	Form	990		Return of Organization Exempt From	n Income Tax			0.40 10 1343-0027
	/Dec. 1	1	. '	•				2019
	(Rev J	lanuary 2020	u)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cot	ndation	s)		
		nent of the Tre		Do not enter social security numbers on this form as it n		10	10	Open to Public
		Revenue Sen		► Go to www.irs.gov/Form990 for instructions and the lat		171	اسطوا	Inspection
		or the 2019	9 calendar y	Y	19, and ending	_<		, 20
	B Ch	neck if applical	ble	C Name of organization NEWPORT FOOD PANTRY		D Em	ıployer ide	ntification number
N 2	∐ A#	idress change	•	Daing business as		<u> </u>	45-	2049464
V)	U Na	ime change		Number and street (or PO box if mail is not delivered to street address)	Room/suite	€ Tel	ephane nur	nper
سرا	- U Init	tial return		PO BOX 1415		<u> </u>		
Cl	∐ F⊮n	nal return/terin	inated	City or town, state or province country and ZIP or foreign postal code		G Gr	oss receipt	s
	L Am	nended return		NEWPORT, OR 97365		s		304,450
	Apr	plication pend	ling	F Name and address of principal officer: JAMES MYERS	H(a) is this	a Gronb tem	rn for subordi	nates? Yes X No
	···	· · · · · · · · · · · · · · · · · · ·		SAME AS C ABOVE	H(b) Are a	l subordir	eles includ	ed? Yos No
1	i Tax	x-exempt statu	ля X 501	(c)(3)	If "No	." atlach a	list (see in	nstructions)
\Rightarrow	J We	ebsite 🕨	NEWPO	RTFOODPANTRY.ORG	H(c) Gro	ир өхөмрі	ion number	• •
a	K For	rm of organiza	stian. 🗶 Coi	poration	ormation 2011 M	State of	egal domic	lo OR
\bigcirc	Part	ll Su	ımmary					
. ^		1 Brief	fly describe t	ne organization's mission or most significant activities. PROVIDE E	MERGENCY 3 OR	4 DAY	SUPP	LY OF FOOD TO
Y 2	o l	RES	IDENTS (F NEWPORT. CASH AND FOOD IS DONATED AND FOOD	IS DISTRIBUTED	TO 1	THOSE	IN NEED.
4	5	APP	ROXIMAT	LY 200,000 POUNDS OF FOOD WAS DONATED OR PURC				
`	Ĕ							
PROC	Governance	2 Chec	ck this box	If the organization discontinued its operations or disposed of more th	an 25% of its net asset	 S		
Ç	ŏ	3 Num	ber of voting	members of the governing body (Part VI, line 1a) RF.C	≐INED . I .	. 3	1	4
α	~ δ		•	endent voting members of the governing body (Part VI, line 16)		. 4	1	0
$\hat{\Box}$	2027 Activities & C	5 Total	number of i	ndividuals employed in calendar year 2019 (Part V. line 2019)	·4 2020 · S	. 5		1
سقسرا	<u>}</u>	6 Total	number of	ndividuals employed in calendar year 2019 (Part V, line 2a)	4 2020	. 6	 	
	کې ا			inners sound to Franchist Hill religion (C) line 12		. 7a		0
	62			siness taxable income from Form 990-T, line 39	EN, UT	. 7b		0
•	2	D NCCC	orniciated bu	intess taxable income north offi sou-1, line so	Prior Year		- 	Current Year
-	∞	8 Cont	ributions an	grants (Part VIII, line 1h)		9,071	+	298,987
Š	_e			revenue (Part VIII, line 2g)		5,661		
5	₩	_		ne (Part VIII, column (A), lines 3, 4, and 7d)		5,661	 	<u>5,463</u> 0
~	- S			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			 	0
APR 15	ا تّ				27	4 722	+	304,450
~	-				21	4,732	+	
25	SCANNED JAN Ises	-		r amounts paid (Part IX, column (A), lines 1-3)	`		-}	<u>0</u> 0
~	3		•			0 165		
02	Sa			impensation, employee benefits (Part IX, column (A), lines 5-10)		9,165	'- 	29,244
5(raising fees (Part IX, column (A), line 11e)			- -	0
5	Exper		_	expenses (Part IX, column (D), line 25)	<u> </u>			
m	1		•	Part IX, column (A), lines 11a-11d, 11f-24e)		3,307		263,761
~	1		•	Add lines 13-17 (must equal Part IX, column (A), line 25)		2,472		293,005
4		19 Reve	enue less ex	penses Subtract line 18 from line 12		2,250		11,445
0	Net Assets or Fund Balances				Beginning of Cur			End of Year
	\$ E		assets (Par	X, line 16)	10	4,376	<u> </u>	113,055
	4.5 0.00	21 Total	liabilities (P	art X, line 26)		2,766	<u> </u>	4,361
				d balances Subtract line 21 from line 20	10	1,610		108,694
_	Part		gnature					
W	Under p	penalties of pe	erjury, I declare i	hat I have examined this return, including accompanying schedules and statements, and to the on of pre <u>parer (other than o</u> fficer) is based on all information of which preparer has any knowle	best of my knowledge and bel dge	lef, it is		
(1)	1,00,00			2 1/1				
\mathcal{L}	0:		Des	la france			03	-12-2020
()	Sign		Signature of o	flicar		ŧ	Date	
\Rightarrow	Here		LESLIE	MATHESON, PRESIDENT				
75			Type or print		· · · · · · · · · · · · · · · · · · ·			
X		Prir	nt/Type prepare	s name Paparer's signature Date	Check	· 🔲 ,	PTIN	
J()	Paid	ΔŢ	MES A R	TACCO 95-12	-2020 self-e	mployed	P0	0514373
3,7	Prepa	arer Fire	n's name 🕨	RITACCO AND COMPANY, PC	Firm's EIN	•		
	Use (Only Fire	n's address	PO BOX 742	Phone no			
		-		Newport OR 97365		541	-265-8	3002
	May the	e IRS disci	uss this retui	n with the preparer shown above? (see instructions)			<u> </u>	Yes X No
				ct Notico, see the separate instructions.				Form 990 (2019)
	FFA				α			\

	n 990 (2019) NEWPORT FOOD PANTRY	45-20494	64 Page 2
ra	Int:III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any fine in this Part III Briefly describe the organization's mission:	<u> </u>	·····
•	•	, , , , , , , , , , , , , , , , , , , ,	
	PROVIDE EMERGENCY 3 OR 4 DAY SUPPLY OF FOOD TO RESIDENTS OF NEWPORT. CASH AND FOOD IS DISTRIBUTED TO THOSE IN NEED. APPROXIMATELY 200,000 POUNDS OF		
	PURCHASED WITH DONATED FUNDS.	FOOD WAS DO	NATED OR
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.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v	C7
		· · · · · · L Yes	⊠ NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu	rad by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.	Opters,	
	,		
4a	(Code:) (Expenses \$	ue \$ 3	04,450)
			
	- A Company of the Co		
4 b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
			·
	•		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
		· · · · · · · · · · · · · · · · · · ·	
			
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses 293,005		
EEA		F	orm 990 (2019)

Part IV

NEWPORT FOOD PANTRY

Checklist of Required Schedules

AB00

2049464 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 x 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 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D. Part IV Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for Investments - other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? X 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X

1.4	onecknet of required octienties (continued)			
22	Did the secondaries made than 25 000 feet to all the secondaries and the secondaries of t		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	22		l
24a		23		<u>X</u>
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$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		l
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c		240		
U	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		$\overline{}$
234		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
20		230		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		ж
27	controlled entity or family member or 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 entity (including an employee thereof) or family member of any of these			
		27		x
20	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
28				j
_	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
а	"Yes," complete Schedule L., Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
_	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		$\neg \neg$	
C	"Yes," complete Schedule L, Pert IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_ -
30	conservation contributions? If "Yes," complete Schedule M	30		х_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
72	complete Schadule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_ <u></u> -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pert II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
ь	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, Pert 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		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь.	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	}		
	makes that the state of the state of the state of the same and the sam			i i
	reportable gaming (gambling) winnings to prize winners?	1c		

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7	-133	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ļ.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
	Note: If the sum of lines 1a and 2e is greater than 250, you may be required to e-file (see Instructions)	٠, .		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ъ		
4a	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		х
b	If "Yes," enter the name of the foreign country	·		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ı
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	i	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ı
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u>}</u> ,		. 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ii Taaba		
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	!	1
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7₽		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? · · · · · · · · · · · · · · · · · · ·	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Ĩ		
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	٠.٠٠		لمحبت
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		_x_
10	Section 501(c)(7) organizations. Enter:	# J. P.		.'
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	· '		
11	Section 501(c)(12) organizations. Enter:	,	1	
а	Gross income from members or shareholders		, I	,
þ	Gross income from other sources (Do not net amounts due or paid to other sources	:	ļ.]	
	against amounts due or received from them.)	:		·
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	٤,		' '
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>i</u>		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.		-	Ι.
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	l:	<u> </u>	-
C	Enter the amount of reserves on hand	11 2 2	 	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	_X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	ļ. —	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	x
	If "Yes," complete Form 4720, Schedule O.	<u> </u>		
FFA		Form	990 (2	2019)

Form	1 990 (2019) NEWPORT FOOD PANTRY 45-20494	164	F	Page 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N		<u>:</u>	<u> </u>
<u> </u>	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			_==_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	[i
	if the governing body delegated broad authority to an executive committee or similar			!
	committee, explain on Schedule O.	ľ		
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 0	<u> </u> -		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]	أحصد	
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>x</u> _
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	(
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		;	· j
	the year by the following:		السد	
a	The governing body?	8a	Х	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>		<u> </u>
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	
40-	Did the association have lead sheeters handhas as officiated?	10a	162	X
10a	Did the organization have local chapters, branches, or affiliates?	100	-	<u> </u>
Ъ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.0	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- ''-	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
120 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u>.</u>		
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- 1
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-Aif applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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 books and records			
	KATHRINE MYERS (541) 270-0842, 227 NE 12TH STREET, NEWPORT, OR 97365			
EEA	·	Form	990 (2	2019)

Form 990 (2019) NEWPORT FOO	D PANTRY								45-204	9464	Page 7
Part VII Compensation of Office	rs, Directors, Tri	ıstee	∍s, I	Key	/ Eı	nplo	yee	es, Highest Co	mpensated E	mployee	s, and
Independent Contractor											
Check if Schedule O contains a m			_					• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • •	<u>L</u>
Section A. Officers, Directors, Trustees, Ko									4-		
1a Complete this table for all persons required to to organization's tax year.	oe listed. Report compe	nsatio	II IOF	vie	cale	ngar y	ear	ending with or within	i vie		
List all of the organization's current officers.	directors tauctors (ub	other i	ndi d	d				nas) somedions of s	amount of		
compensation. Enter -0- in columns (D), (E), and				OURI	s or	organi	Zauc	ons), regardless of a	anount of		
• List all of the organization's current key emp					-:4!-	n of 194		umplavaa "			
List the organization's five current highest c											
who received reportable compensation (Box 5 of)											
organization and any related organizations.	~	, 0.10	,,,,,	033	-18110	30, 01	,	e aidii 9100,000 iic	iii uic		
• List all of the organization's former officers,	kev employees, and his	ahest c	omo	ensi	ated	emplo	vee	s who received mor	e than		
\$100,000 of reportable compensation from the org							,				
List all of the organization's former director			_			as a t	form	er director or truste	e of the		
organization, more than \$10,000 of reportable cor				-							
See instructions for the order in which to list the pa	ersons above.										
Check this box if neither the organization nor		n com	pens	ated	any	/ curre	nt o	fficer, director, or tru	ustee.		
					(C)						
(A)	(B)				stlon			(D)	(E)	(F	9
Name and title	Average					nan one s both æ	0	Reportable	Reportable	Estimated	
	hours	offic	er and	a ɗu	rector	(Instee))	compensation from the	compensation from related	of c	ither nsation
	per week (list any	0 =			-	0.7	-	organization	organizations	from	the
	hours for	5 5	룛	Officer	9 (8)	ada ada	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	related org	uon and janizations
	related organizations		l fond	-	көу етрюуек	yee st ca	*				
	below	Individual trustee or director	nstitutional truster		PB.	mper					
	dotted line)	ျ	8			Highest compensated employee					
			1	- 1				{			
							_				
(1) James Myers				.,				o	o		0
BOARD MEMBER (2) DONNA MATTIOLI	1.00		H	X				- 0	U		
SECRETARY/TREASURER				х				o	o		0
(3) Leslie Matheson	1.00										
PRESIDENT				x				0	0		0
(4) JERRICK HALLER	1.00		li								
BOARD MEMBER			$\vdash \vdash$	X				0			0
(5)											
(6)			Н								
<u> </u>	·						ŀ				
(7)										··	
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(10)			\vdash				-				
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Form 990 (2019)

Form 990 (2019)

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NEWPORT FOOD PANTRY

Form 990 (2019) NEWPORT FOOD PANT Part VIII Section A Officers, Directors, Trustees,		V005 9	nd l	High	oct	Comn		ated Employees (C	(antinued)	5-2049	464		Page 8
(A) Name and title	(B) Average hours per week (list any hours for rested organizations below dotted line)	(do r box,	not ch unles er en	Po seck m ss per d a di	(C) sition ione ti son i	han one s both a firustee	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Report compens from rel organiz (W-2/1099	able letion ated ations	org:	(F) nated an of other mpensal from the snization d organi	r tion and
<u>(15)</u>	- -									:			
(16)		·											
(17)													
(18)													
(19)			\					!	_	;			
(20)													
(21)													
(22)			1										
(23)													
(24)													
(25)													
1b Subtotal	on A .	• • • •	· · ·			 	•	0		0			0
Total number of Individuals (including but not limited reportable compensation from the organization		ed abo	ve) (who	rece	erved n	nore	than \$100,000 of				\ 7	0
 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep 	for such inde	vidual					• •	• • • • • • • • • • • • • • • • • • •			3	Yes	No X
organization and related organizations greater than a					• •			• • • • • • • • •			4		\ X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of the control of	-		-				nızaı	·····			5		<u>x</u>
1 Complete this table for your five highest compensate													
compensation from the organization. Report compe	ensation for t	he cale	ndai	r yea	ıt eu	ding v	vith o	or within the organiz (B)	ation's tax	year.	(C)		
Name and business address								Description of service	99	1	Compens	etron.	
2 Total number of independent contractors (including received more than \$100,000 of compensation from			088 •		d ab	ove) v	/ho			L . H . H .	11	1	.]

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Statement of Revenue

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Revenue excluded Related or exempt Lioreisted function revenue business revenue from tax under sections 512-514 Federated campaigns 1a 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events • • 1c d Related organizations 1d e Government grants (contributions) . . 10 298,987 f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in 1g h Total. Add lines 1a-1f 298,987 **Business Code** 5,200 2a SPECIAL EVENTS 561499 5,200 Program Service Revenue 263 b OTHER INCOME 561499 263 All other program service revenue g Total. Add lines 2a-2f 5.463 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds Royalties (il) Personal ij. (i) Real 6a 6a Gross rents b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (I) Securities (ii) Other 7a Gross amount from sales of assets other than inventory
b Less: cost or other basis 7a 7b Revenue and sales expenses . . ١. c Gain or (loss) d Net gain or (loss) Other 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . J. b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9b c Net Income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances ноъ b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellanous Revenue d All other revenue e Total Add lines 11a-11d 304,450 5,463 0 Total revenue. See instructions

19) NEWPORT FOOD PANTRY Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	eck if Schedule O contains a response or note to any line in this	
96, Bb., and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and torrigh individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, tustees, and key employees 6 Compensation not Incubed above, to disqualified persons (as defined under section 4498(0)(1)) and persons described in section 4958(c)(3)(B) 7 Other safaries and wages 8 Pension plan accrusts and contributions (include section 401(b) and 402(b) employer contributions) 9 Other employee benefits 1 Pepsion liquides 9 Peptics for services (nonemployees): a Management 1 Fees for services (nonemployees): a Management 1 Legal 1 Person for services (nonemployees): a Management 1 Legal 1 CAccounting 1	mounts reported on lines 6b, 7b,	
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23 Insurance		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTION 253,320 253,320 b LICENSES AND FEES 260 260	· · · · · · · · · · · · · · · · · · ·	
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.) a FOOD DISTRIBUTION 253,320 253,320 b LICENSES AND FEES 260 260		09
Intel 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTION 253,320 b LICENSES AND FEES 260 260		
(A) amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTION 253,320 b LICENSES AND FEES 260	,	· '
2 FOOD DISTRIBUTION 253,320 253,320 250 LICENSES AND FEES 260 260		
b LICENSES AND FEES 260 260		
C BANK CHARGES 1421 1421		
		
d FUNDRAISING COSTS 1,219 1,219	·	19
e All other expenses		
25 Total functional expenses. Add lines 1 through 24e · · · 293,005 293,005 0		05 0 0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following, SOP 98-2 (ASC 958-720)	reported in column (B) joint costs lined educational campaign and colicitation. Check here	

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

31

32

33

108,694

113,055

Form 990 (2019)

101,610

104,376

Part X | Balance Sheet Check If Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-Interest-bearing 1 57,416 68,715 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 20,427 21,540 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV. line 11 13 Investments - program-related. See Part IV. line 11 13 14 26,533 14 22,800 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 104,376 16 113,055 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, labilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (Including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,766 25 4,361 Total liabilities. Add lines 17 through 25 26 26 2,766 4.361 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 108,694 Net assets without donor restrictions 101,610 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund

31

32

		5-2045	404		aye 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		304,	450
2	Total expenses (must equal Part IX, column (A), line 25)	2		293,	005
3	Revenue less expenses. Subtract line 2 from line 1	3	-	11,	445
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	`	101,	610
5	Net unrealized gains (losses) on investments	5.			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		113,	055
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. 🛛 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other	'			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1	ļ., -		
	Schedule O.				!
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:	ı	. ,		
	Separate basis Consolidated basis Both consolidated and separate basis		-	' ــــــــ '	
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		1.1		l i
	separate basis, consolidated basis, or both:	1	ļ.		,
	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		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain on		ر ۱۰		l i
	Schedule O.]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Single Audit Act and OMB Circular A-133?		3a		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990 (2019)

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SCHEDULE A

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.

OMB No 1545-0047 2019

Open to Public Inspection

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

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

Name	of the	organization					Employer Identificati	on number .
<u>NEW</u>	POR	T FOOD PANTRY					45-204946	<u> </u>
	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part.)		
The	orgar	ization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)		,	
1		A church, convention of churches, or a	ssociation of church	es described in section	170(b)(1)(A)(l).	į	
2		A school described in section 170(b)(1)(A)(II). (Attach Sci	nedule E (Form 990 or 9	90-EZ).)		•	\mathcal{A}
3		A hospital or a cooperative hospital ser					1	71
4		A medical research organization opera	ted in conjunction w	ith a hospital described li	section 1	70(b)(1)(A)(li	ii). Enter the	() \
		hospital's name, city, and state:	••	·		•		
5	П	An organization operated for the benef	fit of a college or un	iversity owned or operate	ed by a gov	emmental ur	nit described in	<u> </u>
	_	section 170(b)(1)(A)(iv). (Complete Pa	-	,			ı	
6	П	A federal, state, or local government or	•	described in section 170	(b)(1)(A)(v)		i	
7	X	An organization that normally receives					e general public	
•		described in section 170(b)(1)(A)(vi).	· ·	ira aabbart ii aiii a gart)	
8	П	A community trust described in section		Complete Part IU				•
9	Ħ	An agricultural research organization d			d in conjunc	tion with a la	nd-grant college :	
•	ш	or university or a non-land-grant colleg						
		university:	je or agriculture (sei	b indudencia). Elica uic	name, ony,	una state of	110 0011090 01	
10	П	An organization that normally receives	· (1) mare than 33 1	1/3% of its support from a	contribution	s membersh	oln fees, and gross	
10	Ш	receipts from activities related to its ex						
		support from gross investment income						
		acquired by the organization after June		-		i i tax) ii diii	,	
		-				VA)	•	
11	H	An organization organized and operate An organization organized and operate					ry out the numose's	
12		of one or more publicly supported organ						
		Check the box in lines 12a through 12a						CENTED
	_	Type I. A supporting organization of						CEIVED
	а	the supported organization(s) the					age of the 🔀 📗	7
					y or bie direc	ciora or post	TE DE	C 1 4 2020
		supporting organization. You mus			e cumported	omanization	1	
	Ь	Type II. A supporting organization control or management of the sup	supervised or contro	olled in Confiection with it	s supported	organization	and the supported	DEN LIT
					SUIIS UIAL CA	muloi oi man	age the supposition	DEN, UT
		organization(s). You must compl	ete Part IV, Section	is A and C.	ution with a	ad finational	wintegrated with	
	C	Type III functionally integrated.					y integrated with,	
		its supported organization(s) (see I	instructions). You m	iust complete Part IV, S	recuons A,	D, allu E. ith ite euspon	, (a)noitetion(e)	
	d	Type III non-functionally integra						
		that is not functionally integrated.						
		requirement (see instructions). You					ali Timo III	
	0	Check this box if the organization				i iype i, iypi	en, type iii	
		functionally integrated, or Type III			ization.			* [
	f	Enter the number of supported organiz				• • • • • •		
	<u>g</u>	Provide the following information about					6.3. A manufacture of manufacture	full Amount of
	(f)	Name of supported organization	(U) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Von	No	;	
				 	Yes	No		
(A)								•
			ļ 		 	 	·	
(B)						1		
·- <i>,</i>					 	-		
(C)							,	
					-	 -		
(D)					1			
,_,					 	 		
(E)							1	
				- 5 project	7 - 129	 	· · · · · · · · · · · · · · · · · · ·	
Tata			[[[[]]]] [[[]] [[]] [[]] [[]] [[]] [[]	4 4 4 4	1 1 1 1 1 1 1	r . 1		l

Schedule A (Folm 990 or 990-EZ) 2019 NEWPORT FOOD PANTRY 45-2049464 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e),2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 353,980 418,611 33.762 274,732 304,450 1,385,535 2 Tax revenues levied for the organization'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 3 353,980 418,611 33,762 274,732 304,450 1,385,535 The portion of total contributions by each person (other than a governmental unit or publicly 5.2 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 1,385,535 Section B. Total Support (e) 2019 Calendar year (or fiscal year beginning in) ▶ (d) 2018 (f) Total (a) 2015 (b) 2016 (c) 2017 353,980 418,611 33,762 274,732 304,450 1,385,535 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 ... 1,385,535 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 100.00 % 100.00 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this \mathbf{x} b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	• •					•	j
Sche		OOD PANTRY				45-20494	64 Page 3
Pa	irt III Support Schedule for Organi	zations Des	cribed in Sec	tion 509(a)(2	2)	1	
	(Complete only if you checked					ed to qualify u	nder Part II.
	If the organization fails to quali						/
Se	ction A. Public Support	<u>· </u>				1	
	endar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e):2019	(f) Total
1	Gifts, grants, contributions, and membership fees					1-7:	
	received. (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise		 				<i>i</i>
	sold or services performed, or facilities						/
	furnished in any activity that is related to the organization's tax-exempt purpose					1	/
3	Gross receipts from activities that are not an						/
•	unrelated trade or business under section 513 ·		ļ			1	
4						: /	
	organization's benefit and either paid to	1				. /	
	or expended on its behalf]					
5	The value of services or facilities		 			11	
	furnished by a governmental unit to the	Ì					
	organization without charge						
6	Total. Add lines 1 through 5		 			/ 	
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1	1				
b	Amounts included on lines 2 and 3					1 ;	
_	received from other than disqualified					i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					! '	
С	Add lines 7a and 7b				/	!	
8	Public support. (Subtract line 7c from	delich	- TE - 5.5 .	1457	10 miles	The state of	
	line 6.)		14.				
Sec	ction B. Total Support						
		T**					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c)∕2017	(d) 2018	(e) 2019	(f) Total
Cale 9	endar year (or fiscal year beginning in) > Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9		(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a b c 11	Amounts from line 6			-			
9 10a b c 11	Amounts from line 6	ganization's firs	st, second, third	, fourth, or fifth	tax year as a	 	3)
9 10a b c 11 12	Amounts from line 6	ganization's firs	st, second, third	, fourth, or fifth	tax year as a	 	3)
9 10a b c 11 12 13 14 Sec	Amounts from line 6	ganization's firs	st, second, third	, fourth, or fifth	tax year as a	section 501(c)(:	3)
9 10a b c 11 12 13 14 Sec	Amounts from line 6	ganization's firs	st, second, third	, fourth, or fifth	tax year as a	section 501(c)(3	3) > []
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	ganization's first ort Percentage column (f), dividule A, Part III,	st, second, third	, fourth, or fifth	tax year as a	section 501(c)(:	3)
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	ganization's first Percentage column (f), dividule A, Part III, acome Perce	st, second, third	, fourth, or fifth	tax year as a	section 501(c)(:	3) ▶ □
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	ganization's firs ort Percentage column (f), dividue A, Part III, acome Perce e 10c, column (f)	st, second, third le ded by line 13, line 15 ntage f), divided by line	, fourth, or fifth	tax year as a	section 501(c)(:	3) ▶ □ %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	ganization's first ort Percentage column (f), dividule A, Part III, icome Perce of 10c, column (chedule A, Part	st, second, third le ded by line 13, line 15 ntage f), divided by line till, line 17	, fourth, or fifth	tax year as a	section 501(c)(:	3) ▶ □
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	ganization's first percentage column (f), dividule A, Part III, icome Percentage 10c, column (chedule A, Part ation did not chedule A)	st, second, third le ded by line 13, line 15 ntage f), divided by lir till, line 17 neck the box on	column (f))	tax year as a	section 501(c)(3	3)
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	ganization's first percentage column (f), dividule A, Part III, icome Percentage 10c, column (chedule A, Part ation did not chand stop here.	st, second, third le ded by line 13, line 15 ntage f), divided by lir till, line 17 neck the box on The organizati	column (f)) le 13, column (i) line 14, and lin on qualifies as	tax year as a	section 501(c)(c) 15 16 17 18 han 33 1/3%, ar ported organiza	3) ▶ □ % % % nd line ntion ▶ □
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	ganization's first percentage column (f), dividule A, Part III, income Percentage of 10c, column (chedule A, Part ation did not chand stop here ation did not chand of the change of the	st, second, third ded by line 13, line 15 ntage f), divided by line till, line 17 neck the box on . The organizationeck a box on lineck as box on line	column (f)) ie 13, column (ine 14, and linon qualifies as ne 14 or line 19	tax year as a	section 501(c)(: 15 16, 17 18 han 33 1/3%, ar ported organizatis more than 33	3) ▶ □ % % nd line stion ▶ □
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	ganization's first Percentage column (f), dividule A, Part III, acome Percentage 10c, column (chedule A, Part ation did not chand stop here ation did not chox and stop here ation did not chox and stop here.	st, second, third le ded by line 13, line 15 ntage f), divided by lir till, line 17 neck the box on The organization neck a box on linere. The organization	, fourth, or fifth	tax year as a	section 501(c)(: 15 16 17 18 han 33 1/3%, ar ported organiza is more than 33 supported organization more than 34 supported organization m	3) ► □ % % % nd line ation ► □ 3 1/3%, and unization ► □
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	ganization's first Percentage column (f), dividule A, Part III, acome Percentage 10c, column (chedule A, Part ation did not chand stop here, ation did not chebox and stop here.	st, second, third le ded by line 13, line 15 ntage f), divided by lir till, line 17 neck the box on The organization neck a box on linere. The organization	, fourth, or fifth	tax year as a	section 501(c)(: 15 16 17 18 han 33 1/3%, ar ported organiza is more than 33 supported organization more than 34 supported organization m	3) ► □ % % % nd line ation ► □ 3 1/3%, and unization ► □

Part IV Supporting Organizations

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

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

	Yes	No
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2		
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5b		
5c		
; - =		
6	<u></u>	')
7		
8		
,		
9ã	~	!
9b		
9c		
10a		
10b		

					_
	wie A (Form 990 or 990-EZ) 2019 NEWPORT FOOD PANTRY	15-2049464		F	Page 5
Pa	rt IV. Supporting Organizations (continued)				 -
11	Has the organization accepted a gift or contribution from any of the following persons?		-	Yeş	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c	_,			
•	below, the governing body of a supported organization?	111			:
h	A family member of a person described in (a) above?		1b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in F			\dashv	
Sec	tion B. Type I Supporting Organizations	011 01.	10		L
		<u> </u>	Т	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ヿ	\neg	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,			}	
	controlled the organization's activities. If the organization had more than one supported organization,	or , ,			,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	urted :	-		. ;
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		_ .		
_		_1	\dashv		
2	Did the organization operate for the benefit of any supported organization other than the supported	_	-	. ,]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	'art		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	<u> </u>		
360	non c. Type if Supporting Organizations	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ctors [+		
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr				j
	or management of the supporting organization was vested in the same persons that controlled or management			ł	į
	the supported organization(s).	1			
Sec	tion D. All Type III Supporting Organizations				
			\prod	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of		.	1	ļ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			ľ	!
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie		-		
_	organization's governing documents in effect on the date of notification, to the extent not previously pro		+		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp	oned.		l	- 1

organization's governing documents in effect on the date of notification, to the extent not previously provided?

Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

3

						rganizations

c	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	tion	s).
2 /		es	

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part Vi.*

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

	Yes	No
lt		
,		ì
2a		·
:	'	
2b		
,	ı	
		;
3a		
3b		:
่วก		

Check here if the organization satisfied the Integral Part Test as a qualifying tinstructions. All other Type III non-functionally integrated supporting organizations.	trust or	Nov. 20, 1970 (explain	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		-	
collection of gross income or for management, conservation, or		1	
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	i	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	\top	, ,	1
instructions for short tax year or assets held for part of year):		20 - 5 -	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	1	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	- (
2 Acquisition indebtedness applicable to non-exempt-use assets	2	1	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	!	ł
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		·
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	1 9 1	1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	7	
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	17	4	
emergency temporary reduction (see instructions).	6	1 1	.1
7 Check here if the current year is the organization's first as a non-functionally instructions).	integr	ated Type III supporting	organizetion (see

rai	type ili Non-Functionally integrated 508(a)(5)	auphorning Organiz	Cations (Continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
	Amounts paid to perform activity that directly furthers exempt		<u> </u>	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
10	Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-20			
s	ection E - Distribution Allocations (see instructions)		(ii) Underdistributions Pre-2019	(ili) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	The state of the s		
	Underdistributions, if any, for years prior to 2019	VI		- Marie 12
	(reasonable cause required - explain in Part VI). See			A CALL THOUGHT .
	instructions.			
	Excess distributions carryover, if any, to 2019	3	,	to the distriction of the state
	From 2014	The state of the s	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	From 2015	ed:	- 一部語 サー	" " " " "
	From 2016	1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	The second of th
	From 2017	the state of	1. "是是是	tu tan
	From 2018	Programme Programme		ing profession of the control of the
	Total of lines 3a through e		The state of the s	
	Applied to underdistributions of prior years			1
	Applied to 2019 distributable amount	Harry Marie	4 12 7 12 417	
	Carryover from 2014 not applied (see Instructions)			3 (1) (1)
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A CONTRACTOR	The state of the s
	Distributions for 2019 from	3.4		Mit 1
-	Section D, line 7:	A STATE OF THE STA	"一个"	and the second s
а	Applied to underdistributions of prior years			3 4 4 1 2
	Applied to 2019 distributable amount	de al	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	Remainder, Subtract lines 4a and 4b from 4.		1	
	Remaining underdistributions for years prior to 2019, if			191 111 121 111 11 11 11 11 11 11 11 11 11 1
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			" Tarthi - J
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		me in Martina]
	Part VI. See instructions.		Line to the second of the seco	
7	Excess distributions carryover to 2020. Add lines 3j			things
	and 4c.		The Carry Man 1	things "
8	Breakdown of line 7:	a marking	2.4 . 2.1	
	Excess from 2015	なとして カット	H 100	1 1 10 10 10 10 10 10 10 10 10 10 10 10
þ	Excess from 2016	福州市	Car State Land	
C	Excess from 2017	R. Taring		The state of the s
d	Excess from 2018	2 2 2		1 111.11.1
	Excess from 2019	Fig. 1 Shake		

	n 990 ar 990-EZ) 2018	Page 8
Part VI	Supplemental Information. Provide the explanations required b III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, l	y Part II, line 10; Part II, line 17a or 17b; Part 9b, 9c, 11a, 11b, and 11c; Part IV, Section es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, on D, lines 5, 6, and 8; and Part V, Section E,
rait VI)		
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- <u></u>		1
		· .

SCHEDULE D (Form 990)

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.

OMB No. 1645-0047

2019

Department of the Treasury Internal Revenue Service

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

Open to Rublic Inspection

Name	of the organization		Employer Identification number
NEW	PORT FOOD PANTRY		45~2049464
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ling that the assets held in donor advised	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor advi		
	only for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or educa	ation) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a con-	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		· · 2a
þ	Total acreage restricted by conservation easements		- · 2b
C	Number of conservation easements on a certified historic struction	ure included in (a)	· · 2c
đ	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organ	ization during the
	tax year >		
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period		D D
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and enforcing conservatio	n easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation ear	sements during the year
_	\$	N 5 Mb	DVC)
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •	
	2.12 222221 11 2(13/13/13)		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's linancial statements tha	it describes tile
Pai	organization's accounting for conservation easements. Ill' Organizations Maintaining Collections	of Art. Historical Treasures, or C	ther Similar Assets.
1.4	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 958, r		ance sheet works
	of art, historical treasures, or other similar assets held for public		·
	anning anning in the VIII the tout of the features to be format.	I statements that densities these iteme-	
ь	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue statement and balance	Pale Corks of VEU
_	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service.
	provide the following amounts relating to these items:		DEC 1 4 2020
	(i) Revenue included on Form 990, Part VIII, line 1	26005 10000000000000000000000000000000000	DEC 1 4 2020
	(II) Assats included in Form 000 Part Y		S LIT
2	If the organization received or held works of art, historical treasu	res, or other similar assets for financial pain.	CACALLE IN, UI
_	following amounts required to be reported under FASB ASC 958	relating to these items:	
а			> \$
ь	Assets included in Form 990, Part X		· —
	· · · · · · · · · · · · · · · · · · ·		

	Aule D (Form 990) 2019 NEWPORT FOOD P						45-204		Page 2
Pa	rt 🗓 📗 Organizations Maintaining	Collections	of Art, His	torical 1	Treasures,	or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, accession	, and other recor	ds, check any	of the follo	wing that mak	e signifi	cant use of its		
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange programs b Scholarly research e Other								
b	Scholarly research		е	=			'		
c	Preservation for future generations			_					
4	-	ections and exola	in how they fu	ther the or	oanization's e	xempt p	umose in Part		
			.,,,		gomeout o c	~~···	;		
5		acelve donations	of art historic	al treasure	e or other eim	ilar	1		
•	assets to be sold to raise funds rather than to t							· · Yes	□No
Pa	rt IV Escrow and Custodial Arra		part of ale org	anteauon 5	Collection	• • • •	1	. 🗀 163	
	Complete if the organization		s" on Form	990 P	art IV line (a or re	norted an am	ount on Fo	nrm
	990, Part X, line 21.	2110110100 10	.5 0 0		L(1,1,1,1,1,1,1,1,0,1,1,1,1,1,1,1,1,1,1,1	J, J . 10		iouni on i	
1a	is the organization an agent, trustee, custodiar	or other interne	diant for contri	hutiana az	ather essets =				
10			-				i	🗌 Yes	∏ No
	included on Form 990, Part X?					• • • •	• • • • • • • •	· · · [] 165	Пир
Ð	If "Yes," explain the arrangement in Part XIII ar	ia complete the to	ollowing table:						
						<u> </u>		mount	
C	Beginning balance		• • • • • • •	• • • • •	• • • • • •	10			
đ	Additions during the year	• • • • • • • •		• • • • •	• • • • • • •	10	- 		
θ						· 1e			
f						· <u>1f</u>			
2a	Did the organization include an amount on For	<u>-</u>							∐ No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the e	xplanation has	been prov	vided on Part	XIII		• • • • •	
Pa	t V Endowment Funds.						ı		
	Complete if the organization a	answered "Ye	s" on Form	1990, Pa	art IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	k (e) Foury	ears back
1a	Beginning of year balance				<u> </u>				
b	Contributions						· · · · · · · · · · · · · · · · · · ·		<u> </u>
C	Net investment earnings, gains, and						1		
	losses			_					
d	Grants or scholarships								
0	Other expenditures for facilities and					1			
	programs						ı		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	t year end balanc	e (line 1g, col	umn (a)) he	eld as:				
a	Board designated or quasi-endowment	. %		,					
b	Permanent endowment > 9	6					1		
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.					1		
3a			ation that are I	neld and ad	dministered for	r the			
••	organization by:							Ŀ	res No
	(i) Unrelated organizations · · · · · ·						. <i></i>	. 3a(i)	
	(ii) Related organizations · · · · · ·							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	one listed as requi	ired on Sched	ule R?				3b	
4	Describe in Part XIII the intended uses of the o	•						. [44]	
	t VI Land, Buildings, and Equip		SWITTELL TOTOS.						
,r aı	Complete if the organization		e" on Form	aan Pa	art IV line 1	11a S	e Form 990	Part X line	e 10
	Description of property	4 ''	r other basis stment)	1 ' '	or other basis (other)		Accumulated appreciation	(d) Book v	rall##
4-	l and	fund		 					
1a	Land	••				<u>- </u>			
þ	Buildings	••		 					
C	Leasehold improvements	· ·		}			 :-}		
đ	Equipment	• •		 _					
8	Other	<u>· · · l · · · · </u>		L					
Yatal	Add lines 1a through 1e (Column (d) must equ	al Form COA Port	Y column /RI	line 10c l			1		

Schedule D (Form 990) 2019

NEWPORT FOOD PANTRY

45-2049464

Schedule D (Form		TRY			45	-2049464	Page 3
Part VII	investments - Other Securities.	d 10/2211 22 5	000 D	4 1) / II	44h O 5	- 000 Dart V	!! 40
	Complete if the organization answere	"Yes" on For	m 990, Par	t IV, line	11b. See Form	1 990, Part X,	, line 12.
	(a) Description of security or category (including name of security)		(b) Book v	alue		(c) Method of valuation or and-of-year market	
(1) Financial of	derivatives · · · · · · · · · · · · · · · · · · ·					<u> </u>	
(2) Closely-he	ald equity interests						
(3) Other						·	
_(A)						•	
(B)						<u> </u>	
(C)							
(D).						<u> </u>	
(E)			<u> </u>				
<u>(F)</u>						<u> </u>	
(G)							
(H)					5	· · · · · · · · · · · · · · · · · · ·	
Part VIII	(b) must equal Form 990, Part X, col. (8) line 12.) Investments - Program Related.	••••	L		<u> </u>	e er t ilus	i
Part VIII	Complete if the organization answere	d "Yes" on For	m 990 Par	t IV line	11c See Form	990 Pad X	line 13.
		3 103 011107					
	(a) Description of investment		(b) Book vi	alue		(c) Method of valuation or end-of-year market	
(1)		·					
(2)							
(3)					•	1	
(4)				Ì		1	
(5)					•		
(6)						1	
(7)		<u> </u>					
(8)						1	
(9)							
	(b) must equal Form 990, Part X, col. (B) line 13.)	▶		·			
Part IX	Other Assets.					000 5-44	V 45
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line	e 11d. See Forn	1 990, Part X.	line 15.
	(a) D	escription				1	ook value
(1)						,	
(2)						 	
(3)						 	
(4)						 -	
(5)						1	
(7)						 	
(8)						 	
(9)	45					 	
	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	······					
Part X	Complete if the organization answere	d "Vee" on For	m 000 Par	t IV line	11e or 11f Se	e Form 990	Part X
	line 25.	7 162 011101	111 500, 1-61	C 1 V, III IC	. 110 0, 111. 00	. i o 000, .	u.,,
	- 			T .	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- g-J	
1.	(a) Description of liability	(b) Book	/arue			• • •	'
(1) Federal i			0.070	- ′	•	•	
(2)CREDIT			2,970 1,391	┨	1	- \(\sigma^2\)	
	LIABILITY		1,391			4	
(4)		 -		∜		1 7 5	
(5)				1 .	, .		•
(6)				1.		4.	
(7)		·		† , .		· · ·	
(8)				1		•	
	(b) must equal Form 990, Part X, col. (B) line 25) . >		4,361	1 .	1		
LOWIT (COMMIN)	uj most equal ryim 330, rait A, wit (D) illie 23 j .		7/304	<u>, , </u>		_ 	

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

				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
ь	Donated services and use of facilities	1 ¦ ։		
C	Recoveries of prior year grants	┤ '		
d	Other (Describe in Part XIII.)	┪	[
8	Add lines 2a through 2d	20	1	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>		
•	· · · · · · · · · · · · · · · · · · ·			
a	Investment expenses not included on Form 990, Part VIII, line 7b	1		
Ь		4c	l	
C	The life of the field of the fi	5	 	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		l Potuen	
Pa		her	Retuill.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T .		
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	4		
b	Prior year adjustments	4		
C	Other losses · · · · · · · · · · · · · · · · · ·	4	•	
d	Other (Describe in Part XIII.)	J		
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	'	}	
а	Investment expenses not included on Form 990, Part VIII, line 7b	j	1	
Ь	Other (Describe in Part XIII.)]	İ	
С	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Pa	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt X, line	•	
2. Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
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Schodule D (Form 990) 2019

SCHEDULE O' (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Nome of the organization	Employer identification number
NEWPORT FOOD PANTRY	45-2049464
01. Form 990 governing body review (Part VI, line	11)
or. Form 990 governing body review (Fart VI, line	
RETURN WAS PORVIDED FOR REVIEW	
02. Governing documents, atc, available to public	(Part VI, line 19)
DOCUMENTS MADE AVAILABLE UPON REQUEST	1
	· · · · · · · · · · · · · · · · · · ·
03. General explanation attachment	1
•	
THE ORGANIZATION BELIEVED THAT ALL NECESSARY ATTACH	EMENTS WERE PROVIDED. AS A RESULT OF A
PROCESSING ERROR CERTAIN SCHEDULES WERE OMITTED. T	HE ORGANIZATION HAS PUT ADDITIONAL
DOUGH DRACEDURES IN DIAGO DA MONT DUNG ATOMAKS IN	MILE CHANNE AND ACK MUSA ANY DENSAME
REVIEW PROCEDURES IN PLACE TO AVOID THIS MISTAKE IN	THE POTORE AND ASK THAT ANT FEMALITES
BE WAIVED.	
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