**Public Inspection Copy** 

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For the	2022 calendar year, or tax year beginning JUL	1, 2022 and	ending J	UN 30, 2023				
	Check if	C Name of organization			D Employer identific	cation number			
	applicable	RHODE ISLAND COMMUNITY FOOD BANK							
	Addres	ASSOCIATION							
	Name	Doing business as			05-0395601				
F	Initial	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	Г			
F	Final return/	200 NIANTIC AVENUE	,		401-942-6325				
	termin- ated		P or foreign postal code		G Gross receipts \$ 34,575,386				
	Ameno				H(a) Is this a group re				
F	Applica		SCHIFF			? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in				
$\overline{}$	Tay.ova	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 7	list. See instructions			
_	Websit		(most roat)	0	H(c) Group exemptio				
		organization: Corporation Trust X Asso	ociation Other	i Year		A State of legal domicile; RI			
	art I	Summary		1 1 442	or tottidaotti (t	dd ababerrio at a smithed on over the same.			
16.00		Briefly describe the organization's mission or most si	ignificant activities: TO IMP	ROVE THE	QUALITY OF LIFE	*			
9		FOR ALL RHODE ISLANDERS BY ADVANCING SO	LUTIONS TO THE PROBLE	M OF					
Governance	2		inued its operations or dispos		than 25% of its not see	aate			
9	3	Number of voting members of the governing body (P				24			
Ó	4	Number of independent voting members of the gover-		24					
		Total number of individuals employed in calendar yea		78					
9	5	Total number of individuals employed in calendary set Total number of volunteers (estimate if necessary)				1731			
Activities &	2	Total unrelated business revenue from Part VIII, colu				0.			
A	/ a	Net unrelated business taxable income from Form 95			7b	0.			
_	D	NEL DIFICIALEC DUSINESS LAXABLE INCOME HOM I OM S	T	Prior Year	Current Year				
	8	Contributions and grants (Part VIII. line 1b)		F	25,577,240.	27,473,885.			
9					217,356.	182,682.			
Revenue	9		and 7d)		570,796.	-274,153.			
ď	10	Investment income (Part VIII, column (A), lines 3, 4, a			138,705.	171,795.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		26,504,097.	27,554,209.				
_		Total revenue - add lines 8 through 11 (must equal Pa			975,555.	1,161,801.			
		Grants and similar amounts paid (Part IX, column (A).			0.	0,			
	48	Benefits paid to or for members (Part IX, column (A), Salaries, other compensation, employee benefits (Pa			4,916,693.	5,488,788.			
Expenses	15			34,800.	53,750.				
5	108	Professional fundraising fees (Part IX, column (A), line Total fundraising expenses (Part IX, column (D), line 2				00,700,			
X	_ D	Other expenses (Part IX, column (A), lines 11a-11d, 1			21,145,998.	24,335,833.			
	14	Other expenses (Part IX, column (A), lines 11a-11d, 1 Fotal expenses. Add lines 13-17 (must equal Part IX,			27,073,046.				
		Revenue less expenses. Subtract line 18 from line 12			-568,949.	-3,485,963.			
-		Revenue less expenses. Subtract life To from line 12		Be	ginning of Current Year	End of Year			
Assets or		Tetal seests (Dort V. line 16)			24,835,902.	23,206,171.			
888	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)			463,614.	982,750.			
Net	22	Net assets or fund balances. Subtract line 21 from lin	na 20		24,372,288.	22,223,421.			
P	art II	Signature Block	10 20						
		ties of perjury, I declare that I have examined this return, in	cluding accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer)				,			
21010	,	Andrew Clott				22			
Sig	ın	Signature of officer			12/13/20	23			
He		ANDREW SCHIFF, CEO							
110		Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Pai	d	SANDY ROSS		if self-employed P01399337					
	parer	Firm's name KAHN, LITWIN, RENZA & CO.,			Firm's EIN 05-0409384				
	Only	Firm's address 951 NORTH MAIN STREET							
		PROVIDENCE, RI 02904			Phone no. 401	-274-2001			
Ma	v the IF	S discuss this return with the preparer shown above	? See instructions			X Yes No			

ASSOCIATION

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Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE FOR ALL RHODE ISLANDERS BY ADVANCING	
	SOLUTIONS TO THE PROBLEM OF HUNGER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	<del></del>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	menses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	,
4a	27 000 974	182,682.
ma.	THE FOOD BANK DISTRIBUTED APPROXIMATELY 16,200,000 POUNDS OF FOOD TO	
	MEMBER AGENCIES DURING THE YEAR ENDED JUNE 30, 2023. DONATIONS OF	
	NON-PERISHABLE FOODS FROM SUPERMARKETS AND THE FOOD INDUSTRY CONTINUE	
	TO BE LIMITED DUE TO IMPROVED EFFICIENCIES AND SUPPLY CHAIN ISSUES.	
	COMMUNITY FOOD DRIVES PROVIDE A SMALL AMOUNT OF NON-PERISHABLE FOOD.	
	FORTUNATELY, THE FOOD BANK'S RETAIL RESCUE PROGRAM REMAINS STRONG WITH	
	AGENCIES RECEIVING APPROXIMATELY 1,780,000 POUNDS OF DONATED PERISHABLE	
	FOOD ITEMS FROM GROCERY STORES AND SUPERMARKETS. THE FOOD BANK ALSO	
	RECEIVES DONATED FRESH PRODUCE FROM GROWERS AND WHOLESALERS. DONATED	
	FOOD MADE UP APPROXIMATELY 31% OF THE FOOD BANK'S FOOD SUPPLYDURING THE	
	YEAR ENDED JUNE 30, 2023.	
4b	(Code:) (Expenses \$ 441,754. including grants of \$) (Revenue \$	)
-10	KIDS CAFE SERVES WHOLESOME EVENING MEALS TO CHILDREN AT RISK OF HUNGER,	
	SUPPLEMENTING SCHOOL NUTRITION PROGRAMS. DURING THE YEAR ENDED JUNE 30,	
	2023, THE FOOD BANK OPERATED FOUR KIDS CAFE SITES, SERVING AN AVERAGE	
	OF 400 CHILDREN A DAY, SITES WERE LOCATED AT THE EAST PROVIDENCE BOYS	
	AND GIRLS CLUB, THE PAWTUCKET YMCA, THE PAWTUCKET BOYS AND GIRLS CLUB,	
	AND THE SEGUE INSTITUTE FOR LEARNING IN CENTRAL FALLS. NEARLY 70,000	
	MEALS WERE PROVIDED TO THE FOUR SITES DURING THE YEAR ENDED JUNE 30,	
	2023, KIDS CAFE MEALS WERE PREPARED BY FOOD BANK CHEFS AND HEALTHY	
	HABITS STAFF.	
		•
4c	(Code:) (Expenses \$193,780. including grants of \$) (Revenue \$	
	HEALTHY HABITS IS A NUTRITION EDUCATION PROGRAM THAT WORKS TO BRIDGE	
	THE GAP BETWEEN FOOD INSECURITY AND HEALTH FOR GUESTS OF MEMBER	
	AGENCIES BY PROVIDING A COMBINATION OF RELEVANT, SCIENCE-BASED	
	COMMUNITY NUTRITION AND CULINARY EDUCATION. THE FOOD BANK OFFERS	
	CLASSES OVER 4-6 WEEKS, ONE-TIME WORKSHOPS AND DEMONSTRATIONS OF	
	HEALTHY RECIPES AND HEALTHY EATING HABITS. THE FOOD BANK'S NUTRITION	
	EDUCATORS CONDUCT IN-PERSON CLASSES THAT ALLOWED INDIVIDUALS, FAMILIES,	
	CHILDREN AND SENIORS TO LEARN ABOUT HEALTHY EATING. DURING THE YEAR	
	ENDED JUNE 30, 2023, NEARLY 140 PEOPLE PARTICIPATED IN FOURTEEN 4-6	
	WEEK SERIES CLASSES; 336 PARTICIPATED IN ONE-TIME WORKSHOPS; AND 1,790	
	PARTICIPATED IN IN-PERSON HEALTHY BITES AND FOOD DEMONSTRATIONS.	
4d	Other program services (Describe on Schedule O.)	
- 4-	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	27 525 409	

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RHODE ISLAND COMMUNITY FOOD BANK

# Form 990 (2022) ASSOCIATION 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Rev. Proc. 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			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		-
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	11a	х	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		_
b		11b		x
_	assets reported in Part X, line 167 # "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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			
u	Part X, line 16? /f "Yes." complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	P. L. J. Francisch deutsche Angelein auf der Jahre der Vereine der State auf der Angelein der An			
•	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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? # "Yes,"	4.		x
	complete Schedule G, Part III	19		X
20a		20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domestic government on Fart IX, column (A), line 11 // 165, complete schedule I, Farts Fartur II		000	

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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			
	•	25b		x
ne.	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	v
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
G	(gambling) winnings to prize winners?	1c		
	Bernound whithings to buse without		990	(2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
	f "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
C	f "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			x				
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>				
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.						
	were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).	7a	х					
	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?	7b	x	_				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	_					
		7c		x				
	to file Form 8282?	10						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
	Did the organization receive any lands, directly of indirectly, to pay premiums on a personal benefit contract?	7f		x				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	x					
	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						
	Sponsoring organizations maintaining donor advised funds.							
	Division of the state of the st							
	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							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:							
	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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-						
	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.							
	Enter the amount of reserves the organization is required to maintain by the states in which the							
	or garinzation to house to house quantity							
	Enter the amount of reserves on hand	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

Form 990 (2022)

ASSOCIATION

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C. See Instructions.		
Check if Schedule O contains a response or note to any line in this Part VI	2	ζ

							X					
Sec	tion A. Governing Body and Management											
		6 8	i .			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	- 2	24								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b_		14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship											
	officer, director, trustee, or key employee?				2							
3	Did the organization delegate control over management duties customarily performed by or under the											
					3		<u>x</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?		4 5		×					
5	-											
6	Did the organization have members or stockholders?			$\vdash$	6	х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			١.		.						
	more members of the governing body?			1-7	a	х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			١.	.	.						
	persons other than the governing body?			7	'b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					v						
а	The governing body?				Ba	X						
b	Each committee with authority to act on behalf of the governing body?			1	3b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				_		x					
0	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 Re	evenue	Code.)			V	N1-					
	70° 1 . 0				-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?			1	0a							
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			-	2b	х						
C				14	2c	x						
40	on Schedule O how this was done				13	х	_					
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			-	14	х						
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve											
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		a openion it									
_	The organization's CEO, Executive Director, or top management official			1	5a	х						
	Other officers or key employees of the organization				5b	х						
Ø	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		•••••									
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a									
iva	taxable entity during the year?			1	6a		ж					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation											
u	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization											
	exempt status with respect to such arrangements?			1	6b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filedCA,CT,FL,IL,MA,MD,1	ME, NC	MN, NH, NJ, NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 990	-T (section 501(c)(	B)s or	ıly) a	vailab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		•	nd fir	ianc	ial						
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records									
	CHRISTINE CANNATA - 401-942-6325											
	200 NIANTIC AVENUE, PROVIDENCE, RI 02907											
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			F	orm	990	(2022)					

8

#### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not ci , unie: cer an	Pos heck i ss per	more rson i	than o s both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANDREW SCHIFF	40.00									
CEO			Ш	x			_	235,326.	0.	24,736.
(2) LISA ROTH BLACKMAN	40.00									
CHIEF PHILANTHROPY OFFICER					_	x		140,537.	0.	36,424.
(3) CHRISTINE A. CANNATA	40.00									
CFO				X			_	143,019.	0.	32,260.
(4) JENNIFER K. TOMASSINI	40.00					_		110.005		47.004
CHIEF OPERATING OFFICER		<u> </u>			_	X	_	149,006.	0.	17,894.
(5) AMANDA CANTRELL	40.00	-						100 554	_	4 110
DIRECTOR OF INNOVATION & PLANNING		-			_	x	_	102,554.	0.	4,119.
(6) EDWARD HANDY	2.50									
PRESIDENT		x		X	_	_		0.	0.	0.
(7) JYOTHI SUBRAMANIAM	2.50	-								
VICE PRESIDENT (TO 10/22)		Х		х			-	0.	0.	0,
(8) MICHAEL DISANDRO	2.50									
TREASURER		X		х			_	0.	0.	0,
(9) DEBBIE THURSTON	2,50									
SECRETARY		X	<u> </u>	x	_			0.	0.	0,
(10) LOUIS AMORIGGI	2.50									
BOARD MEMBER		х	_	_	_	_	-	0.	0.	0.
(11) MAUREEN BARISHIAN	2.50	-								
BOARD MEMBER		X	<u> </u>	_		_	$\vdash$	0.	0.	0,
(12) KATE BREWSTER	2,50	-								
BOARD MEMBER (TO 10/22)		Х			_		_	0.	0.	0.
(13) CARMEN DIAZ-JUSINO	2.50	1								_
BOARD MEMBER		х	├-	_			-	0.	0.	0.
(14) MARY EASTMAN	2.50								_	_
BOARD MEMBER		X	-	_	-	_	-	0.	0.	0.
(15) KIMBERLY FERNANDEZ	2.50	1							_	_
BOARD MEMBER		X			-		-	0.	0.	0.
(16) ALINE BINYUNGU	2,50	-								_
BOARD MEMBER (AS OF 10/22)		X	-			-		0.	0.	0,
(17) ANGELO GARCIA	2.50	-		1						_
BOARD MEMBER		X			_	_	1_	0.	0.	0,

232007 12-13-22

Form 990 (2022)

Form 990 (2022) ASSOCIATI	LON								03-033300			ige o
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloye	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	offic	not ch unles	s per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	am	imate ount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	orga and	pensat om the unizati relate nizatio	e on ed
(18) GREGORY GARGER	2.50											
BOARD MEMBER		x						0.	0.			0.
(19) BRIAN GROSS	2.50											
BOARD MEMBER		x						0.	0.			0.
(20) DAVID MACCHIONI	2.50											
BOARD MEMBER (TO 10/22)		x						0.	0.			0.
(21) PETER MARINO	2.50											
BOARD MEMBER		x						0.	0.			0.
(22) KATHY O'DONNELL	2.50											
BOARD MEMBER		x						0.	0.			0.
(23) MATHIES J. SANTOS	2.50											
BOARD MEMBER		x						0.	0.			0.
(24) RENEE ST. JOHN	2.50											
BOARD MEMBER (TO 10/22)		x						0.	0.			0.
(25) PAUL SILVER	2.50											
BOARD MEMBER		Х						0.	0.			0.
(26) ALISON TOVAR, PHD, MPH	2,50											
BOARD MEMBER		х						0.	0.			0.
1b Subtotal								770,442.	0.		115,	
c Total from continuation sheets to Pa	art VII, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								770,442.	0.		115,	433.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization											1	
									Y		Yes	No
3 Did the organization list any former of	fficer, director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes " complete Schedule J	for such individual									3		X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DAVINCI DIRECT, INC., 3 VILLAGE GREEN		
NORTH, #311, PMB B6, PLYMOUTH, MA 02360	DIRECT MAIL CONSULTANT	529,894.
WESTERN HARVEST, 1911 CHEMIN DE LARIVIERE,		
ST-CLOTILDE-QUEBEC, JOL1WO, QC, CA	VALUE ADDED PROCESSING	291,811.
ENCORE FIRE PROTECTION		
70 BACON STREET, PAWTUCKET, RI 02860	FIRE SUPPRESSION SYSTEM	185,500.
VERTICAL 6, INC.		
30 SERVICE AVENUE, WARWICK, RI 02886	IT CONSULTANT	148,774.
RANDSTAND		
P.O. BOX 7247-6655, PHILADELPHIA, PA 19170	STAFFING AGENCY	105,530.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	5	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

05-0395601

Form 990

Part VII Section A. Officers, Directors, Tru	stees. Key Er	nplo	vee	s. a	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average hours	(cl		Pos	ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) GENIE MCPHERSON TREVOR	2.50									
BOARD MEMBER		X					_	0.	0.	0
(28) DAVID VELIZ	2,50									
BOARD MEMBER		X						0.	0.	0
(29) LISA WESNER	2.50									
BOARD MEMBER		X						0.	0.	0
(30) RILWAN FEYISITAN, JR.	2,50									
VICE PRESIDENT (AS OF 10/22)		x		x				0.	0.	0
(31) YVETTE KENNER	2.50									
BOARD MEMBER (AS OF 10/22)		x						0.	0.	0
(32) MARY BROOKS WALL	2.50									
BOARD MEMBER (AS OF 10/22)		x						0.	0.	0
(33) MARTHA WOFFORD	2.50									
BOARD MEMBER (AS OF 10/22)		x						0.	0.	0
									10	
		_								
Total to Part VII, Section A, line 1c										

Form 990 (2022) ASSOCIATION
Part VIII Statement of Revenue

			Check if Schedule O	onta	ins a ı	respons	se o	r note to any line	in this Part VIII			
									(A)	(B)	(C)	(D)
									Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										lunction revenue	business revenue	sections 512 - 514
<b>50 50</b>	4	2	Federated campaigns			1a		71,207.				
Contributions, Giffs, Grants and Other Similar Amounts	١.		Membership dues			1b						
9 3			Fundraising events			1c		230,645.				
Ę,Ŗ			Related organizations			1d	_					
空槽			-			1e		6,241,220.				
Si's			Government grants (contributions, gifts,			ie		0,222,220				
등 a		T		_				20,930,813.				
픈뒴			similar amounts not included			1f		13,743,011.				
F F		_	Noncash contributions included in i			1g \$			27,473,885.			
<u>U</u> a	_	n	Total. Add lines 1a-1f				Т	Business Code	27,270,000,			
			COORDANIE DIVING				+	624200	182,682.	182,682.		
8	2	а	COOPERATIVE BUYING					024200	102,002.	102,002.		
A P		b		_								
SI		C					-					
e s		đ					-					
Program Service Revenue		e	-				-2					
۱ ۵			All other program service						102 602			
$\dashv$	_	g	Total. Add lines 2a-2f						182,682.			
	3		Investment income (include	ing d	livider	nds, int	eres	t, and	200 200			300 209
		other similar amounts)						399,298.			399,298.	
	4		Income from investment o	f tax-	exem	pt bon	d pro	oceeds				
	5											
- 11				H	- "	Real	_	(ii) Personal				
	6	a	Gross rents	6a		80,00	$\rightarrow$					
		b	Less: rental expenses	6b		18,00	$\rightarrow$					
		C	Rental income or (loss)	6c	1	62,00	0.					150.000
		d	Net rental income or (loss)				-		162,000.			162,000.
	7	а	Gross amount from sales of		- 17	ecuritie	$\rightarrow$	(ii) Other				
		assets other than inventory 7a 6,279,728		8.								
		b	Less: cost or other basis	ΙI								
9				7b		53,17	-					
Revenue		C	Gain or (loss)	7c	-6	73,45	1.					4-4 154
			Net gain or (loss)						-673,451.			-673,451.
声	8	а	Gross income from fundraising									
ᅙ			including \$2	30,	645.	of						
			contributions reported on									
			Part IV, line 18				8a	13,560.				
		-					8b	49,998.	0.5 100			26 420
			Net income or (loss) from				S.		-36,438.			-36,438.
	9	a	Gross income from gamin	g act	ivities	. See						
			Part IV, line 19				9a					
			Less: direct expenses			1.72	9b					
		C	Net income or (loss) from	gamiı	ng act	tivities						
	10	а	Gross sales of inventory, less returns									
			and allowances 10a			10a						
		b	Less: cost of goods sold			<u>[</u>	10b					
		C	Net income or (loss) from	sales	of inv	entory	·					
								Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	E			_ [	624200	46,233.			46,233.
300		b					_					
e e		C										
lisc		d	All other revenue				[					
2			Total. Add lines 11a-11d						46,233.			
	12		Total revenue See instruction						27,554,209.	182,682.	0.	-102,358.

Page 10

Part IX | Statement of Functional Expenses

Section 501 (c)(3) and 501 (c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) (C) Do not include amounts reported on lines 6b, Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1,161,801. 1,161,801. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 252,078. 248,587. 823,581, 322,916. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 672,362. 512,310. 3,718,269. 2,533,597. Other salaries and wages Pension plan accruals and contributions (include 99,659, 67,907. 13,731. 18,021. section 401(k) and 403(b) employer contributions) 67,003, 87,935, 331,349 486,287 Other employee benefits 9 229,203. 59,496. 72,293. 360,992. Payroll taxes 10 Fees for services (nonemployees): Management 10,848. 10,848. Legal 40,115. 40,115. Accounting Lobbying 53,750, 53,750. Professional fundraising services. See Part IV, line 17 46,714. 46,714. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 368,395, 198,736. 84,340, 85,319. column (A), amount, list line 11g expenses on Sch O.) 1,860. 30,468, 47,602. 79,930 12 Advertising and promotion 260,664. 66,938, 118,820. 74,906. Office expenses \_\_\_\_\_ 13 86,491. 44,318. 95,341. 226,150. Information technology Royalties 15 11,706. 11,706 212,395 235,807. 16 Occupancy 2,302. 18,597. 14,003. 2,292. 17 Travel ..... Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 21,967. 7,436. 47,077. 17,674. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 21,661. 433,228 389,905. 21,662. Depreciation, depletion, and amortization ..... 22 12,062. 2,527. 60,070. 45.481. 23 Other expenses. Itemize expenses not covered 24 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 O.) FOOD - DONATED FOOD DIS 13,943,450. 13,943,450. FOOD - ACQUISITION 7,692,998. 7,692,998. 502,081. 502,081. DIRECT MAIL 129,242, 12,875. 142,117. SUPPLIES 20,196 190,462. 16,934. 227,592. All other expenses 1,370,136. 2,033,628. 31,040,172. 27,636,408. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Form 990 (2022)
Part X | Balance Sheet

	_	Check if Schedule O contains a response or no	ote to al	IVIIIIO III UIIS PAILA ,			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			723,304.	1	1,107,002
2		Savings and temporary cash investments			5,838,377.	2	2,855,865
3		Pledges and grants receivable, net	655,396.	3	988,617		
4		Accounts receivable, net	44,490.	4	27,498		
5		Loans and other receivables from any current					
~		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	
. 7		Notes and loans receivable, net				7	
8		Inventories for sale or use			1,077,484.	8	852,916
[ 9					324,068.	9	239,016
- 1		Land, buildings, and equipment: cost or other	110	· · · · · · · · · · · · · · · · · · ·			
"		basis. Complete Part VI of Schedule D		11,273,955.			
		Less: accumulated depreciation			5,740,673.	10c	5,737,346
111		Investments - publicly traded securities	10,432,110.	11	11,325,924		
12		Investments - other securities. See Part IV, line		12			
- 1		Investments - program-related. See Part IV, line		13			
13						14	21,458
14		Intangible assets Other assets. See Part IV, line 11	0.	15	50,529		
15		Total assets. Add lines 1 through 15 (must eq		24,835,902.	16	23,206,171	
16		Accounts payable and accrued expenses		463,614.	17	942,846	
17				18			
18		Grants payable		19			
19		Deferred revenue				20	
20		Tax-exempt bond liabilities				21	
21						21	
<u>.</u> 22		Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub				22	
		controlled entity or family member of any of the				23	
23		Secured mortgages and notes payable to unre				24	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			0.	0.5	39,904
		of Schedule D		l l	463,614.	25	982,750
26				e X	403,014.	26	302,730
.		Organizations that follow FASB ASC 958, ch	eck he	e 🖆			
2		and complete lines 27, 28, 32, and 33.		1	23,088,797.	07	21,550,725
27					1,283,491.	27	672,696
28					1,203,431.	28	012,030
[		Organizations that do not follow FASB ASC	958, cn	eck here			
-		and complete lines 29 through 33.		1			
29		Capital stock or trust principal, or current fund				29	
30		Paid-in or capital surplus, or land, building, or				30	
27 28 29 30 31 32		Retained earnings, endowment, accumulated	ncome,	or other funds	24 352 200	31	22 222 424
32	2				24,372,288.	32	22,223,421
33	3	Total liabilities and net assets/fund balances			24,835,902.	33	23,206,171

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		554,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		040,	
3	Revenue less expenses. Subtract line 2 from line 1	3		485,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		372,	
5	Net unrealized gains (losses) on investments	5	1,	337,	096.
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	22,	,223,	421.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RHODE ISLAND COMMUNITY FOOD BANK

ASSOCIATION

Employer identification number 05-0395601

		ASSOCI	ATTON					03-0333001
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch					YAYi).	
2	一	A school described in secti					X X /	
_	Ħ	A hospital or a cooperative				VHV4VAVii	i)	
3	H	A medical research organiza						the hospital's name
4			ation operated in co	ijunotion with a nospitar	described	III SECTIO	п ттору, пдадна, шног	the neophtare manne,
_		city, and state:				ad by a ga	vammental unit decerib	nd in
5		An organization operated for		llege or university owned	or operat	ed by a go	vernmental unit describe	BG III
		section 170(b)(1)(A)(iv). (C						
6	$\square$	A federal, state, or local gov						
7	Х	An organization that normal	lly receives a substa	ntial part of its support fr	rom a gove	emmental (	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	and state of the college	e or
		university:						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membership fees, and	d gross receipts from
		activities related to its exem						
		income and unrelated busin						
		See section 509(a)(2). (Cor		<b>,</b> ,			, ,	•
11		An organization organized a		vely to test for public sat	fetv. See	section 50	19(a)(4).	
12	H	An organization organized a						nurnoses of one or
12		more publicly supported org						
								SHOOK ING BOX ON
	_	lines 12a through 12d that						alidaa
а		Type I. A supporting orga						
		the supported organization			majority o	it the direc	tors or trustees of the st	apporting
		organization. You must c						
b		Type II. A supporting orga						
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	•					
C		Type III functionally inte						ed with,
		its supported organization						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	veness
		requirement (see instructi	ons). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga						
		functionally integrated, or						
f	Ente	r the number of supported o	organizations					
a	Prov	ide the following information	about the supporte	d organization(s).				
	(i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orgain vour govern	anization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (obe mondatione)				
_								
		1						

05-0395601 ASSOCIATION Page 2 Schedule A (Form 990) 2022 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 falled to qualify under Part III. If the organization

_	talls to qualify under the tests	ilisted below, pleas	se complete rait ii	11/			
_	ction A. Public Support				7		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					00 400 000	422 544 406
	include any "unusual grants.")	19,690,249.	27,734,102.	33,068,720.	25,577,240.	27,473,885.	133,544,196.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19,690,249.	27,734,102.	33,068,720.	25,577,240.	27,473,885.	133,544,196.
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)						7,350,069.
6	Public support. Subtract line 5 from line 4.						126,194,127.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	19,690,249.	27,734,102.	33,068,720.	25,577,240.	27,473,885.	133,544,196.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	122,949.	300,445.	291,979.	413,333.	579,298.	1,708,004.
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.)	12,152.	18,011.	23,840.	16,628.	46,233.	116,864.
11	Total support. Add lines 7 through 10						135,369,064.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	1,921,058.
	First 5 years. If the Form 990 is for the	•		ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2022 (I			olumn (f))		14	93,22 %
	Public support percentage from 2021					15	93.42 %
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
_	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
ŀ	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	man and 1611 - 1615						
10	Fireate roundation. It the organization	ar did not differ a	LOX OF HITO TO, TOO	.,			/Form 990) 2022

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Schedule A (Form 990) 2022 ASSOCIATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	NOW PIOCOS COM	Joe Tal (III)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						l
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 t	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2022 (li			column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves			ino 12 peli men /4\		17	0/
17	Investment income percentage for 20					18	<u>%</u>
18	Investment income percentage from 2 33 1/3% support tests - 2022. If the			on line 14 and line			
198	more than 33 1/3%, check this box an						, 13 HOL
	more than 33 1/3%, check this box and 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Schedule A (Form 990) 2022

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Yes No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

- 17		 _
	1	
	2	
	3a	
	3b	
	20	
	3c	
	4a	
	4b	
	4c	
	_	
	5a	
- 1	5b	
	5c	
	6	
	7	ļ
3	7	
	8	
	9a	
	Or.	
	9b	
ì	9c	
	10a	
	40h	
le el c	10b	 2022

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ASSOCIATION

Pai	t IV	Supporting Organizations (continued)			
	•			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
C	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	If how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
0	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		1		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	_	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
_		ganization maintained a close and continuous working relationship with the supported organization(s).			
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	suppo	orted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b		The organization satisfied the Activities rest. Complete line 2 perow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	el.	
2		ties Test, Answer lines 2a and 2b below.	ili dello	Yes	No
		Ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
-		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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Schedule A (Form 990) 2022

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 ASSOCIATION			05-0395601	Page 6
-	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on h	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
_	All other Type III non-functionally integrated supporting organizations mu				
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (options	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4		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			
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
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			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	tion C - Distributable Amount			Current Y	'ear
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			
-	Objects have if the assumed service the agreemination is first as a non-function	ally intograte	d Type III supporting or	anization (see	

Schedule A (Form 990) 2022

ASSOCIATION

ec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	LIDING ILLAMINATA		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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Seci	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
_î	Carryover from 2017 not applied (see instructions)				
ı	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			-	
5					
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

#### SCHEDULE C (Form 990)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	) (See separate instructions), then	: Olata Bart III			
	Section 501(c)(4), (5), or (6) organizat	ND COMMUNITY FOOD BANK		Fm	ployer identification number
van	ne of organization RHODE ISLAN ASSOCIATION			-"	05-0395601
D		anization is exempt under	section 501(c) o	r is a section 527 o	
Pa	rt I-A Complete if the org	anization is exempt under	Section 301(c) of	1 13 & 36000011 027	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campaign	ures			\$
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		\$
	If the organization incurred a section				
<b>4</b> a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt functio	on activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
	exempt function activities				\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and em	ployer identification number (EIN)	of all section 527 polit	ical organizations to wh	ich the filing organization
	made payments. For each organizat	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter	the amount of political
	contributions received that were pro-				ate segregated fund or a
	political action committee (PAC). If a	additional space is needed, provide	e information in Part I\	1.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022	ASSOCIA			395601 Page 2
Part II-A Complete i section 501		on is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
expense	s, and share of exces	gs to an affiliated group (and list in Part IV each affiliated gas lobbying expenditures).	group member's name	, address, EIN,
B Check if the filir	g organization check	ed box A and "limited control" provisions apply.	(a) Filing	(b) Affiliated group
(The ter		bying Expenditures leans amounts paid or incurred.)	organization's totals	totals
1a Total lobbying expendito	res to influence pub	lic opinion (grassroots lobbying)	31,921.	
b Total lobbying expendite	ures to influence a leg	gislative body (direct lobbying)	6,750.	
c Total lobbying expendite	ures (add lines 1a and	d 1b)	38,671.	
d Other exempt purpose of			27,597,737.	
e Total exempt purpose e	xpenditures (add line	s 1c and 1d)	27,636,408.	
f Lobbying nontaxable an	nount. Enter the amo	unt from the following table in both columns.	1,000,000.	
If the amount on line 1e, o		The lobbying nontaxable amount is:		
Not over \$500,000		20% of the amount on line 1e.		
Over \$500,000 but not o	over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but no	t over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but no	t over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		
g Grassroots nontaxable	amount (enter 25% of	f line 1f)	250,000.	
h Subtract line 1g from lin	e 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line	1c. If zero or less, e	nter -0-	0.	
j If there is an amount oth	er than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 t	ax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
(Some organ		a section 501(h) election do not have to complete all o	f the five columns be	low.
	Se	e the separate instructions for lines 2a through 2f.)		
	I what	hairs Eveneditures During 4 Veer Averaging Period		

	Lobbying Expendi	tures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	10,902.	27,199.	22,353.	38,671.	99,125.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures		1,968.	198.	31,921.	34,087.

Schedule C (Form 990) 2022

Page 3

### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, local legislation, or referendum, the volunteers?  b Paid staff or mare Media advertiser d Mailings to meme Publications, or figrants to other or the staff of the staff or the staf	did the filing organization attempt to influence foreign, national, state, or including any attempt to influence public opinion on a legislative matter rough the use of:  agement (include compensation in expenses reported on lines 1c through 1i)?	Yes	No	Amo	ount
local legislation, or referendum, the avolunteers?	ncluding any attempt to influence public opinion on a legislative matter rough the use of: agement (include compensation in expenses reported on lines 1c through 1i)?				
<ul> <li>b Paid staff or mar</li> <li>c Media advertiser</li> <li>d Mailings to mem</li> <li>e Publications, or</li> <li>f Grants to other of</li> </ul>	agement (include compensation in expenses reported on lines 1c through 1i)?				
<ul><li>d Mailings to mem</li><li>e Publications, or</li><li>f Grants to other or</li></ul>					
e Publications, or f	oro, legislatore, or the public.				
f Grants to other of	published or broadcast statements?				
	rganizations for lobbying purposes?				
g Direct contact w	th legislators, their staffs, government officials, or a legislative body?				
•	rations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	attoris, scriminars, corrections, specialist, focusing of any circumstance.				
•	c through 1i				
	in line 1 cause the organization to be not described in section 501(c)(3)?				
	e amount of any tax incurred under section 4912				
	e amount of any tax incurred by organization managers under section 4912				
	zation incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Comp	lete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
				Yes	N
1 Were substantia	y all (90% or more) dues received nondeductible by members?		1		
	ion make only in-house lobbying expenditures of \$2,000 or less?				
	ion agree to carry over lobbying and political campaign activity expenditures from the				
	ered "Yes."		1		
	nts and similar amounts from members				
expenses for wi	ich the section 527(f) tax was paid).				
•					
	st year		•		
	nt reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
		• • • • • • • • • • • • • • • • • • • •			
			5		
4 If notices were s does the organiz expenditures ner 5 Taxable amount Part IV Suppl Provide the description	nt reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount of nondeductible lobbying and point year?  of lobbying and political expenditures. See instructions emental Information  s required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I-B, line 1. Also, complete this part for any additional information.	ess olitical	4	nd 2 (See	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

RHODE ISLAND COMMUNITY FOOD BANK ASSOCIATION

Employer identification number 05-0395601

Pai			or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b)	Funds and other accounts
	Tatal number at and of years	(a) Bellet davied lange	(10)	,
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writeria.	iting that the assets held in donor advise	d funds	
5	are the organization's property, subject to the organization's ex			
	Did the organization inform all grantees, donors, and donor adv			
6	for charitable purposes and not for the benefit of the donor or d			
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation		a histori	cally important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space	I rood valor or	2 001 11110	
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form o	f a cons	ervation easement on the last
2	day of the tax year.	a consolitation contribution in the form o		Held at the End of the Tax Year
	Total number of conservation easements			2a
b			1	2b
	Number of conservation easements on a certified historic struct			2c
	Number of conservation easements included in (c) acquired after			
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, relea			
	year			_
4	Number of states where property subject to conservation easer	ment is located		
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it he			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservati	on ease	ments during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statement	nts that	describes the
-	organization's accounting for conservation easements.		0!	willow Associa
Par			ier Sir	niiar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under FASB ASC 958, $$			
	of art, historical treasures, or other similar assets held for public			e of public
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958, $$			
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthe	erance o	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			_
2	If the organization received or held works of art, historical treasures		gain, pr	ovide
	the following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ASSOCIATION					05-039			ge 2
Pai	t III   Organizations Maintaining C	ollections of Art, His	torical Treasures	s, or Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records, che	ck any of the following	that make sign	nificant us	se of its			
	collection items (check all that apply):								
а	Public exhibition	d 🗆	Loan or exchange p	rogram					
b	Scholarly research	e	Other						
c	Preservation for future generations								_
4	Provide a description of the organization's co	lections and explain how	they further the organi	ization's exemt	ot purpos	e in Part )	CIII.		
5	During the year, did the organization solicit o								
3	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par	-	ic organization anowe	100 0111	o 000,	1 41110,11	110 0, 0.		
-	Is the organization an agent, trustee, custodi		r contributions or othe	r seeste not in	cluded				_
та							Yes		No
	on Form 990, Part X?					∟	res	ш	NO
b	If "Yes," explain the arrangement in Part XIII	and complete the following	lable:				Amount		_
							Amount		
C	Beginning balance				1c				$\overline{}$
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		,		
	Did the organization include an amount on Fe				/?	🖵	Yes	$\vdash$	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanat	ion has been provided	on Part XIII					
Pai	t V Endowment Funds. Complete i								
		(a) Current year (b)	Prior year (c) Two	o years back (e	d) Three ye	ars back	(e) Four	years b	ack
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								
	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balance (line	1g. column (a)) held as	*:					
_	Board designated or quasi-endowment		. 9,						
a h	Permanent endowment	%							
b									
C	The percentages on lines 2a, 2b, and 2c sho	, <del>-</del>							
0-	Are there endowment funds not in the posse		are held and admir	sistered for the					
Ja		SSION OF the organization to	iat are nell and admin	ilatores for the			Γ	Yes	No
	organization by:						3a(i)	100	
	(i) Unrelated organizations						3a(ii)	_	
	(ii) Related organizations								
		·				•••••	3b		
4 Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		Liunas.						
Pai	Complete if the organization answere		IV line 11a See Form	OON Part Y li	ne 10				
							( D D 1		
	Description of property	(a) Cost or other	(b) Cost or other	1 1.7	cumulate	3	(d) Book	value	1
		basis (investment)	basis (other)		reciation	_		200 0	
1a	Land		308,0		1 001 1	0.7		308,0	
b	Buildings		2,492,0	υυ.	1,221,4	21.	Ι,	270,5	.03.
C	Leasehold improvements				000 0	25		105 1	
d	Equipment		1,335,2		837,8			497,4	
	Other		7,138,6		3,477,2			661,3	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X. coli	ımn (B), line 10c.)					737,3	
					9	Schedule	D (Form	9901	2022

RHODE ISLAND COMM	UNITY FOOD BANK			_
Schedule D (Form 990) 2022 ASSOCIATION			05-0395601	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	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	r end-of-year market v	alue
(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" of	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	r end-of-vear market v	alue
100	(b) Book value	(c) Metriod of Valdation. Cost of	ond or your marker v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u> </u>		
(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" of		11d. See Form 990, Part X, line 15.	435	
(a) [	Description		(b) Book va	ilue
(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" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book va	lue
(1) Federal income taxes				
(2) OPERATING LEASES PAYABLE				39,904.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2022

39,904.

(9)

Sche	dule D (Form 990) 2022 ASSOCIATION			05-0395	601 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	28,862,591.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	141	ĺ		
а	Net unrealized gains (losses) on investments	2a	1,337,096.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	-	18,000.		
_	Add lines 2a through 2d			2e	1,355,096.
3	Subtract line 2e from line 1			3	27,507,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,714.		
b	Other (Describe in Part XIII.)				
				4c	46,714.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1	5	27,554,209.
	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
_	Total expenses and losses per audited financial statements			1	31,011,458.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2		2a			
a	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses		18,000.		
d	Other (Describe in Part XIII.)			2e	18,000.
	Add lines 2a through 2d			3	30,993,458.
3	Subtract line 2e from line 1			3	***************************************
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Lasti	46,714.		
	Investment expenses not included on Form 990, Part VIII, line 7b		40,744.		
b	Other (Describe in Part XIII.)			4.0	46,714.
_	Add lines 4a and 4b			4c	31,040,172.
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. rt XIII Supplemental Information.	)		5	31,040,172.
_		Deat N/ Brees 4h	and Ohi Dark V. line 4	Dout V I'm	o Or Book VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			, ran A, ime	ez, Pari XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional inform	iation.		
חפומ	X LINE 2:				
FARI	A, DIND 2:				
THE	FOOD BANK IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY	UNDER			
SECT	CION 501(C)(3) OF THE INTERNAL REVENUE CODE, MANAGEMENT BEI	LIEVES THAT			
5201					
THE	FOOD BANK OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXP	MPT STATUS			
АТ Е	OOTH THE STATE AND FEDERAL LEVEL.				
_					
THE	FOOD BANK ANNUALLY FILES IRS FORM 990- RETURN OF ORGANIZAT	TION EXEMPT			
; <del></del>					
FROM	I INCOME TAX REPORTING VARIOUS INFORMATION THAT THE IRS USE	S TO MONITOR			
THE	ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE &	SUBJECT TO			
REVI	EW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF THE	REE YEARS			
_					
AFTE	ER THEY WERE FILED, THE FOOD BANK CURRENTLY HAS NO TAX EXAM	MINATIONS IN			
PROC	GRESS.				
22205	4 09-01-22			Schedule	D (Form 990) 2022

#### RHODE ISLAND COMMUNITY FOOD BANK

Schedule D (Form 990) 2022 ASSOCIATION Part XIII Supplemental Information (continued)	05-0395601	Page 5
Part XIII   Supplemental Information (continued)		
PART KI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL COMMISSION 18	,000.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL COMMISSION 18	,000.	

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

	e of the organization DE ISLAND COMMUNITY	EOOD DAME				Employer ident	ilicadon number
	CIATION	FOOD BANK				05-0395601	
Pai		rmation on A	ctivities Out	side the United States. Comple	te if the organ		Yes" on
	Form 990, Part IV			·			
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gran	nts and other	assistance,	
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
2	For grantmakers. Described United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance out	side the
_3_	Activities per Region. (TI	he following Part		n be duplicated if additional space is no	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORI	H AMERICA	0	0	PROGRAM PURCHASES			244,103.
	Cultinated	0	0				244,103.
	Subtotal  Total from continuation	-	-				
D	sheets to Part I	0	0				0.
C	Totals (add lines 3a						0// 405
_	and 3b)	0	0			0.1 3.1	244,103.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruct	tions for Form 990.		Schedule F	(Form 990) 2022

232071 10-17-22

05-0395601

ASSOCIATION

Schedule F (Form 990) 2022 ASSOCIATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) Description of noncash valuesistance						Scheduk
(g) Amount of noncash assistance					ax	
(f) Manner of cash disbursement					# #	
(e) Amount of cash grant					foreign country, ricon 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region			E		s listed above that are rec r for which the grantee or	
(b) IRS code section and EIN (if applicable)					recipient organization inization by the IRS, o	otiler ofganizations o
1 (a) Name of organization					Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which the organizations or entities.	1

05-0395601

ASSOCIATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.

eeded.	(c) Number of (d) Amount of cash grant cash grant (a) Manner of (b) Manner of noncash assistance (book, FMV, assistance appraisal, other)					
	(c) Number of recipients					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

ASSOCIATION

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	investments vs. experiorum servicini, rart ii, ime i (accounting metrod), rart ii (accounting metrod), and i art ii, commit (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. RHODE ISLAND COMMUNITY FOOD BANK

**Employer identification number** 

ASSOCIATIO	N				05-039560	1
Part Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		na activ	ities.	Check all that apply.		
TT				overnment grants		
			_	-		
b X Internet and email solicitations						
c X Phone solicitations	g 🗓 Special	tundra	using	events		
d X In-person solicitations						
2 a Did the organization have a written of					tees, or	
key employees listed in Form 990, P					X Yes	
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fundraiser is to be	1
compensated at least \$5,000 by the	organization.					
		(iii)	Did aiser	(5-1) Ourses uses into	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	have c	alser ustody	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		contrib	trol of utions?	Ironi activity	listed in col. (i)	organization
DAVINCI DIRECT - 3 VILLAGE	CONSULTING ON DIRECT MAIL	Yes	No			
GREEN NORTH, #311, PMB B6,	STRATEGY		X	2,279,444.	53,750.	2,225,694.
					V	
				2,279,444.	53,750.	2,225,694.
<ol><li>List all states in which the organization or licensing.</li></ol>	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
CA, CT, FL, IL, MA, MD, ME, NC, MN, NH, N	J,NY,OH,VA,SC,RI,PA					
		_				
			_			

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

232081 10-27-22

05-0395601

Pa	rt l					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TRUCK STOP	(avent type)	(total number)	col. <b>(c)</b> )
ě			(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	244,205.			244,205.
	2	Less: Contributions	230,645.			230,645.
_	3	Gross income (line 1 minus line 2)	13,560.			13,560.
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs	22,830.			22,830.
Direct Expenses	7	Food and beverages	20,240.			20,240.
莅	8	Entertainment	800.			800.
	9	Other direct expenses	6,128.			6,128.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			49,998.
	11	Net income summary. Subtract line 10 from li				-36,438.
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.		r		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
88	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
_	_	Carles direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted conducted to conduct gaming and No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
2320	32 10	0-27-22			Sche	odule G (Form 990) 2022

#### RHODE ISLAND COMMUNITY FOOD BANK

Sche	dule G (Form 990) 2022	ASSOCIATION	05-0395601	Page 3
		ming activities with nonmembers?	Yes	No
12	s the organization a grantor, bene	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
1	to administer charitable gaming?		Yes	No
13	ndicate the percentage of gaming	g activity conducted in:	7	
a ·	The organization's facility		13a	%
b A	An outside facility		13b	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records	:	
I	Name			
	Address			
15a	Does the organization have a conf	tract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>L</b>	f "Voo " onter the amount of gam	ing revenue received by the organization \$ and the amo	unt	
		e third party \$	arit.	
	f "Yes," enter name and address			
G	res, entername and address	of the time party.		
	Name			
	Name			
	Address			
•	-duress			
16	Gaming manager information:			
10	Jaming manager information.			
	Name			
'	valle			
	Gaming manager compensation	\$		
	Saming manager compensation	•		
	Description of services provided			
	Seasifytion of activious provided			
	-			
	-			
	Director/officer	Employee Independent contractor		
	Director/officer	Zmployee maspensom constants		
17	Mandatory distributions:			
	-	state law to make charitable distributions from the gaming proceeds to		
a	strie organization required under	State law to make or an about distributions from the gaining proceeds to	Yes	☐ No
l l	etain the state gaming iteriser	required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activiti	ten 1707 MV		
Par		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9.	9b. 10b.
, 01		applicable. Also provide any additional information. See instructions.		05, 105,
	100, 100, 10, and 170, as	applicable. Also provide any additional information. See instructions		
COUR	DITLE G DART T LINE 2R	LIST OF TEN HIGHEST PAID FUNDRAISERS:		
BCITE	DONE G, TAKT I, DIKE 2D,	MIDI OI 1211 MICHAEL 1112 2 CONTROL   1		
(T)	NAME OF FUNDRAISER: DAVIM	NCI DIRECT		
<u> </u>	WILLIAM OF TOURSELFEEFE			
(T)	ADDRESS OF FUNDRAISER:			
\ _ /	TOWNEY OF FUNDATION;			
3 377	LLAGE GREEN NORTH #311	PMB B6, PLYMOUTH, MA 02360		
2 41	DELIGH GRAMM MORTH, TILL,	,		
_			Cahadula C (Farm	0001 0000
232083	10-27-22	·	Schedule G (Form	1 330) 2022

#### RHODE ISLAND COMMUNITY FOOD BANK

Schedule G	Form 990) ASSOCIATION	05-0395601	Page 4
Part IV	Form 990) ASSOCIATION Supplemental Information (continued)		
	[vortunava/		
-			-
-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

Name of the organization RHODE ISLAND COMMUNITY FOOD BANK ASSOCIATION	COMMUNITY FOOD	BANK					Employer identification number 05-0395601
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	or the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uc
criteria used to award the grants or assistance?	tance?						oN X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant I	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organiz 55,000. Part II can	zations and Domestic be duplicated if additic		omplete if the orga ad.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMOS HOUSE 460 PINE ST PROVIDENCE, RI 02907	05-0387218	501(C)(3)	9,800.	0.			CAPITAL
BARRINGTON TAP IN INC PO BOX 252 BARRINGTON, RI 02806	22-2481382	501(C)(3)	5,050.	0.			GENERAL OPERATING
BETTER LIVES RHODE ISLAND 15 HAYES ST PROVIDENCE, RI 02908	22-2672825	501(C)(3)	.000,7	.0			САРІТАГ
CARTWHEEL RI 156 WOOD STREET PROVIDENCE, RI 02909	85-0736201	501(C)(3)	60,428.	0			POOD DELIVERY SERVICES
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVENUE PROVIDENCE, RI 02907	22-2914654	501(C)(3)	.000,88	0			FOOD
CHURCH OF THE ST. MARY OF THE BAY 645 MAIN STREET WARREN, RI 02885	05-0259035 501(C)(3	501(C)(3)	7,661.	.0			GENERAL OPERATING
	nd government or	ions	listed in the line 1 table				36.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					-

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

Schedule I (Form 990) 2022

Schedule I (Form 990)

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05-0395601

CAPITAL/GENERAL OPERATING CAPITAL/GENERAL OPERATING CAPITAL/GENERAL OPERATING (h) Purpose of grant or assistance GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING CAPITAL CAPITAL FOOD (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 (e) Amount of noncash assistance 74.418. 52,123 10,000. 10,000. 36,912. 35,000. 6,000. 50,000. 6,500. (d) Amount of cash grant 12,500, 6,550, (c) IRC section if applicable 05-0310024 501(C)(3) 35-2227114 501(C)(6) 05-6018801 501(C)(3) 05-0475365 501(C)(3) 26-4751210 501(C)(3) 27-0867941 501(C)(3) 20-5320454 501(C)(3) 46-1472304 501(C)(3) 05-0312278 501(C)(3) (**b**) EIN DBA SEGUE INSTITUTE FOR LEARNING - 325 FAITH FELLOWSHIP ASSEMBLY OF GOD, INC. - 1395 NOOSENECK HILL ROAD -EAST BAY COMMUNITY ACTION PROGRAM CENTER - PO BOX 5161 - WAKEFIELD, PROVIDENCE - 518 HARTFORD AVENUE COMMUNITY ACTION PARTNERSHIP OF EAST FARM COMMERCIAL FISHERIES COMPREHENSIVE COMMUNITY ACTION COWDEN ST. COLLABORATIVE INC. COWDEN ST - CENTRAL FALLS, RI (a) Name and address of organization or government CONNECTING FOR CHILDREN AND FAMILIES INC. - 46 HOPE ST - 311 DORICE AVENUE COMMUNITY CARE ALLIANCE - PROVIDENCE, RI 02909 RPIPHANY SOUP KITCHEN PROVIDENCE, RI 02919 WOONSOCKET, RI 02895 WOONSOCKET, RI 02895 COVENTRY, RI 02816 1139 PLAINFIELD ST 800 CLINTON STREET CRANSTON, RI 02910 NEWPORT, RI 02840 19 BROADWAY RI 02880 02863 INC.

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Schedule I (Form 990) ASSOCIATION

Schedule I (Form 990) CAPITAL/GENERAL OPERATING CAPITAL/GENERAL OPERATING CAPITAL/GENERAL OPERATING (h) Purpose of grant or assistance GENERAL OPERATING GENERAL OPERATING CAPITAL CAPITAL CAPITAL FOOD (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 . 0 74,418. (e) Amount of noncash assistance 52,123. 74,418. . 13,572. 50,000. 7,626. 10,000. 6,621. 12,995. (d) Amount of cash grant 60,000. 10,000. (c) IRC section if applicable 82-2962600 501(C)(3) 85-4309915 501(C)(3) 05-0271882 501(C)(3) 05-0398821 501(C)(3) 05-0367687 501(C)(3) 05-0458458 501(C)(3) 05-0258858 501(C)(3) 05-0258871 501(C)(3) 05-0455668 S01(C)(3) (p) EIN IMPACT CENTER PROVIDENCE ASSEMBLY CENTER - 20 DR. MARCUS WHEATLAND FAMILY SERVICE OF RHODE ISLAND PEDERAL HILL HOUSE ASSOCIATION JOHNNYCAKE CENTER OF WESTERLY MARTIN LUTHER KING COMMUNITY LIVING HOPE ASSEMBLY OF GOD (a) Name and address of organization or government OF GOD - 353 ELMWOOD AVE BLVD - NEWPORT, RI 02840 LITTLE COMPTON, RI 02837 LITTLE COMPTON FOOD BANK PROVIDENCE, RI 02905 PROVIDENCE, RI 02907 JEWISH COLLABORATIVE PROVIDENCE, RI 02904 PROVIDENCE, RI 02909 RIVERSIDE, RI 02915 PAWTUCKET, RI 02860 23 INDUSTRIAL DRIVE 1165 NORTH MAIN ST WESTERLY, RI 02891 GOOD NEIGHBORS INC 9 COURTLAND STREET 134 THURBERS AVE. 55 TURNER AVE 100 BROADWAY PO BOX 590

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Schedule I (Form 990)

ASSOCIATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	tII.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BEGINNINGS 24 HAMLET AVE WOONSOCKET, RI 02895	82-3031983	501(C)(3)	20,000.	0.			CAPITAL
NORTH KINGSTOWN FOOD PANTRY 445 SCHOOL STREET NORTH KINGSTOWN, RI 02852	05-0455719	501(C)(3)	15,575.	0.			CAPITAL/GENERAL OPERATING
RHODE ISLAND CENTER ASSISTING THOSE INNEED - 805 ALTON CAROLINA ROAD - CHARLESTOWN, RI 02813	20-4070706	501(C)(3)	13,500.	ů			GENERAL OPERATING
SOCIETY OF ST. VINCENT DE PAUL RHODE ISLAND - 25 WEBB ST - CRANSTON, RI 02920	05-6010248	501(C)(3)	11,075.	0.			CAPITAL/GENERAL OPERATING
SOJOURNER HOUSE 386 SMITH ST PROVIDENCE, RI 02908	05-0370419	501(C)(3)	10,000.	0			GENERAL OPERATING
ST. EDWARD FOOD AND WELLNESS CENTER - 1001 BRANCH AVENUE - PROVIDENCE, RI 02904	20-2178919	501(C)(3)	8,965,	0.			GENERAL OPERATING
ST. PATRICK FOOD CLOSET 45 HARRISVILLE MAIN ST HARRISVILLE, RI 02830	05-0259045	501(C)(3)	55,595.	0.			CAPITAL/GENERAL OPERATING
ST. PETER'S AND ST. ANDREW'S CHURCH - 25 POMONA AVENUE - PROVIDENCE, RI 02908	23-7203334	501(C)(3)	20,310.	0.			CAPITAL/GENERAL OPERATING
ST. PETER'S BY THE SEA 72 CENTRAL ST NARRAGANSETT, RI 02882	05-6010991	501(C)(3)	10,000.	0.			GENERAL OPERATING
							Schedule I (Form 990)

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Schedule I (Form 990) ASSOCIATION    Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par		05-0395601 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MCAULEY CORPORATION DBA MCAULEY MINISTRIES - 622 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0440470 501(C)(3)	501(C)(3)	• 0	74,418.			САРІТАЬ
WEST END COMMUNITY CENTER, INC 109 BUCKLIN STREET PROVIDENCE, RI 02907	51-0201816	501(C)(3)	17,000.	*0			GENERAL OPERATING
WEST WARWICK ASSISTANCE AGENCY 1293 MAIN ST WEST WARWICK, RI 02893	22-2546884 501(C)(3)	501(C)(3)	5,450.	0			CAPITAL
WOMEN'S REFUGEE CARE 570 BROAD ST PROVIDENCE, RI 02907	47-4084932 501(C)(3)	501(C)(3)	12,015.	15,000.			CAPITAL/GENERAL OPERATING
							Schedule I (Form 990)

Page 2

ASSOCIATION

Schedule | (Form 990) 2022

ASSOCIATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals.

(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
		5			
				-	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE MANAGER RESPONSIBLE FOR THE PROGRAM REQUESTS AND REVIEWS REPORTS AND/OR	ND REVIEWS RE	PORTS AND/OR			
RECEIPTS FROM THE FUNDED ORGANIZATION TO INSURE THAT THE	- 1	GRANT FUNDS WERE			
USED FOR ALLOWABLE EXPENSES.					

232102 10-31-22

Schedule I (Form 990) 2022

#### **SCHEDULE J** (Form 990)

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. RHODE ISLAND COMMUNITY FOOD BANK

ASSOCIATION

**Employer identification number** 05-0395601

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee X Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a x b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a The organization? x 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6b X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the x 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2022

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii), Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREW SCHIFF	ε	205,326.	30,000.	0	8,264.	16,472.	260,062.	0
CEO	€	0	0.	.0	0	0	0	0
(2) LISA ROTH BLACKMAN	ε	135,285.	5,252.	0	6,013.	30,411.	176,961.	0
CHIEF PHILANTHROPY OFFICER	€	0	0.	0	0	0	0.	0
(3) CHRISTINE A. CANNATA	8	137,670.	5,349.	0	5,923.	26,337.	175,279.	0
CFO	€	0	0.	0	0	0	0	0
(4) JENNIFER K. TOMASSINI	8	143,659.	5,347.	.0	6,122.	11,772.	166,900.	0.
CHIEF OPERATING OFFICER	€	0.	0.	0.	.0	0	0	0
	8							
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	€							
	8							
	<b>(II)</b>							
							Sched	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022	ASSOCIATION 05	5-0395601	Pa
Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional informatic	any additional information.	

Schedule J (Form 990) 2022	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

RHODE ISLAND COMMUNITY FOOD BANK **Employer identification number** Name of the organization 05-0395601 ASSOCIATION Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under ..... 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or (d) Loan to or (i) Written (a) Name of (c) Purpose (b) Relationship (e) Original (g) In (f) Balance due from the default? agreement? principal amount interested person with organization of loan committee? organization? To From Yes No Yes No Yes No \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
EDWARD HANDY	PRESIDENT OF BOARD		DENTAL INSU		X
MARTHA WOFFORD	BOARD MEMBER AND PR	580,664	BLUE CROSS		Х
				<u> </u>	
				-	
		<u></u>	-	-	
				-	
Part V Supplemental Information					
	responses to questions on Schedule L (see in	structions)			
Provide additional information for	responses to questions on ochequie E (see in	att dottorisj.			
SCH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:				
ben i, raki iv, boolkabb itakonorro	THE THYOMY THE TRANSPORTER TO TH				
(A) NAME OF PERSON: EDWARD HANDY					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
PRESIDENT OF BOARD AND BOARD MEMBER	AT DELTA DENTAL				
(C) AMOUNT OF TRANSACTION \$ 41,538.					
(D) DESCRIPTION OF TRANSACTION: DEN	TAL INSURANCE PROVIDER; EDWARD HA	NDY			
IS A BOARD MEMBER OF DELTA DENTAL.					
(E) SHARING OF ORGANIZATION REVENUE	S? = NO				
(A) NAME OF PERSON: MARTHA WOFFORD					
(A) NAME OF PERSON: MARTIN WOFFORD					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
(B) REMATIONSHIP BETWEEN THE MEDITED					
BOARD MEMBER AND PRESIDENT/CEO OF B	LUE CROSS				
		1			
(C) AMOUNT OF TRANSACTION \$ 580,664	•				
(D) DESCRIPTION OF TRANSACTION: BLU	E CROSS INSURANCE				
(E) SHARING OF ORGANIZATION REVENUE	SS? = NO				

#### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RHODE ISLAND COMMUNITY FOOD BANK

ASSOCIATION

**Employer identification number** 05-0395601

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	x	32	43,475.	fmv			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	31	250,357.	fmv			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	2,139	13,449,179.	AVG. COST PER CAT	regory		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						_	
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	_	-					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29			_	
						Yes	No	
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a	х	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		***************************************			32a X		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. PHODE TOTAMO COMMINITARY FOOD BANK

Employer identification number

Marie of the organization	ASSOCIATION	05-0395601
FORM 990, PART I, LINE 1	, DESCRIPTION OF ORGANIZATION MISSION:	
HUNGER.		
FORM 990, PART III, LINE	4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE UNITED STATES DEPARTS	MENT OF AGRICULTURE (USDA) COMMODITY FOOD	
RECEIVED THROUGH TEFAP DI	ECLINED DURING THE YEAR ENDED JUNE 30, 2023.	
PANDEMIC-ERA EMERGENCY FU	UNDS TO SUPPORT FARMERS AND THE FOOD INDUSTRY	
HAVE ENDED AND THE FOOD I	BANK IS ALREADY SEEING TEFAP POUNDS RETURN TO	
MUCH LOWER PRE-PANDEMIC	LEVELS. USDA COMMODITIES INCLUDING TEFAP AND	
CSFP MADE UP APPROXIMATE	LY 26% OF THE FOOD BANK'S FOOD SUPPLY DURING	
THE YEAR ENDED JUNE 30,	2023.	
THE FOOD BANK PURCHASED I	APPROXIMATELY 43% OF THEIR FOOD SUPPLY DURING	
THE YEAR ENDED JUNE 30,	2023. FOOD ACQUISITION COSTS FOR NEARLY ALL	
CATEGORIES OF FOOD WERE I	MORE EXPENSIVE COMPARED TO PRIOR YEAR, FROM	
MEATS (GROUND BEEF INCRE	ASED \$0.90 PER POUND), TO EGGS (INCREASE \$0.80	
PER POUND), TO RICE (INC	REASED \$0.33 PER POUND). THE AVERAGE FOOD	
PURCHASING COST FOR THE	YEAR ENDED JUNE 30, 2023 WAS \$0.99 PER POUND.	
WHILE PURCHASING FOOD IS	MORE EXPENSIVE, THE FOOD BANK IS COMMITTED TO	
ACQUIRING HEALTHY STAPLE:	S, MORE FRESH PRODUCE AND A VARIETY OF	
CULTURALLY RELEVANT FOOD	PRODUCTS FOR MEMBER AGENCIES.	
FORM 990, PART III, LINE	4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
HEALTHY HABITS ALSO DEVE	LOPED THE HEALTHY CHEFS ACADEMY FOR CHILDREN	
PARTICIPATING IN THE FOOT	D BANK'S KIDS CAFE PROGRAM. THE CURRICULUM	
	ACTICAL AGE APPROPRIATE KITCHEN SKILLS WITH	Schedule 0 (Form 990) 2022
LITA FOR PADERWORK REDUCTION	Act Notice, see the Instructions for Form 990 or 990-EZ.	Solieudie O ILOUIII 2201 5055

232211 10-28-22

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

# **Depreciation and Amortization** (Including Information on Listed Property)

Sequence No. 179

OMB No. 1545-0172

990 Attach to your tax return. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Identifying number Name(s) shown on return Rhode Island Community Food Bank

ADDOCTATION							05-0395601	
Pa	rt   Election To Expense Certain Propert	ty Under Section 17	<b>79 Note:</b> If yo	ou have any lis	ted property,	complete Part	V before yo	ou complete Part I.
1 N	Maximum amount (see instructions)						. 1	1,080,000.
2 1	Total cost of section 179 property place							
3 1								2,700,000.
4 F	4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-							
	the state of the s							
6	(a) Description of property (b) Cost (business use only) (c) Elected cost							
7 L	Listed property. Enter the amount from	line 29			7			
8 7	Total elected cost of section 179 proper						8	
	Tentative deduction. Enter the smaller	-						
	Carryover of disallowed deduction from							
	Business income limitation. Enter the smaller of business income (not less than zero) or line 5							
	Section 179 expense deduction. Add lin							
	Carryover of disallowed deduction to 20							
$\overline{}$	: Don't use Part II or Part III below for I							
Pa	rt II Special Depreciation Allowar	nce and Other De	epreciation	(Don't include	e listed proper	ty.)		
14 8	Special depreciation allowance for quali	fied property (oth	er than listed	d property) pla	ced in service	during		
	the tax year						14	
	Property subject to section 168(f)(1) elec							
	Other depreciation (including ACRS)						40	
	rt III MACRS Depreciation (Don't	include listed pro	perty. See in	structions.)				
			Se	ection A				
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginnin	g before 2022			17	415,397.
18 #	f you are electing to group any assets placed in service	ce during the tax year in	to one or more g	eneral asset accou	nts, check here			
	Section B - Assets	Placed in Servic	e During 20	22 Tax Year U	Ising the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property			86,813.	5 YRS	MM	S/L	8,817.
C	7-year property							
d	10-year property			25,894.	10 YRS	MM	S/L	1,054.
е	15-year property			38,590.	15 YRS	MM	S/L	2,468.
f	20-year property			7,440.	20 YRS	MM	S/L	31.
g	25-year property				25 yrs.		S/L	
	5	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	N. C. L. C. L. C. L. C. L. C.	/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 2022	2 Tax Year Us	ing the Alterr	native Deprec	iation Syst	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d		07/22		271,163.	40 yrs.	MM	S/L	5,461.
Pa	rt IV Summary (See instructions.)							
	Listed property. Enter amount from line						21	
22 1	Total. Add amounts from line 12, lines 1	14 through 17, lin	es 19 and 20	) in column (g)	, and line 21.			
E	Enter here and on the appropriate lines	of your return. Pa	artnerships a	nd S corporati	ions - see insti		22	433,228.
<b>23</b> F	For assets shown above and placed in s	service during the	current yea	r, enter the				
0.0	portion of the basis attributable to secti	on 263A costs			23			

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate fastructions.

Form 4562 (2022)

05-0395601 Page 2 Form 4562 (2022) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24a Do you have evidence to support the business/investment use claimed? Yes No 24b if "Yes," is the evidence written? Yes (b) (c) (e) (a) (d) Basis for depreciation Elected Date Business/ Recovery Method/ Depreciation Type of property Cost or section 179 placed in investment (business/investment Convention deduction period (list vehicles first) other basis use only) use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -% S/L % S/L · % 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (c) (d) (e) (a) (b) Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven\_\_\_\_\_ 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes No Yes No 34 Was the vehicle available for personal use Yes Yes No No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal ...... Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? ..... 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (f) (c) (a) Description of costs Amortization Amortization period or percentage begins 42 Amortization of costs that begins during your 2022 tax year: 43 43 Amortization of costs that began before your 2022 tax year

Form 4562 (2022)

44

216252 12-08-22

44 Total. Add amounts in column (f). See the instructions for where to report