

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

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.

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

 A For the 2019 calendar year, or tax year beginning
 and ending

Athenes       The River Fund Maine       83-1986128         Initial intervent function       Doing business as       Ball Part I State of province, country, and ZIP or foreign postal code       E Telephone number       (207) 824-5061         Athenes       Same as C above       Hail is not delivered to street address)       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess       Hail is this agroup return for subordinates of principal officer. Jim Largess         J Website:       https://www.riverfundmaine.org       Hcj Group exemption number       Yes       No         People together to provide financial and community support for youth       1 the organization discontinued its operations or disposed of more than 25% of its net assets.       1 4         Number of individuals employed in calendary ear 2019 (Part V, line ta)       4       1 4         A unmber of individuals employed in calendary ear 2019 (Part V, line ta)       5       1 4         A unmeer of individuals employed in calendary ear 2019 (Part V, line ta)       5       1 4         A contributions and grants (Part VIII, line 1n)	B c	Check if	C Name of organization		D Employer identifie	cation number
Image: Normal street       Doing business as       83-1986128         Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Name       0.0       0.0       0.0       0.0         Market in the street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number       (207) 824-5061         Market in the street (or P.O. box if mail is not delivered to street address)       Nomber and street (or P.O. box if mail is not delivered to street address)       G @vas nocepts 8       6183365.         Market in the street (or P.O. box if mail is not delivered to street address)       Formation: Street (or P.O. box if mail is not delivered to street address)       Yes       No         Image: intervent		Addre				
Number and steet (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number (207) 824-5061         Argener	X				83-19861	28
Final method       P.O. BOX 4500       (207) 824-5061         City or town, state or province, country, and ZIP or foreign postal code       Gross recents 6       618365.         Manual       Fame and address of principal officer. Jim Largess status: [X] 501(b) () ≤ (insert no.) 4947(a)(1) or 527       H(a) Is this argour perum for subordinates: included? Yes No         I Tax exempt status: [X] 501(b) () ≤ (insert no.) 4947(a)(1) or 527       H(b) Statis argour perum for subordinates: included? Yes No         Y Hoth Status: [X] Corporation       Trust Association Other > L Year of formation: 2018 M State of legal domicile. ME         Part [] Summary       1 Briefly describe the organization is mission or most significant activities: The River Fund Maine draws people together to provide financial and community support for youth         2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1a)       4         4 Number of independent voting members of the governing body (Part VI, line 2a)       5         6 Total number of inductals employee in calendary are 2019 (Part VI, line 2a)       5         7 To tal number of motional grants (Part VIII, column (A), line 3, 4, and 70       0         9 Program service revenue (Part VIII, line 2g)       0       0         1 Dther revenue (Part VIII, column (A), lines 1, 4, and 70       0       0         1 Othere revenue (Pa		Initial	•	Room/suite		
Signification of the set of province, country, and ZIP or foreign postal code NEWRY, ME 04261       G @reasresepts i 618365.         NewRY, ME 04261       NewRY, ME 04261         Same as C above       H(a) Is this a group return for subordinates of principal officer. Jim Largess         I Tax-exempt status: X 501(c)(3 501(c) )    (inset1no. 4947(a)(1) or 527         J Website: https://www.riterfundmaine.org       H(b) Are all subordinates include? Yes No         HT accent of organization: X Corporation Trust Association Other L Year of formation: 2018 M State of legal domicals: ME         Part I Summary       I Briefy describe the organization's mission or most significant activities: The River Fund Maine draws people together to provide financial and community support for youth         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of volting members of the governing body (Part VI, line 1a)       3 14         4 Number of individuals employed in calendar year 2019 (Part V, line 1a)       3 14         6 Cotal number of volting members of the governing body (Part V, line 1a)       3 0.0         7a Total unrelated business taxable income from Form 990-T, line 39       7b 0.0         9 Prior Year       Current Year         10 Investment income (Part VIII, line 1h)       0.0         9 Program service revenue (Part VIII, column (A), lines 3.4, and 7d       0.0         10 Tore repenses (Part X, column (A), lines 25		Final	P O BOX 1500	rice en la cuite		
Amended mean- bended       NEWRY, ME       04261         FName and address of principal officer. Jim Largess same as C above       Hai Is this a group return for subordinates?       Yes       No         I Tax-exempt status:       I Sol1(c)(3)       501(c)(.)       (insert no.)       4947(a)(1) or       527         J website:       https://www.riverfundmaine.org       H(c) Group exemption number       No         Form of organization:       I Corporation       Trust       Association       Other       L Year of formation:       2018 M State of legal domicle: ME         Pent I       Summary       I Briefly describe the organization is mission or most significant activities:       The River Fund Maine draws         people together to provide financial and community support for youth       2 Check this box       if the organization (socontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part V, line 1a)       3       14         4       Number of votind members of the governing body (Part V, line 2a)       5       1         6       O       0       2       0       0         7 a total number of voting members of the governing body (Part V, line 2a)       5       1       1         6       O       0       0       0       0 <td></td> <td>termin</td> <td></td> <td></td> <td></td> <td></td>		termin				
Product       F Name and address of principal officer: Jim Largess       for subordinates?       Yes       No         Same as C above       It are exempt status: S 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527       H(b) Are all subordinates included?       No         J Website:       https://www.riverfundmaine.org       H(c) Group exemption number ▶         K Form of organization; X Corporation       Trust       Association       Other ▶       L Year of formation: 2018       M State of legal domicile: ME         PartII       Summary       1       Briefly describe the organization's mission or most significant activities: The River Fund Maine draws       people together to provide financial and community support for youth         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voling members of the governing body (Part V, line 1a)       3       14         4       Number of individuals employed in calendar year 2019 (Part V, line 2a)       5       1         5       Total number of ndividuals employed in calendar year 2019 (Part V, line 2a)       6       0         7b       0.       0.       0.       0.       0.         7b       0.       0       0.       0.       0.       0.         7b       0.       0 </td <td></td> <td>Ameno</td> <td><math>\frac{1}{2}</math></td> <td></td> <td></td> <td></td>		Ameno	$\frac{1}{2}$			
same as C above       H(b) Are al subordinates included?       Yes       No         1 Taxexempt status:       3 501(c)(3)       501(c) (1)        (If No, attach a list, (see instructions)       H(b) Are al subordinates included?       Yes       No         K Form of organization;       X       Corporation       Trust       Association       Other >       L Year of formation:       2018       M State of legal domicile; ME         Partil       Summary       I Brifty describe the organization's mission or most significant activities:       The River Fund Maine draws         people       together to provide financial and community support for youth       2 Check this box >       I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of volting members of the governing body (Part V, line 1a)       3       14         4 Number of independent voting members of the governing body (Part V, line 2a)       5       1         5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       1         6       O       0       7a       0.         7 Total unrelated business revenue from Form 990-T, line 39       7b       0.       0.         9       Porgarm service revenue (Part VIII, line 2g)       0.       0.       0.       0.         10       In		Applic	,			
I Tax-exempt status: X 501(c)(3) 501(c)(3) () (insert no.)       4947(a)(1) or       527         J Website: ▶ https: //www.riverfundmaine.org       Hc) Group exemption number ▶         K Form of organization: X Corporation       Trust       Association       Other ▶       L Year of formation: 2018 M State of legal domicile: ME         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       The River Fund Maine draws         people together to provide financial       and community support for youth         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       4       14         4       Number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       1         6       Total number of volunteers (estimate if necessary)       6       0       7         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.       501079.         9       Porgram service revenue (Part VIII, line 34, 4, and 7d)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         10       Investinent income (Part VIII, column (A), lines 3						
J Website: ▶ https://www.riverfundmaine.org       H(c) Group exemption number ▶         K Form of organization: [X] Corporation       Trust       Association       Other ▶       L year of formation: 2018 M State of legal domicile: ME         Part II       Summary       I Briefly describe the organization's mission or most significant activities:       The River Fund Maine draws         people together to provide financial and community support for youth       I the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       I a       14         4       Number of individuals employed in calendar year 2019 (Part VI, line 2a)       5       11         6       O0       7a       Total number of volunteers (estimate if necessary)       7b       0.         7 a Total number of volunteers (estimate if necessary)       Prior Year       Current Year         8       Contributions and grants (Part VIII, column (C), line 39       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       501079.         9       Program service revenue (Part VIII, column (A), lines 1-3)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0. <t< td=""><td>1 1</td><td>ax-exe</td><td></td><td>or 527</td><td>1 ` '</td><td></td></t<>	1 1	ax-exe		or 527	1 ` '	
K       Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       2018       M State of legal domicile:       ME         Part II       Summary       Interfly describe the organization's mission or most significant activities:       The River Fund Maine draws         People       Logether to provide financial and community support for youth         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1b)       4       14         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       14         5       1       6       0       1         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       1         7       Total number of volunteers (estimate if necessary)       6       0       0       7       0       <				0. 02.	1 '	1
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: The River Fund Maine draws people together to provide financial and community support for youth         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       14         5       Tatal number of independent voting members of the governing body (Part VI, line 1b)       5       1         6       Total number of volunteers (estimate if necessary)       6       0         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total unrelated business taxable income from Form 990-T, line 39       7b       0.         9       Program service revenue (Part VIII, line 1h)       0.       501079.         9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3.4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, colum (A), lines 4       0.       0.       0.         13       Grants and similar amounts				L Year		
people together to provide financial and community support for youth         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       14         4 Number of independent voting members of the governing body (Part VI, line 1b)       4       144         5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       0         6 Total number of volunteers (estimate if necessary)       6       0       0         7 a Total unrelated business reveue from Part VIII, column (C), line 12       7a       0.       0.         b Net unrelated business taxable income from Form 990-T, line 39       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       0.       0.       0.         9 Program service revenue (Part VIII, line 2g)       0.       0.       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.			Summary	1 · · ····		
people together to provide financial and community support for youth         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       14         4 Number of independent voting members of the governing body (Part VI, line 1b)       4       144         5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       0         6 Total number of volunteers (estimate if necessary)       6       0       0         7 a Total unrelated business reveue from Part VIII, column (C), line 12       7a       0.       0.         b Net unrelated business taxable income from Form 990-T, line 39       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       0.       0.       0.         9 Program service revenue (Part VIII, line 2g)       0.       0.       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.		1	Briefly describe the organization's mission or most significant activities: The	River	Fund Maine d	lraws
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b Net unrelated business taxable income from Form 990-T, line 39       17b       0.         Prior Year       Current Year         9 Program service revenue (Part VIII, line 1p)       0.       501079.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       93766.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       5147.       0.       18331.       0.       0.         17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       0.       0.       533206.       533206.         19 Revenue less expenses. Subtract line 18 from line 12       0.       533206.       533206.       533204.         20 Total assets (Part X, line 16)       8.       546952.       0.       13738.         21 Total liabiliti	ې د د				1	
b Net unrelated business taxable income from Form 990-T, line 39       17b       0.         Prior Year       Current Year         9 Program service revenue (Part VIII, line 1p)       0.       501079.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       93766.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       5147.       0.       18331.       0.       0.         17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       0.       0.       533206.       533206.         19 Revenue less expenses. Subtract line 18 from line 12       0.       533206.       533206.       533204.         20 Total assets (Part X, line 16)       8.       546952.       0.       13738.         21 Total liabiliti	/itie				0	
b Net unrelated business taxable income from Form 990-T, line 39       17b       0.         Prior Year       Current Year         9 Program service revenue (Part VIII, line 1p)       0.       501079.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       93766.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       5147.       0.       18331.       0.       0.         17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       0.       0.       533206.       533206.         19 Revenue less expenses. Subtract line 18 from line 12       0.       533206.       533206.       533204.         20 Total assets (Part X, line 16)       8.       546952.       0.       13738.         21 Total liabiliti	çti					
8Contributions and grants (Part VIII, line 1h)0.501079.9Program service revenue (Part VIII, column (A), lines 2g)0.0.10Investment income (Part VIII, column (A), lines 3, 4, and 7d)0.0.11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0.93766.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)0.594845.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)0.0.14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)0.43308.16aProfessional fundraising fees (Part IX, column (A), line 25)5147.17Other expenses (Part IX, column (A), line 25)5147.18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)0.19Revenue less expenses. Subtract line 18 from line 120.20Total assets (Part X, line 16)8.546952.21Total liabilities (Part X, line 26)0.13738.22Net assets or fund balances. Subtract line 21 from line 208.533214.	_ <	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       9.       9.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       5.94845.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.         16a       Professional fundraising fees (Part IX, column (D), line 25)       5147.       0.       18.331.         17       Other expenses (Part IX, column (D), line 25)       5147.       0.       5.33206.         19       Revenue less expenses. Subtract line 18 from line 12       0.       5.33206.       0.         20       Total assets (Part X, line 16)       8.       546952.       0.       1.3738.         21       Total liabilities (Part X, line 26)       0.       1.3738.       5.33214.       5.33214. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16 Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         5147.         17 Other expenses (Part IX, column (D), line 25)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         20 Total assets (Part X, line 16)         Beginning of Current Year         End of Year         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 26)         20 Total assets or fund balances.	đ	8	Contributions and grants (Part VIII, line 1h)			501079.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16 Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         5147.         17 Other expenses (Part IX, column (D), line 25)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         20 Total assets (Part X, line 16)         Beginning of Current Year         End of Year         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 26)         20 Total assets or fund balances.	ň	9	Program service revenue (Part VIII, line 2g)		-	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16 Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         5147.         17 Other expenses (Part IX, column (D), line 25)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         20 Total assets (Part X, line 16)         Beginning of Current Year         End of Year         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 16)         20 Total assets (Part X, line 26)         20 Total assets or fund balances.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       43308.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       5147.       0.       18331.         17       Other expenses (Part IX, column (A), line 11a.11d, 11f.24e)       0.       61639.       0.         19       Revenue less expenses. Subtract line 18 from line 12       0.       533206.       8.       546952.         20       Total assets (Part X, line 16)       8.       546952.       0.       13738.         21       Net assets or fund balances. Subtract line 21 from line 20       8.       533214.	£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	
10       and a land land		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	• •	594845.	
13       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       43308.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       43308.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       >       5147.       0.       18331.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       18331.       0.       61639.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       61639.       0.       533206.         19       Revenue less expenses. Subtract line 18 from line 12       0.       1333206.       8.       546952.         20       Total assets (Part X, line 16)       8.       546952.       0.       13738.         21       Total liabilities (Part X, line 26)       0.       13738.       533214.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		* *	-
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       5147.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.18331.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.61639.         19       Revenue less expenses. Subtract line 18 from line 12       0.533206.         20       Total assets (Part X, line 16)       8.546952.         21       Total liabilities (Part X, line 26)       0.13738.         22       Net assets or fund balances. Subtract line 21 from line 20       8.533214.		14	Benefits paid to or for members (Part IX, column (A), line 4)			
17       Other expenses (rart X, column (A), lines Trarto, Trizere)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       533206.         10       533206.         11       Beginning of Current Year         12       Total assets (Part X, line 16)         13       Total liabilities (Part X, line 26)         14       Total liabilities (Part X, line 26)         15       0.         16       13738.         17       Total bilities or fund balances. Subtract line 21 from line 20	ŝ	15			• •	43308.
17       Other expenses (rart X, column (A), lines Trarto, Trizere)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       533206.         10       533206.         11       Beginning of Current Year         12       Total assets (Part X, line 16)         13       Total liabilities (Part X, line 26)         14       Total liabilities (Part X, line 26)         15       0.         16       13738.         17       Total bilities or fund balances. Subtract line 21 from line 20	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17       Other expenses (rart X, column (A), lines Trarto, Trizere)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       533206.         10       533206.         11       Beginning of Current Year         12       Total assets (Part X, line 16)         13       Total liabilities (Part X, line 26)         14       Total liabilities (Part X, line 26)         15       0.         16       13738.         17       Total bilities or fund balances. Subtract line 21 from line 20	- dx	b				
19Revenue less expenses. Subtract line 18 from line 120.533206.19Revenue less expenses. Subtract line 18 from line 12Beginning of Current YearEnd of Year20Total assets (Part X, line 16)8.546952.21Total liabilities (Part X, line 26)0.13738.22Net assets or fund balances. Subtract line 21 from line 208.533214.	ш	"			-	
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)8.546952.21Total liabilities (Part X, line 26)0.13738.22Net assets or fund balances. Subtract line 21 from line 208.533214.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20       Total assets (Part X, line 16)       8.       546952.         21       Total liabilities (Part X, line 26)       0.       13738.         22       Net assets or fund balances. Subtract line 21 from line 20       8.       533214.			Revenue less expenses. Subtract line 18 from line 12		0.	533206.
22 Net assets or fund balances. Subtract line 21 from line 20	s or			Be	-	
22 Net assets or fund balances. Subtract line 21 from line 20	sset	20				
	t As	21	Total liabilities (Part X, line 26)			
					8.	533214.
Lader penelting of pariury L declars that L have eventined this rature including accompanying schedules and statements and to the heat of my lengulades and heliaf it is						

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	Jim Largess						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature Peter Matters	Date	Check PTIN			
Paid	Peter Montano	Lete Martan	4/21/2020	self-employed P01200943			
Preparer	Firm's name 🕨 PGM LLC		Firm'	Firm's EIN ▶ 82-4812448			
Use Only Firm's address 265 Main Street							
	Biddeford, ME 04005 Phone no. (207) 415-571						
May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-20	LHA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form <b>990</b> (2019)			

See Schedule O for Organization Mission Statement Continuation

orm	1990 (2019) The River Fund Maine	83-1986128	Page <b>2</b>
a	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part		
	Briefly describe the organization's mission: The River Fund Maine draws people toget	her to provide financial and	
	community support for youth to unleash		
	education and recreation.	¥¥¥	
	Did the organization undertake any significant program services during the ye		<b>T</b>
	prior Form 990 or 990-EZ?	Ye	s X No
	Did the organization cease conducting, or make significant changes in how it	conducts any program services?	s X No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its	three largest program services, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	t of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.		<u>`</u>
	(Code:) (Expenses \$36235. including grants of \$ THE RIVER FUND MAINE OPERATES USING THE	) (Revenue \$) (Revenue \$) (Revenue \$	AND
	GIVE BACK.		
	GATHER: DRAW THE ENTIRE COMMUNITY TOGET	HER TO SUPPORT AND ENSURE A	
	BRIGHT FUTURE FOR YOUTH.		
	GROW: CREATE AND ENHANCE COMMUNITY GATE	ERING PLACES PROVIDE	
	EDUCATIONAL AND RECREATIONAL OPPORTUNIT	•	FOR
	TEACHERS TO INSPIRE THEIR STUDENTS.		
	GIVE BACK: HAVE FUN. DO GOOD.		
_	(Code:) (Expenses \$ including grants of \$		)
	(Code:) (Expenses \$ including grants of \$	) (Hevenue \$	)
		) (Revenue \$	)
	(Code:) (Expenses \$ including grants of \$	) (Hevenue \$	)
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$ )	
	2025		
		Form	<b>990</b> (2019)
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Form 990 (2019) The River Fund Maine
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	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?	•		<b>v</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11-		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	arr		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	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
20a		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		X

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 Form 990 (2019)
 The River Fund Maine
 83-1986128
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

			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
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	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		
Бa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	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
3	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
ł	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
Бa	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
'ar	t V Statements Regarding Other IRS Filings and Tax Compliance			•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с			Х	
с	(gambling) winnings to prize winners?	1c		

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	990 (2019) The River Fund Maine	83-1986	128	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
_					
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions				v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccount)?	<u>4a</u>		<u> </u>
D	If "Yes," enter the name of the foreign country				
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	rtion?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
0a			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	one or diffe	Ua		
b			6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
		vices provided to the pavor?	72		х
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		- 23
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	a raquirad			
C		as required	70		х
А		7d	7c		Δ
	If "Yes," indicate the number of Forms 8282 filed during the year	· · · ·	7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g	If the organization received a contribution of qualified intellectual property, did the organization me ro		79 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organization have excess business nothings at any time during the year?		•		
			9a		
a b			9b		
ь 10	Section 501(c)(7) organizations. Enter:		30		
		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:		-		
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
J		11b			
129	amounts due or received from them.) 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
.0	excess parachute payment(s) during the year?		15		х
	If "Yes," see 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.				
			Forn	1 <b>990</b>	(2019)

Form	990	(2019)
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932005 01-20-20

Form 990 (	2019)
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 Form 990 (2019)
 The River Fund Maine
 83-1986128
 Pag

 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.

	tion A. Governing Body and Management				
_		Ι.	1,	1	Yes
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	14	±	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
	Enter the number of voting members included on line 1a, above, who are independent		14	<u>+</u>	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	any other		
	officer, director, trustee, or key employee?			2	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?			3	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	
6	Did the organization have members or stockholders?			6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint (	one or		
	more members of the governing body?			7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?			7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	-	·	8a	Х
	Each committee with authority to act on behalf of the governing body?			8b	Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code )		
		010//00	00001		Yes
10a	Did the organization have local chapters, branches, or affiliates?			10a	
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay beloi		114	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x
				12a	X
					- 23
С		,		10-	х
40	in Schedule O how this was done			12c	X
	Did the organization have a written whistleblower policy?			13	X
14	Did the organization have a written document retention and destruction policy?			14	
15	Did the process for determining compensation of the following persons include a review and approv		dependent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37
	The organization's CEO, Executive Director, or top management official			15a	X
b	Other officers or key employees of the organization			15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a		
	taxable entity during the year?			16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı's		
	exempt status with respect to such arrangements?			16b	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed  None None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (Section 501(c)(3	)s only)	availa
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	in on Sc	hedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records 🕨		
20					
20	<u>Jim Largess - (207) 824-5061</u>				
20	<u>Jim Largess - (207) 824-5061</u> P.O. BOX 4500, NEWRY, ME 04261				
				Forn	ז <b>990</b>

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Form 990 (2019)	The River Fund Maine	83-1986128 Page					
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees,	Highest Compensated					
Employe	Employees, and Independent Contractors						
Check if Sc	chedule O contains a response or note to any line in this Part VII						
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emplo	byees					
1a Complete this table	ofor all persons required to be listed. Report compensation for the calenda	r year ending with or within the organization's tax yea					
<ul> <li>List all of the orga</li> </ul>	anization's current officers, directors, trustees (whether individuals or orga	anizations), regardless of amount of compensation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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. Т

Name     Average week     Investor hours per week     Investor hours per being     Investor h	(A)	(B)			<b>(C</b> Posi	<b>;)</b> ition			(D)	(E)	(F)
(1) STUART ABELSON       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         (3) JOE ALOISTO       1.00       x       0.       0.       0.       0.         (4) DANA BULLEN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.	Name and title	· ·	box	not c , unles	heck r ss per:	nore son is	than o s both	ı an			
(1) STUART ABELSON       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
100         100         x         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.           (6) ALLEN CONNORS         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           G(1) LEN CONNORS         1.00         x         0. <td></td> <td>1.00</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1.00	x						0.	0.	0.
DIRECTOR         X         0.         0.         0.         0.           (3) JOE ALOISIO         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (4) DANA BULLEN         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (5) MIRZA CIFRIC         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (6) ALLEN CONNORS         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) LESLI		1.00									
(3) JOE ALOISIO       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         (4) DANA BULLEN       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         (6) ALLEN CONNORS       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       0.	DIRECTOR		x						0.	0.	0.
(4) DANA BULLEN       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         (5) MIRZA CIFRIC       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) ALLEN CONNORS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (7) CAITLYN ELLIS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) LISA GORDON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) AMY HALSTED       1.00       X       X       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) LESLIE JONES       1.00       X       X       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) WADE KAVANAUGH       1.00       X       X       0.		1.00									
DIRECTOR         X         0.         0.         0.         0.           (5) MIRZA CIFRIC         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) LESLIE JONES         1.00         X         X         0.         0.         0.         0.           (11) WADE KAVANUGH         1.00         X         X         0.         0.         0.           (1		1 00	X						0.	0.	0.
(5) MIRZA CIFRIC       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (6) ALLEN CONNORS       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) CAITLYN ELLIS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) LISA GORDON       1.00       X       0. <td></td> <td>1.00</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1.00	x						0.	0.	0.
DIRECTOR         X         0.         0.         0.         0.           (6) ALLEN CONNORS         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (7) CATILYN ELLIS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) LISA GORDON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) AMY HALSTED         1.00         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           (11) WADE KAVANAUGH         1.00         X         X         0.         0.         0.           (12) JIM OLIVER         1.00         X         X         0.         0.         0.		1.00									
(6) ALLEN CONNORS       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		x						0.	0.	0.
(7) CAITLYN ELLIS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) LISA GORDON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) AMY HALSTED       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) LESLIE JONES       1.00       X       X       0.       0.         PRESIDENT       X       X       0.       0.       0.         (11) WADE KAVANAUGH       1.00       X       X       0.       0.       0.         DIRECTOR       X       X       0. <t< td=""><td>(6) ALLEN CONNORS</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(6) ALLEN CONNORS	1.00									
DIRECTOR         X         0.         0.         0.           (8) LISA GORDON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (9) AMY HALSTED         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (10) LESLIE JONES         1.00         X         X         0.         0.           PRESIDENT         X         X         0.         0.         0.           (11) WADE KAVANAUGH         1.00         X         X         0.         0.           DIRECTOR         X         X         0.         0.         0.           (12) JIM OLIVER         1.00         X         X         0.         0.           TREASURER         X         X         0.         0.         0.           (13) NOAH TANGUAY-COLLINS         1.00         X         X         0.         0.           SECRETARY         X         X         0.         0.         0.           (15) JIM LARGESS         40.000         X         40023.         0. <td>DIRECTOR</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		х						0.	0.	0.
(8) LISA GORDON       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (9) AMY HALSTED       1.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (10) LESLIE JONES       1.00       X       X       0.       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.       0.         (11) WADE KAVANAUGH       1.00       X       X       0.	(7) CAITLYN ELLIS	1.00									
DIRECTORX00.0.(9) AMY HALSTED1.00X0.0.0.DIRECTORX0.0.0.0.(10) LESLIE JONES1.00XX0.0.PRESIDENTXX0.0.0.(11) WADE KAVANAUGH1.00X0.0.0.DIRECTORX0.0.0.0.(12) JIM OLIVER1.00XX0.0.TREASURERXX0.0.0.(13) NOAH TANGUAY-COLLINS1.00XX0.0.VICE PRESIDENTXX0.0.0.(14) BOB VIGNEAUX1.00XX40023.0.EXECUTIVE DIRECTORXX40023.0.0.	DIRECTOR		Х						0.	0.	0.
(9) AMY HALSTED       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (10) LESLIE JONES       1.00       X       X       0.       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.       0.       0.         (11) WADE KAVANAUGH       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (12) JIM OLIVER       1.00       X       X       0.       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (13) NOAH TANGUAY-COLLINS       1.00       X       X       0.       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.       0.         (15) JIM LARGESS       40.000       X       40023.       0.       0.       0.         Image: Color       Image: Color       Image: Color       Image: Color       Image: C		1.00									
DIRECTOR         X         X         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(10) LESLIE JONES       1.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         (11) WADE KAVANAUGH       1.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (12) JIM OLIVER       1.00       X       X       0.       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (13) NOAH TANGUAY-COLLINS       1.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.		1.00								•	
PRESIDENT         X         X         X         X         0.         0.         0.           (11) WADE KAVANAUGH         1.00         X         0.<		1 00	х						0.	0.	0.
(11) WADE KAVANAUGH       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.         (12) JIM OLIVER       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (13) NOAH TANGUAY-COLLINS       1.00       X       X       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.       0.		1.00			v					0	
DIRECTOR       X       X       0.       0.       0.       0.         (12) JIM OLIVER       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (13) NOAH TANGUAY-COLLINS       1.00       X       X       0.       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.         EXECUTIVE DIRECTOR       X       40023.       0.       0.       0.       0.		1 00	^		Δ				U .	0.	0.
(12) JIM OLIVER       1.00       X       X       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (13) NOAH TANGUAY-COLLINS       1.00       X       X       X       0.       0.       0.         VICE PRESIDENT       X       X       0.       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.         EXECUTIVE DIRECTOR       X       40023.       0.       0.       0.		1.00	x						0.	0.	0.
(13) NOAH TANGUAY-COLLINS       1.00       X       X       0.       0.       0.         VICE PRESIDENT       1.00       X       X       0.       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.         EXECUTIVE DIRECTOR       X       40023.       0.       0.       0.	(12) JIM OLIVER	1.00									
VICE PRESIDENT       X       X       X       0.       0.       0.         (14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.         EXECUTIVE DIRECTOR       X       40023.       0.       0.	TREASURER		Х		Х				0.	0.	0.
(14) BOB VIGNEAUX       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (15) JIM LARGESS       40.00       X       40023.       0.       0.       0.         EXECUTIVE DIRECTOR       X       40023.       0.       0.       0.	(13) NOAH TANGUAY-COLLINS	1.00									
SECRETARY         X         X         X         0. <th< td=""><td>VICE PRESIDENT</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	VICE PRESIDENT		Х		Х				0.	0.	0.
(15) JIM LARGESS     40.00     X     40023.     0.0.0.       EXECUTIVE DIRECTOR		1.00									
EXECUTIVE DIRECTOR X 40023. 0. 0.			Х		Х				0.	0.	0.
		40.00									
	EXECUTIVE DIRECTOR				X				40023.	0.	0.

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Form 990 (2019)

#### 15220421 152130 70026

	990 (2019) The River									83-19	9861	28	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	ss per	itior more rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		Estir amo ot	F) mateo unt c her	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fror orgar and r organ	n the nizatio relate	e on ed
	Subtotal								40023.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								<u> </u>		0.			0.
2	Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization											Y	′es	0 No
3	Did the organization list any former officer,	-			•	-		Ŭ				•		
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su										-	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	_	X
	rendered to the organization? If "Yes," com											5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ере	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensatio	on from	<u>ו</u>	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Co	(C) mpens	ation	1
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (		ted	above) who received mo	ore than				
	¥									<b>.</b>	F	orm 99	<b>90</b> (2	:019)

932008 01-20-20

			2019) The River Fund	Maine			83-1986	128 Page <b>9</b>
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response or	note to any line				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
Ω <sup>B</sup>			Fundraising events					
ifts,			Related organizations 1d					
nila,			Government grants (contributions)					
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above <b>1f</b>	501079.				
Ģţ		q	Noncash contributions included in lines 1a-1f					
anc		-	Total. Add lines 1a-1f	<b>&gt;</b>	501079.			
				Business Code				
Ð	2	а	F					
, vic		b						
Ser		с						
am eve		d						
Program Service Revenue		е						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)					
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
ē			and sales expenses <b>7b</b>					
venue		с	Gain or (loss) 7c					
A)			Net gain or (loss)					
Other Re			Gross income from fundraising events (not	F				
f			including \$ of					
-			contributions reported on line 1c). See					
				117286.				
		b	Less: direct expenses 8b	23520.				
			Net income or (loss) from fundraising events		93766.			93766.
			Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
			Gross sales of inventory, less returns	F				
			and allowances					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
				Business Code				
snc	11	а						
nec	-	b						
ella		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		594845.	0.	0.	93766.
			20	F				Form <b>990</b> (2019

9 2019.03033 THE RIVER FUND MAINE

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b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign				
Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign				
ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign				
Grants and other assistance to foreign organizations, foreign governments, and foreign				
organizations, foreign governments, and foreign				
ndividuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	40000	0001.6	0005	
	40023.	28016.	8005.	4002
	2005	0000		200
	3285.	2300.	657.	328
Management	1405		1405	
	4/08.		4/08.	
	1.655		1655	
	1655.	1465		200
		1455.		208
		2515		E 0 0
	5021.	3272.	1004.	502
	1067	717	212	107
	100/.	/4/•	<u>413.</u>	107.
F				
	1226		1226	
· · · · · · · · · · · · · · · · · · ·	T320.		T320.	
above (List miscellaneous expenses on line 24e. If				
ine 24e amount exceeds 10% of line 25, column (A)				
	100		100	
		176	470.	
	20.	20.		
· · · · · · · · · · · · · · · · · · ·	61630	36335	20257	5147
· · · · · · · · · · · · · · · · · · ·	01039.	50255.	20237•	J14/0
	Other salaries and wages         Pension plan accruals and contributions (include         section 401(k) and 403(b) employer contributions)         Other employee benefits         Payroll taxes         Fees for services (nonemployees):         Management         Legal         Accounting         Lobbying         Professional fundraising services. See Part IV, line 17         Investment management fees         Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         Advertising and promotion         Office expenses         Information technology         Royalties         Occupancy         Travel         Payments of travel or entertainment expenses         for any federal, state, or local public officials         Conferences, conventions, and meetings         Interest         Payments to affiliates         Depreciation, depletion, and amortization         Insurance         Other expenses. Itemize expenses on Covered above (List miscellaneous expenses on Schedule 0.)         DUES AND SUBSCRIPTIONS         OTHER PROGRAM EXPENSES         MEALS AND ENTERTAINMENT         All other expenses         Total functional expenses. Add lines 1 through	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes S3285. Fees for services (nonemployees): Management Legal Accounting Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS OTHER PROGRAM EXPENSES MEALS AND ENTERTAINMENT All other expenses Total functional expenses. Add lines 1 through 24e G1639. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.) Duer expenses. Itemize expenses not acovered above (List miscellaneous expenses on Schedule 0.) Duer expenses. Itemize expenses on Schedule 0.) Duer expenses	Pension plan accruals and contributions (include section 40 (K) and 403(0) employer contributions) Other employee benefits

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

Form 990 (2019)

Form 990 (2019) The River Fund Maine
Part IX Statement of Functional Expenses

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	-					
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Äŝ	9	Prepaid expenses and deferred charges			9	4422.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 33)	8.	16	546952.
	17	Accounts payable and accrued expenses			17	619.
	18	Grants payable			18	
	19	Deferred revenue			19	11357.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
S	22	Loans and other payables to any current or forme	er officer, director,			
litie		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	1762.
	26	Total liabilities. Add lines 17 through 25		0.	26	13738.
		Organizations that follow FASB ASC 958, chec	k here ▶ 🛄			
čě		and complete lines 27, 28, 32, and 33.				
Balances	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions			28	
Fund		Organizations that do not follow FASB ASC 95	8, check here ► X			
		and complete lines 29 through 33.		<u> </u>		•
si o	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or	30	Paid-in or capital surplus, or land, building, or equ		0.	30	0.
t∆ŝ	31	Retained earnings, endowment, accumulated inc		8.	31	533214.
Ne	32	Total net assets or fund balances		8.	32	533214.
	33	Total liabilities and net assets/fund balances		8.	33	546952.
						Form <b>990</b> (2019)

11

The River Fund Maine

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

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

**(B)** End of year

91656.

450874.

**(A)** Beginning of year

8.

1

2 3

4

5

Form 990 (2019) Part X | Balance Sheet

1

2

3

4

5

6

Form	orm 990 (2019) The River Fund Maine 83-198						
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9484			
2	Total expenses (must equal Part IX, column (A), line 25)	2		5163			
3	Revenue less expenses. Subtract line 2 from line 1	3	53	3320	06.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			8.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	53	3321	14.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			1		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				

Form **990** (2019)

932012 01-20-20

SCHEDULE A	SC	HE	Dι	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Nan	ne or	the organization	Dimen Frid	Maina								
Da	rt I	Reason for Public	<u>River</u> Fund		malata th	ia nort \ Ca			3-1986128			
							e instructions	•				
	orgar	nization is not a private found										
1	$\square$	A church, convention of ch					1)(A)(i).					
2	$\square$	A school described in sect										
3		A hospital or a cooperative					•	_				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10	X	An organization that norma	ally receives: (1) more	e than 33 1/3% of its supp	port from c	contributio	ns, membersh	nip fees, an	d gross receipts from			
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment			
		income and unrelated busi										
		See section 509(a)(2). (Co										
11		An organization organized	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or			
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting			
		organization. You must	complete Part IV, S	ections A and B.								
b		<b>Type II.</b> A supporting org			ion with its	s supporte	ed organizatio	n(s), by hav	ving			
		control or management of					-		-			
		organization(s). You mus			·							
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organizatio							·			
d		Type III non-functionally						ted oraaniz	zation(s)			
		that is not functionally in						-				
		requirement (see instruct			-		-					
е		Check this box if the org						I. Type III				
		functionally integrated, o					51 5 51	, ,,				
f	Ent	er the number of supported (		, , , , , , , , , , , , , , , , , , , ,								
q		vide the following information	•									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

### Schedule A (Form 990 or 990-EZ) 2019 The River Fund Maine

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5							
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4			(-,		(-,	()
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ũ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructio	l ans)			12	
	First five years. If the Form 990 is for			d fourth or fifth ta		· · · ·	
Se	organization, check this box and stop ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	%
	<b>33 1/3% support test - 2019.</b> If the o					ore, check this bo	x and
	stop here. The organization qualifies						$\blacktriangleright \square$
b	<b>33 1/3% support test - 2018.</b> If the o		-				is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
h	10% -facts-and-circumstances test	•	•		•		
~	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
<b>_</b>				, ,, <b>c</b>		dulo A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 The River Fund Maine Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					68180.	68180.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
-	the organization without charge					68180.	68180.
	Total. Add lines 1 through 5					00100.	00100.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						68180.
	tion B. Total Support	•	•	•	•	• •	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					68180.	68180.
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					68180.	68180.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organizat	ion,
	check this box and stop here	<u></u>					<b>X</b>
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2019 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<b>&gt;</b>
93202	3 09-25-19		1 •	5	Sch	edule A (Form 990	or 990-EZ) 2019

#### Schedule A (Form 990 or 990 EZ) 2019 The River Fund Maine

### 83-1986128 Page 4

1

Yes No

### Part IV Supporting Organizations

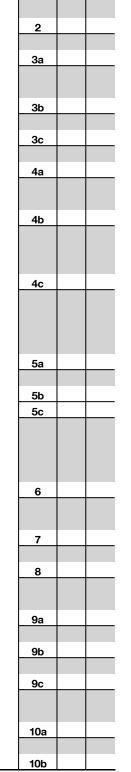
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		-
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
932025	09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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				porting Organizations
Schedule A	(Form 990 or 990-EZ) 2019	The Rive	r Fund Main	le

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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.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	vintegrated		nization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 The River Fund Maine

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		I	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 The River Fund Maine

Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 2, 5 (See instructions.)	ns required by Part II, line 10; Part II, c, 11a, 11b, and 11c; Part IV, Section nes 1c, 2a, 2b, 3a, and 3b; Part V, lir i, and 6. Also complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
32028 09-25-	i-19	20	Schedule A (Form 990 or 990-EZ) 201
		2 V	

Schedule A

### 2019

### \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Description of Grant	Date of Grant	Amount
AINE COMMUNITY FOUNDATION			432899
tal Unusual Grants			432899

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

83-1986128

_	_		
The	River	Fund	Maine

<b>0</b> <i>1</i> (	
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**

X 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

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 or 990-EZ), 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.

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, 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 is charitable, etc., burpose. 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 is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 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 of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

83-1986128

### The River Fund Maine

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAINE COMMUNITY FOUNDATION 50 MONUMENT SQUARE F6 PORTLAND, ME 04101	\$432899.	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
2	SUNDAY RIVER 15 SOUTH RIDGE ROAD NEWRY, ME 04261	\$64757.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	j-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

83-1986128

### The River Fund Maine

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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2019.03033 THE RIVER FUND MAINE

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Page **4** 

ame of orgar	nization			Employer identification numb		
he Riv	er Fund Maine			83-1986128		
art III E	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a ompleting Part III, enter the total of exclusively religious,	) through (e) and the following line er	ntry. For organizations			
L	Jse duplicate copies of Part III if additional	space is needed.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
) No.		[				
rom art I —	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gi				
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee		
-						
) No. 'om art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
-						
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		ft				
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee		
-						
54 11-06-19		25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2		

SC	SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047		
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2010	
		Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public	
	ment of the Treasury I Revenue Service		90 for instructions and the latest informat	ion.	Inspection	
Nam	e of the organizati			Emp	ployer identification number	
D.		The River Fund Main			83-1986128	
Pa		-	d Funds or Other Similar Funds or	r Accour	ITS. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Euro	do and other appounts	
	Tatal would avoid at a			(b) Fui	ds and other accounts	
1 2		nd of year f contributions to (during year)				
2		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised	funds		
-	-		exclusive legal control?		Yes No	
6			dvisors in writing that grant funds can be us			
	•	<b>u</b>	or donor advisor, or for any other purpose co	•		
	impermissible priv					
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a	historically	important land area	
	Protection o	of natural habitat	Preservation of a	certified his	storic structure	
		n of open space				
2			fied conservation contribution in the form of	a conserva		
	day of the tax year				Held at the End of the Tax Year	
а						
b	-					
c			ucture included in (a)			
d			after 7/25/06, and not on a historic structure			
•						
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	rganization	during the tax	
4	year	 where property subject to conservation eas	amont is located			
5		tion have a written policy regarding the per				
5		forcement of the conservation easements it			Yes No	
6			handling of violations, and enforcing conser			
-	•	5, 1 5,	5		5	
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easemen	ts during the year	
	►\$					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	4)(B)(i)		
	and section 170(h)	)(4)(B)(ii)?			Yes No	
9			on easements in its revenue and expense sta			
	,	, , ,	note to the organization's financial statement	ts that desc	cribes the	
Dai	organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Othe	or Simila	r Accote	
Fai		f the organization answered "Yes" on Form			1 A33013.	
10		-	8, not to report in its revenue statement and			
Id	e e					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b						
-			exhibition, education, or research in further			
		ing amounts relating to these items:	, , <u>, - · · · · · · · · · · · · · · · </u>		,	
		0		►	\$	
					\$	
2	. ,		asures, or other similar assets for financial g			
	U U	unts required to be reported under FASB A		-		
а	Revenue included	on Form 990, Part VIII, line 1	-	►	\$	
b					\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19 Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 The Riv								83-19	8612	8 р	age <b>2</b>
Par	t III Organizations Maintaining C	ollectio	ons of Ar	t, Hist	orical Tre	easures, o	r Other	<sup>r</sup> Simila	r Asset	s <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accessi	on, and o	ther records	s, checł	k any of the	following tha	t make si	gnificant ı	use of its	·	,	
	collection items (check all that apply):											
а	Public exhibition		d		Loan or exc	hange progr	am					
b	Scholarly research		е	,	Other							
с	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit of	or receive	donations o	of art, hi	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained	as part of th	he orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran									line 9, or		
	reported an amount on Form 990, Pa				-							
1a	Is the organization an agent, trustee, custodi	ian or oth	er intermed	iary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											
				Ũ						Amoun	t	
с	Beginning balance							1c				
d	Additions during the year											
е	Distributions during the year											
f	Ending balance							1f				
2a	Did the organization include an amount on F									Yes		No
	If "Yes," explain the arrangement in Part XIII.									_		
Par								0.				
	•	(a) Cur	rent year	(b) F	Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Fou	vears	back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr		end balance	e (line 1)	a column (a	)) held as:						
-	Board designated or quasi-endowment			%	g, oolanni (a							
h	Permanent endowment											
c		%										
U	The percentages on lines 2a, 2b, and 2c sho	-	100%									
30	Are there endowment funds not in the posse			tion the	at are held a	nd administa	red for th	o organiz	ation			
Ja	by:	551011 01 1	ne organiza		at all fille a	nu auministe		e organiza		1	Yes	No
	(i) Unrelated organizations									3a(i)	103	
										3a(ii)		
h	(ii) Related organizations											
1	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm			wittent	iunus.							
	Complete if the organization answere		n Form 990	) Part I\	/ line 11a S	See Form 990	) Part X	line 10				
	Description of property		a) Cost or o			t or other		ccumulate	h	(d) Boo	k valu	۵
	Description of property		asis (investn			(other)		oreciation		<b>(u)</b> B00	r valu	C
19	Land			,		/						
-	Land				1							
b	Buildings				1							
	Leasehold improvements				1							
	Equipment				1							
	Other		- 000 D. (	V all	 		I					0.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Forn	<u>n 990, Part .</u>	<u>х. colur</u>	<u>пп (в). Iine 1</u>	UC.)			Sobodul		. 000	-
									Schedule	rorn) ע ד	1 990)	2019

Sch	edule D	(Form	ı 990) 2	2019	Т	he	River	Fund	Maine

### Part VII Investments - Other Securities.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" 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, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Department of lightlity	(b) Book volue

<u>1.</u>	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	1762.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<u>Total.</u>	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1762.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 The River Fund Maine		83-1986128 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pai	rt XIII Supplemental Information.		

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.

932054 10-02-19

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047							
(Form 990 or 990-EZ)	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.						2019	
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public						
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer ide	Inspection entification number
	The Riv	er Fund Maine					83-1986	128
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o		tion of tion of fundra (includ	non-g gover iising (	overnment grants nment grants events ficers, directors, trus	tees,	or 🗌 Yet	s 🗌 No
	highest paid indiv	viduals or entities (fundraisers) pursu			e e	ne fur	ndraiser is to b	e
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No				
Total       Image: Second state in the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.         3       List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form S	90 or	990-E	Z. S	Sche	dule G (Form §	990 or 990-EZ) 2019

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019
 The River Fund Maine
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 Page

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			PEAK GALA	PAR 3 PARTY	8	(add col. <b>(a)</b> through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
anue							
Revenue	1	Gross receipts	67277.	15376.	34633.	117286.	
Ľ.	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	67277.	15376.	34633.	117286.	
	4	Cash prizes					
ß	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
rect Ex	7	Food and beverages					
Ō	8	Entertainment					
	9	Other direct expenses		6168.	16208.	23520.	
	10		<b>a</b>	•	<b>&gt;</b>	23520.	
		Net income summary. Subtract line 10 from li	4 4			93766.	
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add	
an			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)	
Revenue							
Ť	1	Gross revenue					
es	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	E	Other direct expanses					
	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor		□ No //	□ No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)		▶		
						L	
		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming a				Yes No	
b	lf "	No," explain:					
		ere any of the organization's gaming licenses re Yes," explain:				Yes No	
9320	32 09	9-11-19			Schedule G (For	m 990 or 990-EZ) 2019	

Sch	nedule G (Form 990 or 990-EZ) 2019 The River Fund Maine	83-1	986128	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility		13a	%
ł	o An outside facility	[	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address 🕨			
15a	<b>a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? $\dots$		Yes	No
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party ► \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
ľ	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year	n the		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , ,	
9320		G (Form	990 or 990	-EZ) 2019
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Schedule G (Form 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



83-1986128

The River Fund Maine

Form 990, Part I, Line 1, Description of Organization Mission:

to unleash their potential through education and recreation.

Form 990, Part VI, Section B, line 11b:

Management will e-mail the 990 draft to the Board before it is filed.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reviewed annually with Board members and

employees.

Form 990, Part VI, Section B, Line 15:

THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY. SALARY IS BASED ON COMPARABLE

DATA FORM OTHER ORGANIZATIONS AND PREFORMANCE.

Form 990, Part VI, Section C, Line 19:

Management will make documents available upon request, and will post the

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990 on the organization's website.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)