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Department of the Treasury

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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.

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



and provide the local date	Contraction of the second	2020 calendar year, or tax year beginning and	ending		
Bo	heck if	C Name of organization		D Employer identific	ation number
	Addre	The River Fund Maine			
	Name			83-198612	28
	Initial		Room/suite	E Telephone number	
	Final	P.O. BOX 111		(207) 418	
	termin ated			G Gross receipts \$	219969.
	Amen	NEWRI, ME 04201		H(a) Is this a group re	tum
	Applic	F Name and address of principal officer: Noah Tanguay-Collin	IS	for subordinates	? 🛄 Yes 🛣 No
	pendi	same as C above		H(b) Are all subordinates in	luded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	ist. See instructions
JI	Nebsi	https://www.riverfundmaine.org		H(c) Group exemption	
KF	orm of	organization; X Corporation Trust Association Other	L Year	of formation: 2018 N	State of legal domicile: ME
Pa	art I	Summary			
		Briefly describe the organization's mission or most significant activities: To CI			
nce		future for our community by investing in	the ed	lucation of o	our youth
Activities & Governance	2	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3			3	14
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
50	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
viti		Total number of volunteers (estimate if necessary)			50
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990 T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		501079.	59828.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
leve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	46360.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		93766.	58790.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A). line 12)		594845.	164978.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	16000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43308.	87863.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
adx		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18331.	34298.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		61639.	138161.
-	19	Revenue less expenses. Subtract line 18 from line 12		533206.	26817.
S OL			Be	ginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)		546952.	620492.
AB	21	Total liabilities (Part X, line 26)	And a second sec	13738.	36216.
N. C	22	Net assets or fund balances. Subtract line 21 from line 20		533214.	584276.
Pa	irt II	Signature Block			

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

Sign Here	Signature of officer Noah Tanguay-Collins, Type or print name and title	Executive Director	Date 2// 19/2/
Paid	Print/Type preparer's name Peter Mointairo	Preparer's signature Peter Martine 5.5.21	Check PTIN If self-employed P01200943
Preparer	Firm's name PGM LLC		Firm's EIN > 82-4812448
Use Only	Firm's address > 319 Main Street Biddeford, ME 04	005	Phone no. (207) 415-5714
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

See Schedule O for Organization Mission Statement Continuation

<pre>prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex- revenue, if any, for each program service reported. 4a (code:)(Expenses <u>84201</u>. including grants of <u>16000.</u>) (Revenues Our workshops offer students a life-changing experience in creat problem-solving using the acclaimed Design Thinking methodology Developed by Stanford University, Design Thinking takes a real- problem and challenges teams of students to develop a solution. an immersive weekend led by trained facilitators, youth are chat to: develop interviewing skills, understand how to listen with identify what the "real" problem is, work as a team, utilize ef communication techniques, develop a workable solution, and unde how an iterative approach encourages thoughtful experimentation The River Fund Maine Scholarship is focused on enabling local y achieve their educational and career-oriented aspirations. Each 4b (Code:)(Expenses <u></u>)(Expenses <u></u>)(Revenue <u>s</u>) </pre>	Yes Yes Yes vespenses. venses, an tive iife Durir ilenge empath fectiv rstanc	ng ed ny, ve
Briefly describe the organization's mission: To create a bright economic future for our community by investi the education of our youth and by harnessing the recreational a of our region. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex revenue, if any, for each program service reported. 4a (code) (texenests	Yes Yes Yes vespenses. venses, an tive iife Durir ilenge empath fectiv rstanc	X No X No d
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4d Other program services (Describe on Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$		
4e Total program service expenses ► 84201.)	
See Schedule O for Continuation(s)) Form 9 9	90 (202
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Form 990 (2020) 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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢' −		
0		8		x
•	Schedule D, Part III	°		- 23
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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,	1-74	<u> </u>	<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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orm	990 (2020) The River Fund Maine 83-19	86128	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
5a	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
8	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	. 28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			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	. 28 c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			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
4	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
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	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
8	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	
-ai	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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	X	
2004	12-23-20	Form	990	(2020
_	4			
)5	05 152130 70026 2020.03042 THE RIVER FUND MAINE		70	02

Form	990 (2020) The River Fund Maine 83–19862 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	128	P	_{age} 5
1 41			Vee	Na
0-	Enter the number of employees reported on Form W.2. Transmittel of Wass and Tay Statements		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a 2a			
h	, , , , ,	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	-	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
		3b		
	It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O	55		
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	та		
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
. –	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		<u>л</u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ
	If "Yes," complete Form 4720, Schedule O.	_	000	(0000)

Form	990	(2020)
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Form	990	(2020)
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The River Fund Maine

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. X

			14	1	Yes
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u>т</u> ,	≛	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		14	1	
	Enter the number of voting members included on line 1a, above, who are independent			≛	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
~	officer, director, trustee, or key employee?			2	
3	Did the organization delegate control over management duties customarily performed by or under th				
				3	
4	Did the organization make any significant changes to its governing documents since the prior Form				
5	Did the organization become aware during the year of a significant diversion of the organization's as				
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				
	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	,	0-		
а	The governing body?			<u>8a</u>	X
b	Each committee with authority to act on behalf of the governing body?			8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		<u> </u>
					Yes
	Did the organization have local chapters, branches, or affiliates?			10a	
b	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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," a	lescribe		
	in Schedule O how this was done			12c	Х
13	Did the organization have a written whistleblower policy?			13	X
14	Did the organization have a written document retention and destruction policy?			14	Х
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official			15a	Х
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	vith a		
	taxable entity during the year?			16a	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
b		nizatior	ı's		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			16b	
				16b	
Sec	exempt status with respect to such arrangements?			16b	
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure			•	avail
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None			•	avail
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990)-T (Section 501(c)(3	•	avail
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explanation)	and 990)-T (Section 501(c)(3 Chedule O)	i)s only)	
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990)-T (Section 501(c)(3 Chedule O)	i)s only)	
Sec 17 18 19	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explaid Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	and 990 in on So onflict o)-T (Section 501(c)(3 chedule O) of interest policy, ar	i)s only)	
Sec 17 18 19	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explaid Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box	and 990 in on So onflict o)-T (Section 501(c)(3 chedule O) of interest policy, ar	i)s only)	
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explaid Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	and 990 in on So onflict o)-T (Section 501(c)(3 chedule O) of interest policy, ar	i)s only)	

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Form 990 (2020)	The River Fund Maine	83-1986128	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated	
Employe	es, 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	Employees	
1a Complete this table	for all persons required to be listed. Report compensation for the c	alendar year ending with or within the organization's	s tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals	or organizations), regardless of amount of compens	ation.

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.

(2) NOAH TANGUAY-COLLINS40.00X13654.0.0EXECUTIVE DIRECTORI.00X0.0.0(3) STUART ABELSONI.00X0.0.0.DIRECTORX0.0.0.0.	
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee)compensation from the organizations (W-2/1099-MISC)compensation from related organizations (W-2/1099-MISC)amount of other compensation from the organizations (W-2/1099-MISC)(1) JIM LARGESS FORMER EXECUTIVE DIRECTOR40.00X64602.0.0(2) NOAH TANGUAY-COLLINS EXECUTIVE DIRECTOR40.00X13654.0.0(3) STUART ABELSON DIRECTOR1.00X0.0.0	
Week (list any hours for related organizations below line)Image: second	:
(1) JIM LARGESS 40.00 X 64602. 0. 0 FORMER EXECUTIVE DIRECTOR X 64602. 0. 0 (2) NOAH TANGUAY-COLLINS 40.00 X 13654. 0. 0 EXECUTIVE DIRECTOR X 13654. 0. 0 (3) STUART ABELSON 1.00 X 0. 0. 0	
(1) JIM LARGESS 40.00 X 64602. 0. 0 FORMER EXECUTIVE DIRECTOR X 64602. 0. 0 (2) NOAH TANGUAY-COLLINS 40.00 X 13654. 0. 0 EXECUTIVE DIRECTOR X 13654. 0. 0 (3) STUART ABELSON 1.00 X 0. 0. 0	on
(1) JIM LARGESS 40.00 X 64602. 0. 0 FORMER EXECUTIVE DIRECTOR X 64602. 0. 0 (2) NOAH TANGUAY-COLLINS 40.00 X 13654. 0. 0 EXECUTIVE DIRECTOR X 13654. 0. 0 (3) STUART ABELSON 1.00 X 0. 0. 0	
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(2) NOAH TANGUAY-COLLINS40.00X13654.0.0EXECUTIVE DIRECTORI.00X0.0.0(3) STUART ABELSONI.00X0.0.0DIRECTORX0.0.0.0	
EXECUTIVE DIRECTORX13654.0.0(3) STUART ABELSON1.00X0.0.0DIRECTORX0.0.0.0.	0.
(3) STUART ABELSON1.00X0.0.0DIRECTORX00.00	
DIRECTOR X 0. 0. 0	0.
	0.
(4) BETH ALLEN 1.00	
	0.
(5) JOE ALOISIO 1.00	
	0.
(6) DANA BULLEN <u>1.00</u>	
	0.
(7) MIRZA CIFRIC 1.00	
	0.
(8) ALLEN CONNORS	
	0.
(9) CAITLYN MOSHER-ELLIS 1.00	
	0.
(10) LISA GORDON <u>1.00</u>	
	0.
(11) AMY HALSTED 1.00	
	0.
(12) LESLIE JONES <u>1.00</u>	
	0.
(13) WADE KAVANAUGH 1.00	
	0.
(14) JIM OLIVER 1.00	
	0.
(15) SARAH CROCKETT <u>1.00</u>	
	0.
(16) BOB VIGNEAUX 1.00	_
SECRETARY X X 0. 0. 0	0.

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Form 990 (2020)

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2020.03042 THE RIVER FUND MAINE

	Form 990 (2020) The River Fund Maine 83-19861										9861	.28	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per	(do	not c	(C Posi	C) ition	I than c	one	(D) Reportable	(E) Reportable			(F) timate	
	week (list any hours fo related organizatic below line)					recto	Highest compensated	tee)	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	s	com fr orga and	ount o other pensa om the anizati d relate	tion e ion ed
											-+			
									5005					
	Subtotal Total from continuation sheets to Part VII								78256.		0.			0.
d	Total (add lines 1b and 1c)								78256.	000 of reportable	0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	o ap	ove) wn	o re	eceived more than \$100,	UUU of reportable	,			0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	oyee on	Г		Yes	No
л	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
4	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comr	pensati	on fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wit	thin I		ear.		(0		
	(A) (B) Name and business address NONE Description of services								Cc	(C omper	, nsatior	า		
2	Total number of independent contractors (ir	0	ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				C	J				F	orm 9	990 (2	2020)

032008 12-23-20

orm	990) (2				und N	ſaine			83-1986	128 Page
Par	t V	111	Statement of Re	evenue							_
			Check if Schedule O	contains	a respor	nse or no	<u>te to any lin</u>	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue exclude from tax under
Revenue and Other Similar Amounts	2	b d e f <u>g</u>	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri- All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributions, grants, a d above l lines 1a-1f	1b 1c 1d 1d 1e nd 1f 1g \$	Bus	59828. 19949. iness Code	59828.			sections 512 - 5
Ber		e f	All other program service Total. Add lines 2a-2f	revenue							
	3 4 5		Investment income (inclue other similar amounts) Income from investment of Royalties	ding divi of tax-ex	dends, in empt bor	iterest, ar	nd ► eds	2144.			2144
	6	a b	Gross rents Less: rental expenses Rental income or (loss)		(i) Real		Personal				
	7	a	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis) Securiti 4421		ii) Other				
Kevenue		с	and sales expenses	7c	4421		►	44216.			44216
			Gross income from fundraisi including \$ contributions reported on Part IV, line 18 Less: direct expenses	n line 1c).	of . See		<u>13781.</u> 54991.				
	9	а	Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	ng activit	ies. See	ts 9a 9b	►	58790.			5879(
	10	c a b	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	gaming less retu	activities	10a 10b					
Revenue	11		Net income or (loss) from			Bus	iness Code				
Revenue		d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructi				🕨	164978.	0.	0.	105150

	Check il Schedule O contains a respoi				·····
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16000.	16000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	81140.	56798.	16228.	8114.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	6723.	4706.	1345.	672.
11	Fees for services (nonemployees):	0,231	1,000	10100	
a L	Management	2200.		2200.	
b		6974.		6974.	
	Accounting	05740		05740	
d	, .				
e	Professional fundraising services. See Part IV, line 17	4135.		4135.	
f	Investment management fees	4100.		4100.	
g	Other. (If line 11g amount exceeds 10% of line 25,	6532.		6532.	
	column (A) amount, list line 11g expenses on Sch O.)	1055.	738.	211.	106.
12	Advertising and promotion	4152.	750.	4152.	100.
13	Office expenses	2539.	1777.	508.	254.
14	Information technology	2559.	1///•	500.	234.
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1700		1700	
23		1788.		1788.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	A117	A117		
a	OTHER PROGRAM EXPENSES	4117.	4117.		
b	DUES AND SUBSCRIPTIONS	595.	65	595.	
С	MISCELLANEOUS EXPENSES	211.	65.	146.	
d					
е	All other expenses	120101	04001	44014	0140
<u>25</u>	Total functional expenses. Add lines 1 through 24e	138161.	84201.	44814.	9146.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

The River Fund Maine Part IX Statement of Functional Expenses

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

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

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10 2020.03042 THE RIVER FUND MAINE The River Fund Maine

Form 990 (2020)
Part X Balance Sheet

		Check if Schedule O contains a response or no	oto to	anv	line in this Part X			
		Officer in Schedule O contains a response of his		any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				91656.	1	54700.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				450874.	4	500.
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, sub						
		controlled entity or family member of any of the					5	
	6	Loans and other receivables from other disqua						
		under section 4958(f)(1)), and persons describe		-			6	
6	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges				4422		12191.
		Land, buildings, and equipment: cost or other		I				
	100	basis. Complete Part VI of Schedule D)a				
	Ь	Less: accumulated depreciation					10c	
	11	Investments - publicly traded securities					11	553101.
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must eq				546952.		620492.
	17	Accounts payable and accrued expenses				619		3161.
	18	Grants payable		18	01011			
	19	Deferred revenue				11357.		31761.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete					21	
	22	Loans and other payables to any current or for					21	
Liabilities		trustee, key employee, creator or founder, sub-						
bilit		controlled entity or family member of any of the					22	
Lia	23	Secured mortgages and notes payable to unre					23	
	23	Unsecured notes and loans payable to unrelate					24	
	25	Other liabilities (including federal income tax, p					27	
	25	parties, and other liabilities not included on line	•					
		of Schedule D	C3 17-2	24). \	Sompleter art A	1762.	25	1294.
	26	Total liabilities. Add lines 17 through 25				13738		36216.
	20	Organizations that follow FASB ASC 958, ch				10700	20	502101
Se		and complete lines 27, 28, 32, and 33.						
лс П	27	Net assets without donor restrictions					27	
3ala	28	Net assets with donor restrictions					28	
Б	20	Organizations that do not follow FASB ASC					20	
Fun		and complete lines 29 through 33.	550, 0					
م ر	29	Capital stock or trust principal, or current fund	c			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or e				0.		0.
SS	30	Retained earnings, endowment, accumulated i				533214		584276.
Net Assets or Fund Balances	32					533214	32	584276.
Ž		Total net assets or fund balances				546952		620492.
	33	Total liabilities and net assets/fund balances					აა	0204720

Form **990** (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 2.6817. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 2.4245. 6 0 7 8 1 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 0. 10 Vet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Statements and Reporting 11 1 5 12 Statements and Reporting 14 Column (B) 15 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 14 Accounting method used to accountains a r	Form	1 990 (2020) The River Fund Maine	83-198	6128	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (Å), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 3 4 533214 5 24245. 6 0 7 4 7 24245. 6 0 7 0 8 0 9 0. 9 0. 10 Net seeds or fund balances at beginning of year (must equal Part X, line 32, column (Å)) 6 7 7 0 8 0 9 0. 9 0. 10 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)) Check if Schedule 0 contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule 0 contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 11 Check if Schedule 0. 2a X 11 Yes 12 Separate basis, consolidated basis 11 Consolidated basis 12 Consolidated basis 14 Separate basis 15 Consolidated basis 16 Separate basis 17 Yes 18 Yes, 'theck a box below to indicate whether the financial statements for the year were audited on a		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2 Total expenses (must equal Part IX, column (Å), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 3 4 533214 5 24245. 6 0 7 4 7 24245. 6 0 7 0 8 0 9 0. 9 0. 10 Net seeds or fund balances at beginning of year (must equal Part X, line 32, column (Å)) 6 7 7 0 8 0 9 0. 9 0. 10 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)) Check if Schedule 0 contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule 0 contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 11 Check if Schedule 0. 2a X 11 Yes 12 Separate basis, consolidated basis 11 Consolidated basis 12 Consolidated basis 14 Separate basis 15 Consolidated basis 16 Separate basis 17 Yes 18 Yes, 'theck a box below to indicate whether the financial statements for the year were audited on a						
3 Revenue less expenses. Subtract line 2 from line 1 3 26817. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 533214. 5 Donated services and use of facilities 5 24245. 6 7 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 584276. Part XII Financial Statements and Reporting 7 10 584276. Check if Schedule O contains a response or note to any line in this Part XII 7 7 10 7 8 No 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 533214. 5 Net unrealized gains (losses) on investments 5 24245. 6 0 6 7 8 9 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 584276. Part XII Financial Statements and Reporting 10 584276. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to hice 2a or 2b, does the organization	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 6 7 7 8 9 9 9 10 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 1 1 1 1 1 1 1 1 1 2 2 2 1 1 2 2 2 2 2 2 2 3 3 4 5 2 2 2 2 4 2 2 4 4 5 5 2 4 4 5 4 4 4 5 5 5 5 6 6 7 7 6 2 4 5 5 5 6	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 584276. Part XII Financial Statements and Reporting 10 584276. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X X 2b X X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
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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 584276. Part XII Financial Statements and Reporting 10 584276. Check if Schedule O contains a response or note to any line in this Part XII 10 584276. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If 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 on a separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes respon	6	Donated services and use of facilities	6			
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 584276. Part XII Financial Statements and Reporting 10 584276. Check if Schedule O contains a response or note to any line in this Part XII 1 1 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2a X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Genselidated basis Consolidat	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 584276. Part XII Financial Statements and Reporting	8		8			
column (B) 10 584276. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
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 Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3a		gle Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		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 requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCH	EDU	LE A
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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
2020
Open to Public Inspection

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

Nan	lame of the organization Employer identification number										
_		The	<u>River Fund</u>	Maine					3-1986128		
Pa	irt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	orgai	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170)(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C		· ·		, ,					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		A rederal, state, or local government or governmental unit described in section 170(b) (1)(A)(v). 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). (C	•		onn a gove	Similar		ie general j			
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11 \						
9		An agricultural research org				ad in coniu	unction with a	land grant	collogo		
3						-		-	-		
		or university or a non-land-g	frant college of agric			name, city	, and state of	the college			
40	X	university:		No. 00 1/00/							
10		An organization that norma	•					-	•		
		activities related to its exem		•				• •	•		
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	rea by the org	janization a	atter June 30, 1975.		
		See section 509(a)(2). (Cor	. ,								
11		An organization organized a	•								
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box in		
	_	_ lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	v .				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.					
f	Ent	ter the number of supported of	organizations	, , , , , , , , , , , , , , , , , , , ,							
g	Pro	ovide the following information	-								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota	ai								1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	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						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	o here					
See	ction C. Computation of Publi	c Support Per	rcentage			<u>.</u>	
14	Public support percentage for 2020 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organized	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2020

Schedule A	(Form 990 or	990-EZ)	2020	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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				60100		10000
include any "unusual grants.")				68180.	59828.	128008.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				68180.	59828.	128008.
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					24034.	24034.
c Add lines 7a and 7b					24034.	24034.
8 Public support. (Subtract line 7c from line 6.)						103974.
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6				68180.	59828.	128008.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2145.	2145.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					2145.	2145.
11 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.)				68180.	61973.	130153.
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatior	
	0			-		
Section C. Computation of Public						
15 Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly s	supported organizat	tion	
b 33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, an	d
line 18 is not more than 33 1/3%, cheo	ck this box and st	op here. The orga	anization qualifies a	as a publicly suppo	rted organization	
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	nis box and see inst	tructions	
032023 01-25-21				Sche	edule A (Form 990	or 990-EZ) 2020
		15	`			

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1

2

3a

3b

3c

Yes No

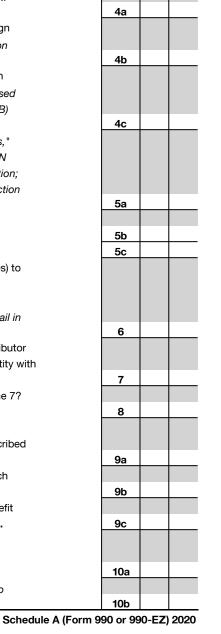
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes	s No
Yes	s No
	+
Yes	s No
Yes	s No
	Ye

			163	NU
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 line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	y the Integral Part Test during	the year (see instructions).
---	---	-----------------------------	---------------------------------	------------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A	(Form 990 or 990-EZ) 2020	The	River	Fund	Maine
Part V	Type III Non-Functio	nally	Integrate	d 509(a)	(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 The River Fund Maine

Par	t V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		г. Т		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	6	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 The River Fund Maine 83-1986128 Page 8

line 1; Part IV, Section A, lines 1, 2, 30, 30, 40 line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V, (See instructions.)	o, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, , Section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 01-25-21	Schedule A (Form 990 or 990-EZ) 202
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SC	SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047		
	▶ Complete if the organization answered "Yes" on Form 990.				2020	
-	-	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12́l Attach to Form 990.	b.		Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest informa	ation.		Inspection
Nam	e of the organizati					er identification number
_		The River Fund Main				83-1986128
Pa		ations Maintaining Donor Advise		or Acco	ounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1-)	European a	
			(a) Donor advised funds	(d)	Funds a	and other accounts
1		nd of year				
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year)						
3 4		t end of year				
-+ 5		on inform all donors and donor advisors in v		d funds		
Ŭ	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
•	•	poses and not for the benefit of the donor o	0 0			
	impermissible priv			-		Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	Part IV, lin	ie 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 historic	ally imp	ortant land area
	Protection o	of natural habitat	Preservation of	a certifie	d histori	c structure
		n of open space				
2		through 2d if the organization held a qualif	ied conservation contribution in the form c	of a conse		
	day of the tax year			_		d at the End of the Tax Year
а		onservation easements			2a	
b	-			····· –	2b	
c		vation easements on a certified historic stru			2c	
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
•		nal Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizat	ion duri	ng the tax
4	year ►	where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
Ŭ		forcement of the conservation easements it				Yes No
6		r hours devoted to monitoring, inspecting,				
-	•	5, 1 5,	5			5
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservati	ion easer	nents di	uring the year
	►\$					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?				Yes No
9	In Part XIII, descrit	be how the organization reports conservation	on easements in its revenue and expense s	statemen	t and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial stateme	nts that o	describe	s the
De	organization's acc rt III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art Historical Tracquires or Oth			
Fa		_				55615.
4.		f the organization answered "Yes" on Form				
Ia	•	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	•			
		Part XIII the text of the footnote to its finar	, ,			
h	•	elected, as permitted under FASB ASC 95			neet wor	ks of
5	-	sures, or other similar assets held for public	-			
		ing amounts relating to these items:				
	-	Ided on Form 990, Part VIII, line 1		1	► \$	
					► \$	
2	.,	received or held works of art, historical tre				
-	•	unts required to be reported under FASB A		J , F. J		
а	•	on Form 990, Part VIII, line 1	0		\$	
b		i Form 990, Part X			\$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 The Riv								83-19	86128	3 р	age 2
Par	t III Organizations Maintaining C	ollection	s of Art	, Hist	orical Tre	easures, o	r Other	^r Simila	r Asset	s _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and othe	er records	, checl	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 co	ollections ar	id explain	how th	ney further th	ne organizati	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive do	nations of	f art, hi	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran			te if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custodi									_	_	_
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and comple	te the follo	owing	table:							
										Amoun	t	
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year											
f	Ending balance							. 1 f				
	Did the organization include an amount on F							ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete					1				I		
		(a) Currer	nt year	(b)	Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year en	d balance	(line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment			_%								
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 10	0%.									
3a	Are there endowment funds not in the posse	ession of the	organizat	ion tha	at are held a	nd administe	red for th	e organiza	ation	,		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed	as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		n's endow	/ment	funds.							
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" on I	orm 990,	Part I	V, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property		Cost or ot		• •	t or other		ccumulate	ed	(d) Boo	k valu	е
			s (investm	ent)	basis	(other)	de	oreciation				
-	Land											
b	Buildings				 							
	Leasehold improvements											
	Equipment											
	Other											
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form S	<u>90, Part X</u>	(, colur	<u>mn (B), line 1</u>	0c.)						0.
									Schedule	D (Forn	1 990)	2020

Sch	edule D	(Forr	n 990) 2	2020	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 1	25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	1294.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1294.

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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 The River Fund Maine		83-1986128 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
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	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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 Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
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	<u>2</u> a	
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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
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	<u>)</u>	
Pa	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.

032054 12-01-20

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	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.							2020	
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-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	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written c		tion of tion of fundra (incluc	non-g gover iising (overnment grants nment grants events ficers, directors, trus	tees,	or	s 🗌 No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	he fur	ndraiser is to be	e	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is o	exempt from re	egistration	
LHA For Paperwork Ro	eduction Act Noti	ice, see the Instructions for Form S	90 or	990-E	Z. S	Sche	dule G (Form §	990 or 990-EZ) 2020	

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 The River Fund Maine

 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or furfulaising event contributions and gro	USS INCOME ON FORM 390		vents with gross receipt	s greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PEAK GALA	PAR 3 PARTY	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anc					. ,	
Revenue	1	Gross receipts	102676.	7045.	4060.	113781.
Å						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	102676.	7045.	4060.	113781.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ben	6	Rent/facility costs				
Ă						
rect	7	Food and beverages				
ā	-					
	8	Entertainment		4032.	403.	54991.
	9	Other direct expenses	L	· · ·		54991.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				58790.
Pa	rt I	III Gaming. Complete if the organization a		990. Part IV. line 19. or r		307901
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Discus	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ñ	1	Gross revenue				
ŝ	2	Cash prizes				
anse						
be	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Het gaming moorne sammary. Subtract mer				I
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b) If "	Yes," explain:				
0320	32 11	1-25-20			Schedule G (For	m 990 or 990-EZ) 2020

<u>S</u> ch	edule G (Form 990 or 990-EZ) 2020 The River Fund Maine	<u>83-1</u>	986128	Page 3
-	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
	Indicate the percentage of gaming activity conducted in:	1		
	The organization's facility		<u>13a</u>	%
	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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No 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 \blacktriangleright \$			
Ċ	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			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
	organization's own exempt activities during the tax year > \$			
Pa	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.			
0000		G /Earm	990 or 990	E7) 2020
0320	⁸³ 11-25-20 Schedule 33		230 01 330	

(continued)	
	Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization The River Fund Maine												
Part I General Information on Grants and Assistance												
criteria used to	zation maintain records t award the grants or assis	stance?	-									
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 												
	that received more than S	-			-	anization answered i	es on on 550,1 a					
1 (a) Name and a	ddress of organization wernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
3 Enter total numb	per of section 501(c)(3) a per of other organizations	s listed in the line 1	I table									

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

Schedule I (Form 990) 2020

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP	1	16000.	0.		

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

PART III

THE RIVER FUND MAINE PROVIDED A SCHOLARSHIP THROUGH RIVER FUND SCHOLAR

TO RECIPIENT LUCINDA ROTHWELL TO ATTEND HUSSON UNIVERSITY DURING

ACADEMIC YEAR 2020-2021.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



83-1986128

The River Fund Maine

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

and by harnessing the recreational assets of our region.

Form 990, Part III, Line 4a, Program Service Accomplishments: one local student is named the River Fund Maine Scholar and receives a scholarship to support the attainment of a BA/BS or equivalent four-year college degree in the student's chosen area. The River Fund Maine especially encourages recipients to envision, and prepare themselves for, careers in entrepreneurial and leadership roles. The River Fund Maine Scholar will receive up to \$20,000 each year to cover the cost of college tuition and fees, room and board, books and educational supplies. The scholarship is renewable for up to three additional years and is intended to allow a student to gain a college degree and graduate without crushing debt. The scholarship recipient will also have access to financial counseling, internships, and professional mentoring to help them map a successful path through the college or university experience.

Our community outreach in 2020 came from the ongoing COVID-19 pandemic. TRFM knew it was time to increase our service to the population we are dedicated to serving: the children and families of Maine, so we: - Made a substantial contribution to a local food initiative that provided up to 10,000 meals for the elderly and families with food insecurity. - Worked with the Telstar Regional school system (MSAD 44) to acquire

internet enabled laptops for all students in the MSAD 44 area so that LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
The River Fund Maine	83-1986128

they could continue to go to school.

- Paid the internet access fees for the 2020 academic year for any

family in Andover, Bethel, Gilead, Greenwood, Newry and Woodstock in

Oxford County, Maine whose wage earner has been furloughed due to a

COVID-19 business closure.

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

performance and comparable data from other organizations.

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

Management will make documents available upon request, and do post the 990 on the organization's website.

032212 11-20-20