tion	<sup>a-</sup> F Name ar	nd address of principal officer: RHONDA ADAMS			Yes X No
	pendir		AS C ABOVE		<b>H(b)</b> Are all subordinates includ	
1	Tax-exe	empt status: 🗌	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527		
	Websit		RIVERFOODPANTRY.ORG		H(c) Group exemption n	
ĸ	Form of	forganization: 🗌	X Corporation Trust Association Other	L Year	of formation: 2006 M S	
	art I	Summary			•	<u>v</u>
	1	Briefly describ	e the organization's mission or most significant activities: OUR	MISSIO	N IS FOOD, RE	SOURCES,
Ce			TH TO BUILD A STRONGER COMMUNITY.		· · ·	
Governance	2	Check this box	if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
ver	3				3	14
			ependent voting members of the governing body (Part VI, line 1b)			14
8 8	<u>اا</u> _		of individuals employed in calendar year 2023 (Part V, line 2a)			39
Activities	6		of volunteers (estimate if necessary)			2644
ctiv	7a		I business revenue from Part VIII, column (C), line 12			0.
Ā	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions a	and grants (Part VIII, line 1h)		12,586,036.	16,501,499.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	56,366.
eve	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		8,889.	21,476.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,888.	1,506.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,614,813.	16,580,847.
			nilar amounts paid (Part IX, column (A), lines 1-3)		8,746,180.	10,679,895.
			o or for members (Part IX, column (A), line 4)		0.	0.
Ś	40		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,194,685.	1,431,639.
Se	16a		indraising fees (Part IX, column (A), line 11e)		46,800.	183,314.
Expenses	b		ng expenses (Part IX, column (D), line 25) 478,8	77.		
Щ	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		457,666.	544,110.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,445,331.	12,838,958.
	19		expenses. Subtract line 18 from line 12		2,169,482.	3,741,889.
or	£				ginning of Current Year	End of Year
ets	20	Total assets (P	art X, line 16)		5,972,496.	9,261,037.
Net Assets or	21		(Part X, line 26)		713,827.	260,467.
Net	22		und balances. Subtract line 21 from line 20		5,258,669.	9,000,570.
P	art II	Signature			· · ·	- •

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

Sign	Signature of officer				Date
Here	RHONDA ADAMS, EXECUTIVE D	IRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN
Paid	BRETT HOFMEISTER				self-employed P01290591
Preparer	Firm's name JOHNSON BLOCK & C	O., INC			Firm's EIN 39-1628949
Use Only	Firm's address 9701 BRADER WAY,	SUITE #202			
	MIDDLETON, WI 535	62			Phone no. (608) 274-2002
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23		Form <b>990</b> (2023)

	990 (2023) THE RIVER FOOD PANTRY, INC.	20-4179749 Page
Par	t III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission:	CERONCER
	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?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	vices?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 12,065,006. including grants of \$ 10,679,895. )	
	AS SOUTH CENTRAL WISCONSIN'S BUSIEST FOOD PANTRY, THE	
	17,000 UNIQUE INDIVIDUALS A TOTAL OF 276,395 TIMES IN	
	INCLUDED FOOD-INSECURE CHILDREN, SENIORS, VETERANS, T	
	HOMELESSNESS, AND LOW-INCOME FAMILIES THROUGHOUT DANE	
	PROVIDED OUR NEIGHBORS IN NEED WITH: 3.5 MILLION POUN	
	OTHER ESSENTIALS; 111,234 FRESHLY PREPARED TO-GO MEAN	
	HOUSEHOLDS TO ENJOY AT HOME; 31,072 MOBILE MEALS IN C	
	NEIGHBORHOODS; 3,232 GROCERY DELIVERIES TO THE HOMEBO ONLINE GROCERY ORDERS TO EXPAND CLIENT CHOICE. TO FUE	· · · · ·
	ACCESS WHEN THE RIVER IS CLOSED, WE ALSO LAUNCHED AN	
	LOCKER PROGRAM, CALLED FOOD NOW (NIGHTS OR WEEKENDS).	
	DOCKER TROORER, CREED TOOD NOW (RIGHTD OR WEEKENDD)	•
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
15		
4c	(Code:) (Expenses \$ including grants of \$)	) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 12,065,006.	)
		Form <b>990</b> (20
332002	2 12-21-23	(
	3	

16101113 781432 9659

Form	990	(2023)

 Form 990 (2023)
 THE RIVER FOOD PANTRY, INC.
 20-4179749
 Page 3

 Part IV
 Checklist of Required Schedules
 20-4179749
 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	37	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		х
	public office? If "Yes," complete Schedule C, Part I	3		л
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u></u>
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 21
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		x
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	12-21-23	Form	990	(2023)

4

332003 12-21-23

Form	990	(2023)
FUIII	330	120201

 Form 990 (2023)
 THE RIVER FOOD PANTRY, INC.
 20-4179749
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vas
 No

			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
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			v
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the 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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	30	~	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23	Form	990	(2023)

Form	990 (2023) THE RIVER FOOD PANTRY, INC.	20-4179	749	Pa	age <b>5</b>
Par	t 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 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac	counts (FBAR).	_		37
			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0		х
h	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6h		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section of the	vices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
Ŭ	to file Form 8282?	oroquirou	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	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.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
h	<b>o</b>				
U	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			
~	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

16101113 781432 9659

Form 990	(2023)
----------	--------

THE RIVER FOOD PANTRY, INC.

20-4179749 Page 6

1

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.

<ul> <li>1a Enter the If there are body deleg</li> <li>b Enter the</li> <li>2 Did any or officer, dir</li> <li>3 Did the or of officers</li> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or more ment</li> <li>b Are any gressons o</li> <li>8 Did the org</li> </ul>	number of voting members of the governing body at the end of the tax year material differences in voting rights among members of the governing body, or if the governing ted broad authority to an executive committee or similar committee, explain on Schedule 0. number of voting members included on line 1a, above, who are independent ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	90 was filed?	2 3 4 5 6	Yes
<ul> <li>If there are body deleg</li> <li>Enter the</li> <li>Did any of officer, dir</li> <li>Did the or of officers</li> <li>Did the or</li> <li>Are any group persons of</li> <li>Did the org</li> </ul>	material differences in voting rights among members of the governing body, or if the governing ted broad authority to an executive committee or similar committee, explain on Schedule 0. humber of voting members included on line 1a, above, who are independent ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	1b     14       0 with any other       a direct supervision       90 was filed?       ets?	3 4 5	Yes
<ul> <li>If there are body deleg</li> <li>Enter the</li> <li>Did any of officer, dir</li> <li>Did the or of officers</li> <li>Did the or</li> <li>Are any group persons of</li> <li>Did the org</li> </ul>	material differences in voting rights among members of the governing body, or if the governing ted broad authority to an executive committee or similar committee, explain on Schedule 0. humber of voting members included on line 1a, above, who are independent ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	1b     14       0 with any other       a direct supervision       90 was filed?       ets?	3 4 5	
<ul> <li>body deleg</li> <li>Enter the</li> <li>Did any of officer, dir</li> <li>Did the or of officers</li> <li>Did the or</li> <li>Are any groupersons of</li> <li>Did the org</li> </ul>	Atted broad authority to an executive committee or similar committee, explain on Schedule 0. humber of voting members included on line 1a, above, who are independent	90 was filed?	3 4 5	
<ul> <li>b Enter the</li> <li>2 Did any of officer, dir</li> <li>3 Did the or of officers</li> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or</li> <li>b Are any ge persons of</li> <li>8 Did the org</li> </ul>	number of voting members included on line 1a, above, who are independent ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	90 was filed?	3 4 5	
<ul> <li>2 Did any of officer, dir officer, dir</li> <li>3 Did the or of officers</li> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or</li> <li>b Are any group persons of</li> <li>8 Did the org</li> </ul>	ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	90 was filed?	3 4 5	
<ul> <li>officer, dir</li> <li>3 Did the or</li> <li>of officers</li> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or</li> <li>7a Did the or</li> <li>b Are any gr</li> <li>persons or</li> <li>8 Did the org</li> </ul>	ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	e direct supervision 90 was filed? ets?	3 4 5	
<ul> <li>3 Did the or of officers</li> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or more men</li> <li>b Are any groupersons or</li> <li>8 Did the org</li> </ul>	ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	e direct supervision 90 was filed? ets?	3 4 5	
<ul> <li>of officers</li> <li>Did the or</li> <li>Ta Did the or</li> <li>more men</li> <li>Are any gr</li> <li>persons or</li> <li>B Did the org</li> </ul>	ganization delegate control over management duties customarily performed by or under the directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	e direct supervision 90 was filed? ets?	4 5	
<ul> <li>of officers</li> <li>Did the or</li> <li>Are any gr</li> <li>persons or</li> <li>Did the org</li> </ul>	directors, trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	90 was filed? ets?	4 5	
<ul> <li>4 Did the or</li> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or</li> <li>7a Did the or</li> <li>more men</li> <li>b Are any gr</li> <li>persons or</li> <li>8 Did the org</li> </ul>	ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	90 was filed? ets?	4 5	
<ul> <li>5 Did the or</li> <li>6 Did the or</li> <li>7a Did the or</li> <li>more men</li> <li>b Are any gr</li> <li>persons or</li> <li>8 Did the org</li> </ul>	ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?	ets?	5	
<ul> <li>6 Did the or</li> <li>7a Did the or</li> <li>more men</li> <li>b Are any ge</li> <li>persons o</li> <li>8 Did the org</li> </ul>	ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or ap nbers of the governing body?			
<ul> <li>7a Did the or more men</li> <li>b Are any ge persons o</li> <li>8 Did the org</li> </ul>	ganization have members, stockholders, or other persons who had the power to elect or ap abers of the governing body?			
<ul><li>more men</li><li>b Are any ga</li><li>persons o</li><li>8 Did the org</li></ul>	bers of the governing body?	point one or	0	
<ul><li>b Are any graph</li><li>persons of</li><li>8 Did the org</li></ul>			_	
persons o 8 Did the org	overnance decisions of the organization reserved to (or subject to approval by) members, st		7a	
B Did the org		ockholders, or		
-	ther than the governing body?		7b	
- The gover	anization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following:		
	ning body?		8a	Х
<b>b</b> Each com	mittee with authority to act on behalf of the governing body?		8b	Х
9 Is there ar	y officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the		
organizati	on's mailing address? If "Yes." provide the names and addresses on Schedule O		9	
	olicies (This Section B requests information about policies not required by the Internal Re			
				Yes
10a Did the or	ganization have local chapters, branches, or affiliates?		10a	
	id the organization have written policies and procedures governing the activities of such ch		ieu	
	hes to ensure their operations are consistent with the organization's exempt purposes?		10b	
				Х
	ganization provided a complete copy of this Form 990 to all members of its governing body		11a	Λ
	on Schedule O the process, if any, used by the organization to review this Form 990.			v
	ganization have a written conflict of interest policy? If "No," go to line 13		12a	X
	rs, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х
<b>c</b> Did the or	ganization regularly and consistently monitor and enforce compliance with the policy? If "y	'es," describe		
	Ile O how this was done		12c	Х
13 Did the or	ganization have a written whistleblower policy?		13	Х
14 Did the or	ganization have a written document retention and destruction policy?		14	Х
15 Did the pr	ocess for determining compensation of the following persons include a review and approva	l by independent		
	omparability data, and contemporaneous substantiation of the deliberation and decision?	•		
	ization's CEO, Executive Director, or top management official		15a	Х
	ers or key employees of the organization		15b	
	line 15a or 15b, describe the process on Schedule O. See instructions.		100	
		agent with a		
	ganization invest in, contribute assets to, or participate in a joint venture or similar arrangen		40-	
	tity during the year?		16a	
	id the organization follow a written policy or procedure requiring the organization to evaluat			
in joint ve	nture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's		
	atus with respect to such arrangements?		16b	
Section C. D	isclosure			
17 List the st	ates with which a copy of this Form 990 is required to be filed			
18 Section 6	04 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c)(3)s	only)	availa
for public	inspection. Indicate how you made these available. Check all that apply.			
X Ow		on Schedule O)		
	on Schedule O whether (and if so, how) the organization made its governing documents, co		finano	cial
	s available to the public during the tax year.			
		ke and records		
	name, address, and telephone number of the person who possesses the organization's boo A $ADAMS - 6084428815$	INS ATTU TECOTOS		
-	DARWIN RD, MADISON, WI 53704			
332006 12-21-23			Form	990
	7			
)1113 78	1432 9659 2023.05000 THE RIVE	R FOOD PANTRY.	IN	96

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) RHONDA ADAMS	45.00			0	-					
EXECUTIVE DIRECTOR		1		х				128,940.	Ο.	2,545.
(2) JENNIFER NORR	2.00									
DIRECTOR		X						0.	Ο.	0.
(3) AMY ISAACHSEN	2.00									
TREASURER/ VICE CHAIR		х		х				0.	Ο.	0.
(4) DAVE BECK ENGEL	2.00									
VICE CHAIR		х		х				0.	Ο.	0.
(5) SUSAN CRAWFORD	3.00									
CHAIR		х		х				0.	Ο.	0.
(6) MAGGIE IMMERFALL	2.00									
SECRETARY/VICE CHAIR		X		Х				0.	Ο.	0.
(7) AMY BARRILLEAUX	2.00									
VICE CHAIR		X		Х				0.	Ο.	0.
(8) SHAY SANTOS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) PAT GALLAGHER	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DAN HENDERSON	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MATT BOATRIGHT-SIMON	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SYED ABBAS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) STEVE SACHTJEN	2.00									
DIRECTOR - EMERITUS		Х						0.	0.	0.
(14) BARB GOSENHEIMER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) G THAO	2.00									
MEMBER		Х						0.	0.	0.
		-								
										000

8

332007 12-21-23

Form 990 (2023)

	990 (2023)	THE	RIVER	FOOD	PAN	1TR	Υ,	I	NC	•		20-41	<u>1797</u>	49	Page <b>8</b>
Part	: VII Section	A. Officers, Direc	tors, Trust	ees, Key En	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	Nar	<b>(A)</b> ne and title		<b>(B)</b> Average hours per	box	not c , unles	Pos heck i ss per	more rson i	than o s both	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	n	Estir	<b>F)</b> nated unt of
				week (list any hours for related organization below line)	tee or director	Institutional trustee	Officer D		Highest compensated	Former (a	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	compe fron organ and r	her ensation n the ization elated zations
					-										
					-										
	0.1.1.1.1				-						128,940.		0.	<u> </u>	,545.
С	Total from cor	ntinuation sheets s 1b and 1c)	to Part VII	, Section A							0. 128,940.		0.		<u>, 545.</u>
2		f individuals (inclu from the organizat	-	ot limited to t	hose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	•	Y	1
	line 1a? If "Yes,	," complete Sched	dule J for su	ıch individua	·						hest compensated empl	·····	[	3	X
	and related org	anizations greater	r than \$150	,000? If "Ye	s," cc	mple	ete S	Sche	edule	J f	ner compensation from the form			4	x
-														5	X
1	ion B. Indepen Complete this t	dent Contractors	<b>s</b> highest cor	npensated ir	depe	ender	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensatio	on from	
	the organization		(A) d business			endir ONE		<u>ith c</u>	or wit	nın	the organization's tax yet (B) Description of s		Со	(C) mpens	ation
		f independent cor mpensation from	•	•	not lir	nitec	d to f	thos (		ed	above) who received mo	ore than	F	orm <b>9</b> 9	<b>90</b> (2023)

332008 12-21-23

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O c	contains a res	ponse	or note to any line				
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	18	1					
ran <sup>-</sup>	b		11	,					
ло С П С	с	Fundraising events		;	24,150.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1					
s, G	е	Government grants (contri		•	15,907.				
rsi	f	All other contributions, gifts,	grants, and						
the		similar amounts not included	above 1f		16,461,442.				
d O	g	Noncash contributions included in I	Noncash contributions included in lines 1a-1f						
<u> </u>	h	h Total. Add lines 1a-1f				16,501,499.			
		FOOD GALES			Business Code	FC 266	56.266		
ice	2 a	FOOD SALES			900099	56,366.	56,366.		
er v	b								
u S Ven	C								
Program Service Revenue	d e								
Pro	f	All other program service	revenue						
	a	Total. Add lines 2a-2f				56,366.			
	3	Investment income (includ							
		other similar amounts)				21,476.			21,476.
	4	Income from investment o	of tax-exempt	oond p	roceeds				
	5	Royalties							
			(i) Re	eal	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d Za	Net rental income or (loss) Gross amount from sales of	) (i) Secu	 Irities	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	intico					
	h	Less: cost or other basis	10						
ē		and sales expenses	7b						
ent	с	Gain or (loss)	7c						
Revenue		Net gain or (loss)		<u>.</u>					
<u> </u>	8 a	Gross income from fundraisir	ng events (not						
Othe									
		contributions reported on							
		Part IV, line 18			15,257.				
		Less: direct expenses			13,751.				
		Net income or (loss) from t				1,506.			1,506.
	9 a	Gross income from gamin							
	h	Part IV, line 19							
		Less: direct expenses Net income or (loss) from							
		Gross sales of inventory, le							
	10 0	and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from s							
(0					Business Code				
e e	11 a								
cellaneo evenue	b								
Miscellaneous Revenue					<b>├</b> ──── <b>│</b>				
Mis		All other revenue							
		Total. Add lines 11a-11d				16,580,847.	56 266	0.	22.002
	<b>12</b> 9 12-21-	Total revenue. See instructio				10,000,047.	56,366.	I 0.	22,982. Form <b>990</b> (2023

THE RIVER FOOD PANTRY, INC. 20-4179749 Page 9

Form 990 (2023)

THE RIVER FOOD PANTRY, 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).

INC.

Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 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 organization	าร			·
and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic	10 680 005	10 600 005		
individuals. See Part IV, line 22	10,679,895.	10,679,895.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreig				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,	121 405	07 000	10 510	
trustees, and key employees	131,485.	97,299.	10,519.	23,667.
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)		001 064	00.001	100 007
7 Other salaries and wages	1,110,762.	821,964.	88,861.	199,937.
8 Pension plan accruals and contributions (include	10 451	12 654	1 477	2 2 2 1
section 401(k) and 403(b) employer contributions)	18,451.	13,654.	1,476. 6,203.	3,321. 13,956.
9 Other employee benefits		57,374.	6,203.	16,813.
10 Payroll taxes	93,408.	69,122.	1,4/3.	10,013.
<b>11</b> Fees for services (nonemployees):				
a Management	4 5 5 5		1 575	
<b>b</b> Legal			<u> </u>	
c Accounting			20,920.	
d Lobbying	400 044			183,314.
e Professional fundraising services. See Part IV, line 1				103,314.
f Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,	72 //0		72 440	
column (A), amount, list line 11g expenses on Sch C			73,440.	0 756
12 Advertising and promotion		68,579.	42,606.	9,756. 5,243.
13 Office expenses		00,379.	42,000.	J,24J.
14 Information technology				
15 Royalties	100 004	103,270.	2,377.	2,377.
16 Occupancy	<u> </u>	51,288.	5,545.	12,476.
17 Travel		51,200.	5,545.	12,470.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials <b>19</b> Conferences, conventions, and meetings				
20       Interest         21       Payments to affiliates				
21 Payments to anniates		76,874.	1,769.	1,769.
22 Depreciation, depretion, and amortization		25,687.	2,777.	6,248.
24 Other expenses. Itemize expenses not covered	5177120	2370071	27777	0,2100
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.)	,			
a DUES AND SUBSCRIPTIONS	27,915.		27,915.	
b MISCELLANEOUS	1,611.		1,611.	
c			_, • •	
d	-			
e All other expenses	-			
25 Total functional expenses. Add lines 1 through 24e	12,838,958.	12,065,006.	295,075.	478,877.
<b>26 Joint costs.</b> 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)				
32010 12-21-23	1			Form <b>990</b> (2023

33

Total liabilities and net assets/fund balances

12 2023.05000 THE RIVER FOOD PANTRY, IN 9659\_\_\_1

5,972,496.

33

9,261,037.

Form **990** (2023)

				- Iter to the D - t M			
		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			48,552.	1	2,200,582.
	2	Savings and temporary cash investments			3,633,625.	2	2,085,009.
	3	Pledges and grants receivable, net			1,714,186.	з	3,893,703.
	4	Accounts receivable, net			13,454.	4	32,723.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,936.	8	1,936.
Äŝ	9				22,855.	9	71,991.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,367,294.			
	b	Less: accumulated depreciation	10b	575,522.	422,995.	10c	791,772.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		114,893.	15	183,321.	
	16	Total assets. Add lines 1 through 15 (must equa			5,972,496.	16	9,261,037.
	17	Accounts payable and accrued expenses	126,861.	17	200,389.		
	18	Grants payable		18			
	19	Deferred revenue			470,334.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,		116 622		60 070
		of Schedule D			<u>116,632.</u> 713,827.		60,078.
	26	Total liabilities. Add lines 17 through 25		e X	113,021.	26	260,467.
S		Organizations that follow FASB ASC 958, check	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			3,217,989.	27	3,197,044.
ala	27			L	2,040,680.	27 28	5,803,526.
Net Assets or Fund Balances	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			2,010,000.	20	5,005,520.
'n		-					
or F	20	and complete lines 29 through 33.				29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				29 30	
SSE	30 31					30 31	
et≱	32	Retained earnings, endowment, accumulated inc			5,258,669.	31	9,000,570.
Ž	33	Total net assets or fund balances			5,972,496	32	9,261,037

Form 990 (2023)

Form 990 (2023) THE RIVER FOOD PANTRY, INC. 20-41797	49	Page <b>12</b>
Part 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)	580,	847.
	838,	958.
	741,	889.
	258,	669.
5 Net unrealized gains (losses) on investments 5		12.
6 Donated services and use of facilities		
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))	000,	570.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
-	Ye	es 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 🛛	٢
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b 2	<u>د</u>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	2c 2	<u>د</u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	lame of the organization Employer identification number										
				PANTRY, INC					0-4179749		
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	_	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X	An organization that normal	•	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
ſ		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10		university:		than 22 1/20/ of its sum	art from a	ontribution	o momborob	in face an	d areas ressints from		
10		An organization that normal									
		activities related to its exem income and unrelated busin							-		
		See section 509(a)(2). (Cor				ses acqui		jai lization e			
11		An organization organized a	• •	vely to test for public sa	fetv See	section 50	)9(a)(4)				
12		An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga						-	giving		
		the supported organization	-	-	• • •	-					
		organization. You must c	omplete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
	_	its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally inte			•		-	an attentiv	/eness		
		requirement (see instructi		-							
е		Check this box if the orga					Type I, Type	II, Type III			
	<b>F</b> int a	functionally integrated, or				ation.					
		er the number of supported on vide the following information entities the following information ent	•	d organization(s)							
9_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)		
Total											

	A (Form 99	0) 2023
Part II	Suppo	ort Sc

(Form 990) 2023 THE RIVER FOOD PANTRY, INC. 20-4179 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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6608547.	<u>12511389.</u>	11089827.	<u>12583236.</u>	<u>16516756.</u>	<u>59309755.</u>			
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		10511200	1100000	10500000					
	Total. Add lines 1 through 3	6608547.	12511389.	11089827.	12583236.	16516756.	59309755.			
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)									
	Public support. Subtract line 5 from line 4.						59309755.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 11089827.	(d) 2022	(e) 2023	(f) Total			
-	Amounts from line 4	0000547.	17211298.	1108982/.	12383230.	10210/20.	59309755.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	1 076	2 1 2 2		0 000	21 476	26 120			
_	and income from similar sources	1,076.	2,123.	2,566.	8,889.	21,476.	36,130.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. Add lines 7 through 10						<u>59345885.</u> 12,781.			
	Gross receipts from related activities,	-					12,/01.			
13	First 5 years. If the Form 990 is for th	-								
500	organization, check this box and stor ction C. Computation of Publi				<u></u>		·····			
			-	oolump (f))		14	99.94 %			
	Public support percentage for 2023 (I					14 15	<u>99.94</u> % 99.97%			
	Public support percentage from 2022 33 1/3% support test - 2023. If the o									
104	stop here. The organization qualifies						V			
h	33 1/3% support test - 2022. If the o		-		line 15 is 33 1/3%					
Ň	and <b>stop here.</b> The organization qual									
17-	10% -facts-and-circumstances test				12 162 or 16b					
17 a										
	and if the organization meets the fact meets the facts-and-circumstances te			-		-				
h	10% -facts-and-circumstances test	•	•		•	17a and line 15 is				
U.	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	-		•							
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

332022 12-21-23

5	The value of services or facilities	
	furnished by a governmental unit to	С
	the organization without charge	

- 6 Total. Add lines 1 through 5 .....
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons

D 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	
<b>c</b> Add lines 7a and 7b	

#### 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Calei	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
	check this box and stop here						·····
	tion C. Computation of Publi		•			1 1	
	Public support percentage for 2023 (I						%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and lii	ne 17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organizat	ion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	his box and see ins	structions	
33202	3 12-21-23					Schedu	ule A (Form 990) 2023

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to

THE RIVER FOOD PANTRY, INC.

(b) 2020

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

**(a)** 2019

(f) Total

(e) 2023

(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

(c) 2021

(d) 2022

16101113 781432 9659

THE RIVER FOOD PANTRY, INC.

1

2

Yes No

# Part IV Supporting Organizations

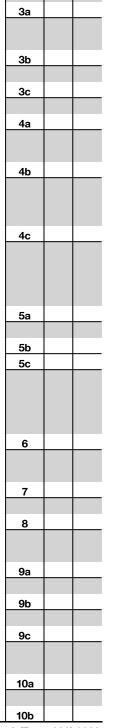
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

17

332024 12-21-23



Schedule A (Form 990) 2023

A (Form 990) 2023	THE	RIVER	FOOD	PANTRY,	INC

2

Yes No

Yes No

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	a construction of the second difference of the second difference is the second difference of the	1 /	1

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled	the supporting	organization.
Section C. Ty	pe II Supp	porting Orga	inizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Sec	Section D. All Type III Supporting Organizations							
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how							
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2	2					

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Schedule Part IV Supporting Organizations (continued)

16101113 781432 9659

2023.05000 THE RIVER FOOD PANTRY, IN 9659\_\_\_1

18

instructions).

Section A - Adjusted Net Ir	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-yea	ar distributions	2		
3 Other gross income (s	ee instructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depl	etion	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inc	ome or for management, conservation, or			
maintenance of proper	ty held for production of income (see instructions)	6		
7 Other expenses (see ir	nstructions)	7		
8 Adjusted Net Income	(subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asse	t Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short t	ax year or assets held for part of year):			
a Average monthly value	e of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of ot	her non-exempt-use assets	1c		
d Total (add lines 1a, 1b	, and 1c)	1d		
e Discount claimed for	blockage or other factors			
(explain in detail in Par	t VI):			
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from lir	le 1d.	3		
4 Cash deemed held for	exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exem	pt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.03	5.	6		
7 Recoveries of prior-yea	ar distributions	7		
	unt (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income f	or prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amour	t 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		
	e current year is the organization's first as a non-functiona	llv integrate	ed Type III supporting orga	nization (see

THE RIVER FOOD PANTRY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule A (Form 990) 2023

1

Schedule A (Form 990) 2023

## THE RIVER FOOD PANTRY, INC.

20-4179749 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr		5		
6	Other distributions (describe in Part VI). See instructions.	····· /		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in <b>Part VI</b> ). See instructions.	0		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE 1	RIVER	FOOD	PANTRY	, INC.		20-4179749 <sub>Pag</sub>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, , lines 2 and	4b, 4c, 5a 13; Part IV	, 6, 9a, 9b Section I	5, 9C, 11a, 110 E, lines 1c, 2a	), and 110; Part , 2b, 3a, and 3b	; IV, Section B, lines b; Part V, line 1; Part	V, Section B, line 1e; Part V,
2028 12-21-2	3							Schedule A (Form 990) 2
					21			

16101113 781432 9659

## \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

Employer identification number

Department	of the Treasur	у
Internal Rev	enue Service	

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

$\mathbf{THE}$	RIVER	FOOD	PANTRY,	INC.	

20	-4179749	

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

20-4179749

#### THE RIVER FOOD PANTRY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 400,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 1,012,500. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 359,428. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll X 362,658. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person Payroll 762,374. Noncash \$ X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

1

23

16101113 781432 9659

Name of organization

Employer identification number

20-4179749

THE RIVER FOOD PANTRY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$696,553.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$374,391.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$2,989,639.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$500,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$470,334.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26-		\$	Person Payroll Ocomplete Part II for noncash contributions.) Schedule B (Form 990) (2023)

THE R	IVER FOOD PANTRY, INC.	20-4179749		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		eived
3	75,000 PAIRS OF BLANK SOCKS	1 010 5		/ 0.2
		\$\$\$\$\$	<u> </u>	/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	i Dato roco	eived
4	134,115 POUNDS OF FOOD			
		\$359,42	28. 12/31,	/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	i Dato roco	eived
5	135,320 POUNDS OF FOOD			
		\$362,6	58	/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	i Dato roco	eived
6	284,468 POUNDS OF FOOD			
		\$762,3	74. 12/31/	/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		eived
7	259,908 POUNDS OF FOOD			
		\$696,5	53. 12/31,	/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		eived
8	139,698 POUNDS OF FOOD			
		\$374,39	91	/23

Schedule B (Form 990) (2023)

# 16101113 781432 9659

25 2023.05000 THE RIVER FOOD PANTRY, IN 9659\_\_\_1

Page 3
Employer identification number

Schedule E	B (Form	990)	(2023)
------------	---------	------	--------

Name of organization

Part II	IVER FOOD PANTRY, INC. Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is peeded	
	isee instructions). Use duplicate copies of P	art ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,115,537 POUNDS OF FOOD		
9		\$2,989,639	9. 12/31/23
(a) No. from Part I	(b) Description of noncash property given	y given (c) (See instructions.)	
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023)

# 16101113 781432 9659

26 2023.05000 THE RIVER FOOD PANTRY, IN 9659\_\_\_1

Schedule B (Form 990) (2023) Name of organization

Employer identification number

	B (Form 990) (2023)		Page <b>4</b>				
Name of c	organization		Employer identification number				
THE R	IVER FOOD PANTRY, INC.		20-4179749				
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or l	ess for the year. (Enter this info. once.) \$				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		e) Transfer of gift	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee				
		[					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			[				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
323454 12-20	6-23	· · · · ·	Schedule B (Form 990) (2023)				

16101113 781432 9659

Schedule B (Form 990) (2023)

sc	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
Name of the organization			Emp	oloyer identification number	
	-	THE RIVER FOOD PAN			20-4179749
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	cour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used c	-	
			r donor advisor, or for any other purpose conferr	Ũ	
Pa					
			ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organizatio			
		of land for public use (for example, recreation of land for public use (for example, recreation)	,	-	•
	_	f natural habitat	Preservation of a cert	ified his	storic structure
0		of open space	ind concernation contribution in the form of a co	noon	tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co day of the tax year.			Iserva	Held at the End of the Tax Year
а	5			2a	
b				2b	
c	•		ucture included on line 2a	2c	
d		vation easements included on line 2c acqui			
		•		2d	
3			eased, extinguished, or terminated by the organ	ization	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sement	ts during the year
~	Deer eesk eese			3	
8	and section 170(h)	•	satisfy the requirements of section 170(h)(4)(B)(i		Yes No
9			on easements in its revenue and expense statem		
3		-	note to the organization's financial statements th		
		ounting for conservation easements.			
Pa			Art, Historical Treasures, or Other S	Simila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	neet works
	of art, historical tre	easures, or other similar assets held for pub	blic exhibition, education, or research in furthera	nce of p	oublic
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of pul	olic service,
	provide the followi	ng amounts relating to these items.			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$
	(ii) Assets include	ed in Form 990, Part X			\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

# Schedule D (Form 990) 2023

16101113 781432 9659

28

\$

\$

		ER FOOD PAI				_		20-41			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the	following that	t make s	ignificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit of					er simila	r assets	_	-		-
D.	to be sold to raise funds rather than to be ma								Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						7.2		1
	on Form 990, Part X?							L	Yes		No
d	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					Amount		
-	Designing belongs						10		Amoun		
с С	Additions during the year										
	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							······			1
	t V Endowment Funds Complete it						0.			· · · · · ·	4
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g	j, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	red for th	ne		Г	Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization organization organization organization or								3a(ii)		
U A									3b		
Par	t VI Land, Buildings, and Equipm		wittent it	unus.							
	Complete if the organization answere		), Part IV	, line 11a. S	See Form 990	, Part X.	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	other	(b) Cos	t or other (other)	(c) A	Accumulate	ed	(d) Bool	< value	
10	Land		nong	04315			PICOIALION				
	Land										
	Buildings Leasehold improvements			1 0	5,447.		194,5	03.		9/	44.
d	Equipment				7,689.		372,6		60'	5,0	
	Other				4,158.		8,4			5, 7	
	. Add lines 1a through 1e. (Column (d) must e		V line 1		-		-			L,7	
Tota	, idd inios ra through re. (Column (a) must e	<u>qual FUIII 990, Part</u>		JU, COIUINN	(גָם					- , '	

Schedule D (Form 990) 2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) BOOK value	(c) Method of Valdation. Cost of end	oryear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(P))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
			(b) Book value
			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			60,078.
			00,070.
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			60,078.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	at 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

16101113 781432 9659

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

X

Sche	edule D (Form 990) 2023 THE RIVER FOOD PANTRY, INC.			20-	4179749 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With R			<u>.</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,606,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	12.		
b	Donated services and use of facilities	2b	12,324.		
с	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	12,336.
3	Subtract line 2e from line 1			3	16,594,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-13,751.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-13,751.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	16,580,847.
	(This must equal to me boot that the test			-	1 1
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	s With I	Expenses per R	letur	n
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With I	Expenses per R		n
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statement	s With I	Expenses per R	letur 1	n 12,865,033.
	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With I	Expenses per R		n
1	Reconciliation of Expenses per Audited Financial Statement           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	s With I	Expenses per R		n
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Statement</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	s With I	Expenses per R		n
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statement</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a	Expenses per R		n
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statement</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a2b	Expenses per R		n 12,865,033.
1 2 b c d	TXII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per R 12,324. 13,751.		n 12,865,033. 26,075.
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statement</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R 12,324. 13,751.	1	n 12,865,033.
1 2 b c d e	TXII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 12,324. 13,751.	1 2e	n 12,865,033. 26,075.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R 12,324. 13,751.	1 2e	n 12,865,033. 26,075.
1 2 6 6 8 3 4	TXII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R 12,324. 13,751.	1 2e	n 12,865,033. 26,075.
1 2 3 4 3	T XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	12,324. 13,751.	1 2e	n 12,865,033. 26,075. 12,838,958. 0.
1 2 d e 3 4 b c 5	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per R 12,324. 13,751.	1 2e 3	n 12,865,033. 26,075.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE RIVER IS A NONPROFIT	CORPORATION, INCORPORATED UNDER THE WISCONSIN
NONSTOCK CORPORATION LAW	(CHAPTER 181 OF THE WISCONSIN STATUTES). THE
RIVER IS EXEMPT FROM INC	OME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE AND FROM WI	SCONSIN FRANCHISE OR INCOME TAX. IN ADDITION, THE
RIVER QUALIFIES FOR THE	CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION
170(B)(1)(A) AND HAS BEE	N CLASSIFIED AS AN ORGANIZATION OTHER THAN A
PRIVATE FOUNDATION UNDER	SECTION 509(A)(2). THE RIVER EVALUATES ITS
UNCERTAIN TAX POSITIONS	IN ACCORDANCE WITH PROFESSIONAL STANDARDS. FOR THE
YEAR ENDED 2023, THE RIV	ER BELIEVES ALL TAX POSITIONS TO BE HIGHLY
CERTAIN. THE RIVER'S FED	ERAL EXEMPT ORGANIZATION TAX RETURNS ARE SUBJECT
TO EXAMINATION BY THE IN	TERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS
332054 09-28-23	Schedule D (Form 990) 2023 31
16101113 781432 9659	2023.05000 THE RIVER FOOD PANTRY, IN 96591

Schedule D (Form 990) 2023 THE RIVER FOOD PANTRY, INC. Part XIII Supplemental Information (continued)	20-4179749 Page 5
Part XIII Supplemental Information (continued)	
AFTER THEY ARE FILED. WITH FEW EXCEPTIONS, THE RIVER IS NO	LONGER SUBJECT
TO SUCH EXAMINATIONS FOR YEARS BEFORE 2020.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B	-13,751.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B	13,/51.
332055 09-28-23	Schedule D (Form 990) 2023

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990)		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.								
Department of the Treasury Internal Revenue Service	0-1	Attach to Form 990 o				•		Open to Public Inspection		
Name of the organization	n	o www.irs.gov/Form990 for instructed ER FOOD PANTRY , IN		and ti	ie latest information	n.	Employer ide	entification number		
Part I Fundrais		Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1				
required to	complete this part	t								
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> </ul>	tions email solicitations tations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events	tees,				
, , ,	) highest paid indiv	art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu organization.			e e	ne fui	X Ye			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
MCDONALD SCHAEFER			Yes	No						
CROSSROADS DRIVE #4		CAPITAL CAMPAIGN		X	4,445,125.			4,261,811.		
Total         3       List all states in whi         or licensing.         WI	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	4,445,125. or has been notified	it is	183, 314. exempt from re			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE RIVER FOOD PANTRY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 SIPS AND SLICES	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	39,407.			39,407
2	Less: Contributions	24,150.			24,150
3	Gross income (line 1 minus line 2)	15,257.			15,257
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	8,651.			8,651
7	Food and beverages	4,060.			4,060
8	Entertainment				
9	Other direct expenses				1,040
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			13,751
11	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization				1,506
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
1	Gross revenue	(a) Bingo		(c) Other gaming	
1 2 3	Cash prizes	(a) Bingo		(c) Other gaming	
3	Cash prizes	(a) Bingo		(c) Other gaming	
3 4	Cash prizes	(a) Bingo		(c) Other gaming	
3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	col. (a) through col. (
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes% □%	col. (a) through col. (
3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	Yes %	col. (a) through col. (
3 4 5 6 7 8 En	Cash prizes	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	bingo/progressive bingo	Yes% □	col. (a) through col. (
3 4 5 6 7 8 En Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 iter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes%         No         1         Yes%         No         1         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	bingo/progressive bingo	Yes%	col. (a) through col. (

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE	RIVER	FOOD	PANTRY	INC.		20 - 4	17974	9 Page 3
11	Does the organization conduct ga	ming act	ivities with I	nonmembe	ers?				Yes	No
12	Is the organization a grantor, bene	ficiary or	trustee of a	a trust, or a	a member of a	partnership	or other entity formed			
	to administer charitable gaming?								Yes	No No
	Indicate the percentage of gaming									
	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of the	e person	who prepar	res the org	anization's ga	ming/special	events books and reco	ords:		
	Norma									
	Name									
	Address									
15a	Does the organization have a cont	tract with	a third par	ty from wh	iom the organi	zation receiv	es gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gami	ng reven	ue received	l by the org	ganization	\$	and the a	mount		
	of gaming revenue retained by the	third pa	rty \$ _							
c	If "Yes," enter name and address	of the thi	rd party:							
	Name									
	Address									
	Address									
16	Gaming manager information:									
	5 5									
	Name									
	Gaming manager compensation	\$								
	Description of some issue must ideal									
	Description of services provided									
	Director/officer	Em Em	ployee		Independe	nt contracto	r			
17	Mandatory distributions:									
а	Is the organization required under	state lav	v to make c	haritable d	listributions fro	m the gamin	g proceeds to			<b></b>
									⊥ Yes	No No
b	Enter the amount of distributions a	•			distributed to	other exemp	t organizations or spen	t in the		
Pa	organization's own exempt activiti rt IV Supplemental Infor				tions required	by Part I, line	e 2b. columns (iii) and (	v): and Part	III. lines 9	.9b.10b.
	15b, 15c, 16, and 17b, as			-	-	•		r), and r are	,	, 00, 100,
SC	HEDULE G, PART I,	LINE	2B, I	IST C	F TEN H	IGHEST	PAID FUNDRA	AISERS	:	
(I	) NAME OF FUNDRAIS	SER:	MCDONA	LD SC	HAEFER					
<u> </u>										
<u>(I</u>	) ADDRESS OF FUNDF	RAISE	R: 281	0 CRO	SSROADS	DRIVE	#4000, MADI	SON, N	WI 53	3718
3320	33 09-13-23							Schedu	le G (Forn	n 990) 2023

Schedule G	
Dort IV	Cumple

	Part IV	Supplemental Informatio	n (continued)		
Schedule G (Form 990)					Schedule G (Form 990)

332084 04-01-23

16101113 781432 9659

SCHEDULE I		G	ants and Oth	er Assistan	ce to Organ	izations,			OMB No. 1	545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									23
Department of the Treasury		Compi		Attach to Forn					Open to	Public
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									Inspe	
Name of the organizati	ion							Employer ide		
	THE RIVER		TRY, INC.						20-41	79749
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										
	zation maintain records t award the grants or assis								Yes	No
	IV the organization's pro							—	_	
	d Other Assistance to					anization answered "Y	es" on Form 990, Parl	t IV, line 21, fo	r any	
	hat received more than §					(f) Method of		1		
	Idress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of g assistanc	

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 ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

20-4179749 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				COST AT DATE OF	
FOOD AND CLOTHING DISTRIBUTED THROUGH FOOD PANTRY	17100	10,679,895.	0.	DONATION	FOOD AND CLOTHING
				1	1

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE RIVER FOOD PANTRY MAINTAINS SPECIFIC RECORDS OF THE NUMBER OF

FAMILIES WHO RECEIVED FOOD PACKAGES DURING THE YEAR. CLIENTS MUST

PRE-REGISTER WITH THE ORGANIZATION TO USE THE FOOD PANTRY. THE

ORGANIZATION'S DIRECTORS CLOSELY MONITOR THE USE OF FUNDS TO ENSURE

THEY ARE USED FOR THE INTENDED PURPOSES AND PREPARE AND REVIEW ALL

FINANCIAL AND OTHER REPORTS RELATING TO PROVIDING ASSISTANCE.

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public** 

Employer identification number

20 - 4179749

23

Complete if the organizations answered "Yes" of	on Form 990,	Part IV, lines 29	or 30.
Attach to Form 9	990.		

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

Name of the organization

#### THE RIVER FOOD PANTRY, INC.

Pa	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributio		
		applicable		Form 990, Part VIII, line 1g	noncash contributio	JI amount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		1,227,047.	COST/SELLING	PRIC	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	10,490	8,476,780.	COST/SELLING	PRIC	E
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( <u>OTHER DONATED I</u> )	X	51	67,089.	COST/SELLING	PRIC	<u>E</u>
26	Other ( )						
27	Other ( )						
28	Other ( )				Ĺ		
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of t		-	•		-	v
	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 requires the review of any nonstandard contributions?
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?
b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

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

Schedule M (Form 990) 2023

31

32a

Х

Х

LHA 332141 09-11-23

Part II	Supplement	al Infori	mation D	rovido tho	information roa	uirad by F
Schedule M	(Form 990) 2023	THE	RIVER	FOOD	PANTRY,	INC.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# SCHEDULE M, PART I, COLUMN (B):

## THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE	0
(Eorm 990)	

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

THE RIVER FOOD PANTRY, INC. Employer identification number 20 - 4179749

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE

GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS. THE DISTRIBUTION OF

THE RETURN AND THE VOTE TO APPROVE ARE GENERALLY CONDUCTED ELECTRONICALLY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS REVIEW ANY POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. IF THE DIRECTORS DETERMINE THAT A CONFLICT OF INTEREST EXISTS, ANY INTERESTED PERSON IS GENERALLY PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISION ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

OTI REVIEWED AND COMPARED THE EXECUTIVE DIRECTOR'S COMPENSATION TO PUBLIC

INFORMATION ABOUT COMPENSATION IN POSITIONS AT SIMILAR ORGANIZATIONS. THE

STUDY WAS LAST PERFORMED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

41

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

ORGANIZATION'S FINANCIAL STATEMENTS WERE ALSO POSTED ON ITS WEBSITE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

# File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.						
<u>Part I - Id</u>	lentification								
Type or	Name of exempt organization, employer, or other filer, see instructions.				Taxpayer identification number (TIN)				
Print									
File by the	THE RIVER FOOD PANTRY, INC.				20-41797	49			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2201 DARWIN ROAD								
instructions.									
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01			
Applicatio	on Is For	Return	Application Is For			Return			
		Code				Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09			
Form 472	0 (individual)	03	Form 5227			10			
Form 990		04	Form 6069			11			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
	-T (trust other than above)	06	Form 5330 (individual)			13			
	-T (corporation)	07	Form 5330 (other than individual)			14			
Form 104		08							
	ou enter your Return Code, complete either Part II or Part	t III. Part II	Lincluding signature is applicable of	only for an	extension of				
	e Form 5330.		,,						
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information						
	n Name								
	n Number								
	n Year Ending (MM/DD/YYYY)								
	utomatic Extension of Time To File for Exempt Organi	izations (s	see instructions)						
	poks are in the care of RHONDA ADAMS								
	2201 DARWIN RD -	MADTS	SON WT 53704						
Telenh	Ione No. 6084428815		Fax No.						
	organization does not have an office or place of business	in the l In							
	is for a Group Return, enter the organization's four-digit (					chock this			
box	. If it is for part of the group, check this box	_							
	quest an automatic 6-month extension of time until NC								
				e trie exerr	pt organization re	lurn for			
the X	organization named above. The extension is for the orga	anization's	return for:						
		00				20			
	tax year beginning	, 20	, and ending		,	20			
2 If th	he tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return	Final retur	n 				
3a If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less						
any	nonrefundable credits. See instructions.			3a	\$	0.			
<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
esti	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.			
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by						
usir	ng EFTPS (Electronic Federal Tax Payment System). See	<u>instruc</u> tio	ns.	3c	\$	0.			
	· · · · · · · · · · · · · · ·								