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CLIENT'S COPY

February 19, 2024

On River Time 800 CORPORATE PKWY 100 Birmingham, AL 35242

Dear Steven,

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Jessica Woods

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

On River Time 800 CORPORATE PKWY 100 Birmingham, AL 35242

Prepared By:

HALEY & WOODS, LLP 4220 Cahaba Heights Court Suite 201 Birmingham, AL 35243

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

A copy of this Form 990 must also be mailed to the Alabama Attorney General at the following address:

Office of the Attorney General P.O. Box 300152 Montgomery, AL 36130-0152

g	879-TE		0	MB No. 1545-0047	
Form	013-12	For colorder ver	IRS E-file Signature Authorization for a Tax Exempt Entity		~~~~
	ent of the Treasury Revenue Service	FOI Calendar yea	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	-	2023
Name o				or SSN	
	ON RIV	ER TIME	4	5-50232	228
Name a	nd title of officer or pe				
		-	PRESIDENT		
Part	I Type of	Return and	Return Information		
Form 5 or 10a whiche	5330 filers may ente below, and the amo	r dollars and co ount on that lin	u are using this Form 8879-TE and enter the applicable amount, if any, from the ents. For all other forms, enter whole dollars only. If you check the box on line e for the return being filed with this form was blank, then leave line 1b , 2b , 3b , ter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line	1a, 2a, 3a, 4a 4b, 5b, 6b, 7 below. Do r	a, 5a, 6a, 7a, 8a, 9a, ′b, 8b, 9b, or 10b, not complete more
1a	Form 990 check h	nere	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a	Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line 9)		
3a	Form 1120-POL		b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF che		b Tax based on investment income (Form 990-PF, Part V, line 5)		
5a	Form 8868 check		b Balance due (Form 8868, line 3c)		
6a -	Form 990-T chec		b Total tax (Form 990-T, Part III, line 4)	_	
7a	Form 4720 check		b Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check		b FMV of assets at end of tax year (Form 5227, Item D)		
9a	Form 5330 check		 b Tax due (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 2) 		
10a Part	Form 8038-CP ct		nature Authorization of Officer or Person Subject to Tax	2) 100	
of any entry to financi later th payme person	refund. If applicable o the financial institu al institution to debi an 2 business days nt of taxes to receiv al identification num	e, I authorize th ution account i it the entry to t prior to the pa ve confidential	r rejection of the transmission, (b) the reason for any delay in processing the re- e U.S. Treasury and its designated Financial Agent to initiate an electronic fund- ndicated in the tax preparation software for payment of the federal taxes owed of his account. To revoke a payment, I must contact the U.S. Treasury Financial Ag- yment (settlement) date. I also authorize the financial institutions involved in the nformation necessary to answer inquiries and resolve issues related to the payr by signature for the electronic return and, if applicable, the consent to electronic	s withdrawal on this returr gent at 1-888 processing nent. I have s	(direct debit) n, and the 3-353-4537 no of the electronic selected a
	heck one box only				35243
L			ERO firm name	er my PIN	ter five numbers, but
					not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula disclosure cons person subject indicated within	r 2023 electronically filed return. If I have indicated within this return that a copy ing charities as part of the IRS Fed/State program, I also authorize the aforeme ent screen. to tax with respect to the entity, I will enter my PIN as my signature on the tax y in this return that a copy of the return is being filed with a state agency(ies) regul neter my PIN on the return's disclosure consent screen.	ntioned ERO year 2023 ele	to enter my PIN ectronically filed
Signature	e of officer or person subje	ct to tax		Date	
Part	III Certifica	ition and A	Ithentication		
	EFIN/PIN. Enter your (EFIN) followed by	-	ctronic filing identification self-selected PIN. 63278275766 Do not enter all zeros		
submit			ny PIN, which is my signature on the 2023 electronically filed return indicated at the requirements of Pub. 4163, Modernized e-File (MeF) Information for Autho		
ERO's s	signature HAL	EY & WO	DDS, LLP Date 02/19	/24	
			EDO Must Dataia This Excess Occuberto it		
			ERO Must Retain This Form - See Instructions		
			t Submit This Form to the IRS Unless Requested To Do So	F	n 8879-TE (2023)
r or Pr	ivacy Act and Pape	work Reauc	tion Act Notice, see instructions.	FULL	(2023)



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Τ

AF	or th	e 2023 calendar year, or tax year beginning an	d ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name	e Doing business as		45-502322	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	800 CORDORATE DEWY	100	(205)382-	-4568
	termir ated			G Gross receipts \$	997,690.
	Amen return	ded BIRMINGHAM, AL 35242		H(a) Is this a group re	turn
	Applie distance	F Name and address of principal officer: DIEVEN DAVID		for subordinates'	
	pendi		35223	H(b) Are all subordinates in	
11	Tax-ex	empt status: 🚺 501(c)(3) 📃 501(c) () (insert no.) 📃 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
٦ /	Nebsi	te: WWW.ONRIVERTIME.ORG		H(c) Group exemptior	n number
KF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2014 N	State of legal domicile: AL
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ON I	RIVER 1	IME WORKS TO) PROVIDE
Governance		HOPE AND HEALING TO CHILDREN OF ABUSE AN	D NEGLI	ECT. WE DO TI	HIS BY
rna	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			20
	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
ss 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
vitie	6	Total number of volunteers (estimate if necessary)		6	25
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		797,738.	979,281.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	5,052.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-108,988.	-202,026.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		688,750.	782,307.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,000.	21,800.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,545.	150,049.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 45,1	L23.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		420,242.	548,923.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		537,787.	720,772.
	19	Revenue less expenses. Subtract line 18 from line 12		150,963.	61,535.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,112,659.	1,229,550.
tAs	21	Total liabilities (Part X, line 26)		44,162.	91,839.
		Net assets or fund balances. Subtract line 21 from line 20		1,068,497.	1,137,711.
	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	les and statem	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer Date									
-	STEVEN DAVIS, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JESSICA WOODS		02/19/2	24 self-employed P02351080						
Preparer	Firm's name HALEY & WOODS, LL	P	Fi	rm's EIN 84-4049075						
Use Only	Firm's address 4220 CAHABA HEIGH	TS COURT SUITE 201								
	BIRMINGHAM, AL 35	243	Pl	none no. (205) 277-1529						
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No									
I HA For	HA For Paperwork Beduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) ON RIVER TIME 45-5023228 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ON RIVER TIME WORKS TO PROVIDE HOPE AND HEALING TO CHILDREN OF ABUSE
	AND NEGLECT. WE DO THIS BY PARTNERING WITH GROUP CHILDREN'S HOMES TO
	PROVIDE LIFE-AFFIRMING PROGRAMMING TO THE CHILDREN IN THEIR CARE. THIS
	INCLUDES FLY FISHING CAMPS IN IDAHO, LIFE SKILLS PROGRAMMING,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 516,553. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$516,553. including grants of \$) (Revenue \$) CAMP: SINCE INCEPTION, WE HAVE PROVIDED 222 CAMPERS AND THEIR GROUP
	HOME MENTOR WITH A WEEK LONG FLY FISHING CAMP IN IDAHO ON THE SNAKE
	RIVER.
	THIS CAMP IS DESIGNED TO DELIVER THE FOLLOWING IMPACTS:
	* BUILD SELF-CONFIDENCE THROUGH TEACHING THEM A NEW SKILL.
	* INSPIRE HOPE BEYOND THEIR CIRCUMSTANCES BY CONNECTING THEM WITH
	THOUGHTFUL MENTORS.
	* ENCOURAGE THEM TO DREAM BIG BY DISCUSSING GOALS AND PLANS FOR
	THEIR FUTURES.
	* BUILD TRUST IN POSITIVE HEALTHY RELATIONSHIPS AGAIN THROUGH
	TIME SPENT (CON'T ON SCHEDULE O)
4b	(Code:) (Expenses \$66,018. including grants of \$) (Revenue \$)
	SOAR: ONCE CAMP IS OVER, ON RIVER TIME CONTINUES TO STAY INVOLVED IN
	THE KIDS' LIVES. ONE WAY WE ACCOMPLISH THIS IS THROUGH OUR SOAR PROGRAMMING, WHICH STANDS FOR SUCCESS, OPPORTUNITY, ATTITUDE, AND
	RESILIENCE. WE OFFER LIFE SKILLS TRAINING FOR THE OLDER KIDS AS THEY
	ARE AGING OUT OF THE CHILDREN'S HOMES. THIS INCLUDES ETIQUETTE CLASSES,
	JOB INTERVIEW TIPS AND PRACTICE MOCKED INTERVIEWS, HELP WITH RESUME
	WRITING, AS WELL AS TEACHING CLASSES ON TOPICS LIKE WORK ETHICS AND
	EXPECTATIONS. WE ALSO OFFER SUPPORT WITH IDENTIFYING INTERNSHIPS AND
	EVEN JOB PLACEMENT. IN THREE YEARS WE HAVE SERVED 161 YOUNG PEOPLE
	THROUGH OUR SOAR PROGRAMMING.
4c	(Code:) (Expenses \$1, 800. including grants of \$1, 800. (Revenue \$)
	SCHOLARSHIPS: SINCE INCEPTION, WE HAVE PROVIDED 58 COLLEGE AND CAREER
	SCHOLARSHIPS TO PAST CAMPERS UPON THEIR HIGH SCHOOL GRADUATION.
	RECIPIENTS ARE RECOMMENDED BY THE CHILDREN'S HOMES DIRECTORS BASED ON
	GOOD STANDING AT THEIR HOMES.
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 604, 371.
	Form 990 (2023)
332002	12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)

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Form	990	(2023)

 Form 990 (2023)
 ON
 RIVER
 TIME

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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 X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
'	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			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023)

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 Form 990 (2023)
 ON RIVER TIME

 Part IV
 Checklist of Required Schedules (continued)

22 Difference of the organization report more than 55:000 of grants or other assistance to or for domestic individuals on Part X, converting exclusion (Part I), and (Part I). 22 X 23 Difference, directors, tractess, key employees, and highest compensation of the organization surrent and forms orfices, directors, tractess, key employees, and highest compensated employees? If 'Yes, 'complete Schedule I, H' No, 'go to line 22a 24a Difference of the organization have a tax-seempt bond sure with an outstanding principal amount of more than 5100 000 as of the schedule I, H' No, 'go to line 22a 24a X 24a Did the organization maintain an escore account other than a networking secore at any time during the year'. 24a X 25a Section 501(6)(5), 501(6)(4), 400 650(29) organizations. Did the organization amount at a reagond in an excess benefit transaction with a disqualified person during the year'. H' Yes, 'complete Schedule I, Part I 25a X 25 Section 501(6)(5), 501(6)(4), 400 650(29) organizations. Did the organization amount at the rangond in an excess benefit transaction with a disqualified person during the year'. H' Yes, 'complete Schedule I, Part I 25b X 26 Bit the organization amount at the rangond in an excess benefit transaction with a disqualified person during the year' of these paranets' in yeas, 'complete Schedule I, Part II 25b X 27 Did the organization approximation on Part X, line 5 or 22, lor receivables from or passistin, pany current or formore froms, fromosthistor	Part K, column (A), Ine 27, pr Yag, 'complete Schedule (Letts 1 and III. 22 X 21 Odt the organization answer" view 'or bart VI. Schedul Compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yeg, 'complete Schedule / At and complete Schedule / No, 'go to line accow account on the than a returning series 2.4 bit rough 2.4 and complete Schedule / At and complete Schedule / No, 'go to line accow account on the than a returning section at any time during the year to defease any trace-empt bonds of tax-axempt bonds beyond a temporary period exceeption? 24a X 21 Odt the organization invest any proceeds of tax-axempt bonds beyond a temporary period exceeption? 24d 24d 22 Odt the organization marks an an accow account hee than a returning section at any time during the year to defease any trace-empt bonds? 24d 24d 23 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dut the organization angle in an excess benefit transaction with a disqualified period in a process brefit transaction with a disqualified period in a process brefit transaction with a disqualified period in a process brefit transaction brain to them reported on any of the organization sort any anound on Part X. Ins 5 or 22. for receivable from or paysites is any current or former 61Ger. (Brefit, transaction when a period or 4 my organized transaction brain or a molyper. These, 'complete Schedule L, Part II. 26 X 24 Dd the organization narout on Part X. Ins 5 or 22. for receivable from or paysites is any current or former 61Ger. (Brefit, transaction when the organization any organis estimated ontipolary, or applete Schedul				Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, Ine 3.4, or 5, about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest companizated employees? # Yes,* complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more han \$100,000 as of the list day of the yea,* nat was insued after December 31, 2002? # Yes,* answer ince 24b brough 24b dim complete Schedule K. If Yos,* yo to line 25a. 24a X 24a Did the organization maintain an escrow account other than a refunding ecrow at any time during the year? 24d X 25a Section 50(16)(3), 50(164), and 50(162) group conjunctions. Did the organization access benefit transaction with a disqualified person during the year? 24d X 25a Section 50(163), 50(164), and 50(162) group conjunctions. Did the organization access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization access benefit transaction with a disqualified person during the year? 25b X 7 Did the organization access thereofit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization access benefit transaction with a disqualified person during the year? 26b X 7 Did the organization access thereofit transaction with a disqualified person in a prior year, and that the transaction theor any and the organization scients. The scient during theyear? 26b X <td>23 Ddt be organization answer "Ye" 'D Farl WL Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Ddt be organization have a tax-exempt bond issue with an outstanding principal anount of more time 5100,000 as of the last day of the year. Int was issued after Decomber 31, 2002? If 'Yes, 'answer lines 24th more than 5100,200 as of the Schedule K. If No, 'go to line 22a X 24b Ddt be organization maintain an escrew account other than a refunding escrew at any time during the year'. 24a X 25 Sector 50(45), 50(16(4), and 50(16(2)) organizations. Did the organization gene in a secses benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person any of the organization prior forms 900 or 900 E27. If 'Yes,' complete Schedule L, Parl I. 25b X 35 Sectors 50(45), 50(16(4), and 50(16(2)) organizations. Did the organization any or the organization prior forms 900 or 900 E27. If 'Yes,' complete Schedule L, Parl I. 25b X 36 It the organization neortain any organization angle any organization any organization any organization any of the organization provide any organization any organization provide any organis organization precenson of thori and complete</td> <td>22</td> <td></td> <td></td> <td></td> <td></td>	23 Ddt be organization answer "Ye" 'D Farl WL Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Ddt be organization have a tax-exempt bond issue with an outstanding principal anount of more time 5100,000 as of the last day of the year. Int was issued after Decomber 31, 2002? If 'Yes, 'answer lines 24th more than 5100,200 as of the Schedule K. If No, 'go to line 22a X 24b Ddt be organization maintain an escrew account other than a refunding escrew at any time during the year'. 24a X 25 Sector 50(45), 50(16(4), and 50(16(2)) organizations. Did the organization gene in a secses benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person any of the organization prior forms 900 or 900 E27. If 'Yes,' complete Schedule L, Parl I. 25b X 35 Sectors 50(45), 50(16(4), and 50(16(2)) organizations. Did the organization any or the organization prior forms 900 or 900 E27. If 'Yes,' complete Schedule L, Parl I. 25b X 36 It the organization neortain any organization angle any organization any organization any organization any of the organization provide any organization any organization provide any organis organization precenson of thori and complete	22				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 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 persons? If "Yes," complete Schedule L, Part II. 27 X Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28a X a A current or founder, director, trustee, key employee, creator or founder, or substantial contributor? 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. 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization includes, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization well, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization receive entry of t	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 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 or these sets transaction with one of the following parties? (See the Schedule L, Part II) 27 X 28 Was the organization proves transaction with one of the following parties? (See the Schedule L, Part II) 28a X 29 Was the organization prove individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization necesse of or transfer more than 25% of its net assets; 0r unplete Schedule N, Part I 31 X 32 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization necesse of, or transfer more than 25% of its net assets; 0r uny envicese		,	25b		_ <u> </u>
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 9 1a	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 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? // "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 39 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance 1 Yes Yes 10 Check if Schedule O contains a response or note to any line in this Part V 1 Yes Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 9 1 0 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 0	34		04		v
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 90 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 1 1 9	36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1 1 9 1a 9 1 0 1 1 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 9 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<	D		256		
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 on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 V	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 on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O complete Schedule O 38 X 99 filers are required to complete Schedule O 38 X 91 Statements Regarding Other IRS Filings and Tax Compliance 38 X 92 Check if Schedule O contains a response or note to any line in this Part V Image: State or	26		330		
 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	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 on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Image: Schedule O for Form 1096. Enter -0- if not applicable 1a 9 Yes No 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Image: Schedule G for part	30		26		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	27		30		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 9 1a 9 1a	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 9 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a	31		27		x
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" Total Colspan="2" Yes No Total Colspan="2" Total Colspan="2" Total Colspan="2" Total Colspan="2"	Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Image	20		- 57		- 23
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 1a	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Image: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 9 1a 0 1a 9 1a 0 1a 1a 0 1a 1a 0 1a 1a 0 1a 1a 1a 1a 1a 1a 1a 1a 1a 1a <th1a< th=""> 1a <th1a< th=""></th1a<></th1a<>	30		20	x	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 9 1a 9	Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 1a 9 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 0 0	Par		1 00	- 23	<u> </u>
Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 1a	1a Yes No 1a 1a 9 1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 9 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 9 1a					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9	1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 9 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 9				Yee	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	19	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $ _{12} $		103	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
		U	(gambling) winnings to prize winners?	1c	х	

Form	990 (2023) ON RIVER TIME 45-5023	228	Р	age 5		
Pa				J		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	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		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		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	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	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	-				
	Enter the amount of reserves on hand			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
<i></i>	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes." complete Form 6069.					

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below,	and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	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	1a		20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
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 ap	point c	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, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
				ſ	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the	form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					v	
	on Schedule O how this was done				12c	X X	
13	Did the organization have a written whistleblower policy?			ſ	13	A X	
14	Did the organization have a written document retention and destruction policy?				14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	ependent				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				150		Х
	The organization's CEO, Executive Director, or top management official				15a		X
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				15b		Λ
16-			the				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				16-		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				16a		- 21
D		•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed <u>AL</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd QQU	T (section	501(0)(3)0	only	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	ia 990.	1 13501011	001(0)(0)5	Unity) a	availat	
	X Own website X Another's website X Upon request Other (explain)		hadula O				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy and	financ	ial	
13	statements available to the public during the tax year.	i inici U	i intorest p	oncy, and	manc	nai -	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks one	recorde				
20	WENDY GARNER - (205) 382-4568		1000105				
	800 CORPORATE PKWY SUITE 100, BIRMINGHAM, AL 35242	2					
-	· · · · · · · · · · · · · · · · · · ·						

Form 990 (2	O23) ON RIVER TIME	45-5023228	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated									
·	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
•	 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 										

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	(A) Name and title	(B) Average hours per	box	not c , unle:	ss per	itior more rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) WENDY GARNER 40.00 x 85,342. 0. 33,398. (2) STEVE DAVIS 10.00 x x 0. 0. 0. FOUNDER, PRESIDENT x x 0. 0. 0. 0. (3) DAVE NICHOLS 2.00 x x 0. 0. 0. (4) MILTON SMITH 2.00 x 0. 0. 0. 0. BOARD MEMBER x 0. 0. 0. 0. 0. 0. (5) FETER HORAN 2.00 x 0. 0. 0. 0. 0. (6) DAVE ROBERTS 2.00 x 0. 0. 0. 0. 0. (7) CHRIS DEMARCO 2.00 x 0. 0. 0. 0. 0. BOARD MEMBER x 0. 0. 0. 0. 0. 0. 0. 0. (3) DAN SULLIVAN 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		(list any hours for related organizations below line)							the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
(2) STEVE DAVIS 10.00 X X 0. 0. 0. FOUNDER, PRESIDENT 2.00 X X 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. WILTON SMITH 2.00 X X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER 2.00 X X 0. 0. 0. (6) DAVE ROBERTS 2.00 X X 0. 0. 0. (7) CHRIS DEMARCO 2.00 X 0. 0. 0. 0. (8) EMALYN LOVITT 2.00 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. (9) DAN SULLVAN 2.00 X 0. 0. 0. 0. 0. (10) JOCH ARLSWEDE 2.000 X X 0.<		40.00									
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		2.00									—
			x						0.	0.	0.

Form 990 (2023) ON RIVER									45-502	<u>232</u>	28 F	Page 8				
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,							
(A)		(B) (C) verage Position				,		(D)	(E)		(F)					
Name and title	Average				hours per box, unless person is both an					than o		Reportable compensation	Reportable compensation		Estimat amount	
	week					s botr pr/trus		from	from related		other					
	(list any	ctor						the	organizations		compensa					
	hours for	or dire	a			ted		organization	(W-2/1099-MISC	/	from th	ne				
	related organizations	ustee	truste		e.	bense		(W-2/1099-MISC/	1099-NEC)		organiza					
	below	lual tr	Institutional trustee		ploye	st com	-	1099-NEC)			and relator					
	line)	Individual trustee or director	In stit u	Officer	ƙey employee	Highest compensated employee	Former				organizat					
(18) BRIAN DOWLING	2.00															
BOARD MEMBER		Х						0.	0).		0.				
(19) ELIZABETH HUNTLEY	2.00	37										0				
BOARD MEMBER (20) SEAN DOYLE	2.00	Х						0.	l).		0.				
BOARD MEMBER	2.00	х						0.	C).		0.				
		23								` +		<u> </u>				
										\rightarrow						
										+						
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1b Subtotal								85,342.).	33,3	-				
c Total from continuation sheets to Part VI								0.).		0.				
d Total (add lines 1b and 1c))le		85,342.).	33,3	98.				
2 Total number of individuals (including but n compensation from the organization	or infined to the	ose	liste	u au	ove	9 WH	ore	ceived more than \$100,	oo of reportable			0				
, <u>,</u>					7						Yes	No				
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on							
line 1a? If "Yes," complete Schedule J for s	uch individual									.	3	X				
4 For any individual listed on line 1a, is the su	-		-						-			v				
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										.	4	X				
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										- 1	5	x				
Section B. Independent Contractors		<u>, </u>	<u> </u>		5013	011 .				<u> </u>	-	·				
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comper	nsati	on from					
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin		ear.							
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompensatio	on				
							_									
							Ţ									
2 Total number of independent contractors (ir	•	ot lin	nited	l to			ted	above) who received mo	ore than							
\$100,000 of compensation from the organiz	zation				0	J										

		Check if Schedule O c	onta	ins a respor	nse	or note to any line	e in this Part VIII	(B)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue exclud from tax unde sections 512 - {
ţ	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
₽ŭ	с	Fundraising events		1c		570,150.				
ar /	d	Related organizations		1d						
and Other Similar Amounts		Government grants (contril								
r S	f	All other contributions, gifts, g	grants	s, and						
)the		similar amounts not included	abov			409,131.				
D D	g	Noncash contributions included in li				39,771.				
ar	h	Total. Add lines 1a-1f				Business Code	979,281.			
	•					Business Code				
Revenue	2 a									
ne	b									
ven	c d									
Re	e e									
		All other program service r								
		Total. Add lines 2a-2f								
	3	Investment income (includi								
						, ,	4,939.	K		4,9
	4	Income from investment of								
	5	Royalties	<u></u>							
		-		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	12,0	00.					
	b	Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	12,0	00.					
	d	Net rental income or (loss)	·····				12,000.			12,0
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	1	13.					
	b	Less: cost or other basis			•					
5		and sales expenses	7b		0.					
		. ,	7c		13.		112			1
-		Net gain or (loss)			·····		113.			1
	8 a	Gross income from fundraisin								
		including \$ 5 contributions reported on I								
		-			8a	٥.				
	h	Part IV, line 18 Less: direct expenses			8b	215,383.				
		Net income or (loss) from f				,	-215,383.			-215,3
		Gross income from gaming		0	<u> </u>		, .			/
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from g								
.		Gross sales of inventory, le								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from s	sales	of inventor	y					
						Business Code				
<u>е</u> .	11 a	MISC REVENUE				900099	1,357.	1,357.		
2	b					ļ ļ				
e	С									
Sevel		A 11 11				i I		1		
Revenue		All other revenue				L	1,357.			

Form 990 (2023)

Page **9**

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Secti	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	21,800.	21,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	118,741.	100,929.	8,906.	8,906
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	31,308.	26,612.	2,348.	2,348
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal	2,906.		2,906.	
	Accounting	16,000.		16,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 000	15 225	15 005	10 150
	column (A), amount, list line 11g expenses on Sch 0.)	40,600.	15,225.	15,225.	<u> 10,150</u> 1,837
12	Advertising and promotion	18,367. 1,746.	<u>12,857.</u> 873.	3,673. 873.	1,03/
13	Office expenses	16,201.	4,050.	8,101.	4,050
14	Information technology	10,201.	4,050.	0,101.	4,050
15	Royalties	9,938.	6,459.	2,485.	994
16		9,930.	0,439.	2,405.	
17					
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials Conferences, conventions, and meetings	14,548.	7,274.	7,274.	
9		11,510.	7,274•	1,2140	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	18,602.	17,921.	681.	
23		16,518.	13,214.	1,652.	1,652
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			1,0010	17002
а	PROGRAM EXPENSES	369,986.	369,986.		
b	CONSULTING FEES	12,872.		330.	12,542
с	MISCELLANEOUS FEES	3,319.	3,319.		
d	POSTAGE	3,297.	1,649.	824.	824
е	All other expenses	4,023.	2,203.		1,820
25	Total functional expenses. Add lines 1 through 24e	720,772.	604,371.	71,278.	45,123
26	Joint costs. Complete this line only if the organization				

Joint costs. Complete this line only if the organization 20 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Page **11**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	669,292.	1	791,635.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	40,600.	3	36,100.
	4	Accounts receivable, net		4	1,274.
	5	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	
	6	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Â	9	Prepaid expenses and deferred charges	700.	9	41,296.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a410,367Less: accumulated depreciation10b121,067	•		
	b			10c	289,300.
	11	Investments - publicly traded securities		11	<u> </u>
	12	Investments - other securities. See Part IV, line 11	112,131.	12	69,945.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 110 650	15	1 000 550
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,112,659.	16	1,229,550.
	17	Accounts payable and accrued expenses	18,437.	17	91,839.
	18	Grants payable	25,725.	18	0.
	19	Deferred revenue	25,725.	19	U •
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		202	
Lial	00	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	44,162.	26	91,839.
\rightarrow		Organizations that follow FASB ASC 958, check here X			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,068,497.	27	1,137,711.
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
° or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
ا بن	32	Total net assets or fund balances	1,068,497.	32	1,137,711.
Ne	32		1,112,659.		1,229,550.

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

ON RIVER TIME

Form	n 990 (2023) ON RIVER TIME	45-5023	228	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	782	2,3	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	720),7	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	62	1,5	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	,068	3,4	97.
5	Net unrealized gains (losses) on investments	5		7,6	79.
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 1	,13'	7,7	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	00.0	Za		
	separate basis, consolidated basis, or both:	ona			
	Separate basis, consolidated basis, or both.				
h			2b	Х	
D D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	, 54515,			
	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2023)

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

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

Name o	of ti	he organization							identification number			
		ON R Reason for Public (IVER TIME		45-5023228							
Part I												
The org	ani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4												
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6												
7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
1 [23	-			illai part of its support if	on a yove	menta		e general j				
o [٦	section 170(b)(1)(A)(vi). (C					,					
8	_	A community trust describe			-							
9		An agricultural research org										
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
	_	university:										
10		An organization that norma										
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).					
12 🗌		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.				
а [] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization										
		organization. You must c										
b		Type II. A supporting org	-		tion with its	s supporte	ed organization	h(s), by hay	vina			
~ _		control or management o										
		organization(s). You mus										
c [] Type III functionally inte			in connect	ion with		ly intograte	d with			
υL								iy integrate	u with,			
-		its supported organization		-								
d∟		Type III non-functionally	•					Ŭ,				
		that is not functionally int			•		-	an attentiv	/eness			
г		requirement (see instructi	,	•								
eL		Check this box if the orga					Type I, Type I	I, Type III				
		functionally integrated, or		nally integrated supporting	ng organiz	ation.						
		r the number of supported o	• • • • • • • • • • • • • • • • • • • •									
g Pi		ide the following information			(iv) to the error	nization listed						
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tatal												
Total									1			

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II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	466,616.	665,531.	743,039.	785,528.	979,281.	3639995.
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	466,616.	665,531.	743,039.	785,528.	979,281.	3639995.
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)						194,640.
6	Public support. Subtract line 5 from line 4.						3445355.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	466,616.	665,531.	743,039.	785,528.	979,281.	3639995.
	Gross income from interest,	-			-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					5,052.	5,052.
9	Net income from unrelated business						•
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			r			
	or loss from the sale of capital						
	assets (Explain in Part VI.)	46,859.					46,859.
11	Total support. Add lines 7 through 10						<u>46,859.</u> 3691906.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th		,	fourth. or fifth tax v	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	93.32 %
	Public support percentage from 2022					15	94.38 %
	33 1/3% support test - 2023. If the o					ore, check this bo>	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•			
h	10% -facts-and-circumstances test	-		• • • •	-	7a. and line 15 is 1	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
10	i mate roundation. Il the organizatio	an alla not officin a l		a, 100, 17a, 01 170	, oncon this box a		· ·····

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 ON
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 TIME

 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	2023	(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							
E								
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a)	2023	(f) Total
	Amounts from line 6	(a) 2013	(6) 2020	(0) 2021	(u) 2022		2023	(1) 10tai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	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							
	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.)							<u> </u>
14	First 5 years. If the Form 990 is for the	•			•		nyanizatio	ин, Г
Sol	check this box and stop here						<u></u>	
	•	••	•					
	Public support percentage for 2023 (li					15		%
	Public support percentage from 2022					16		%
	tion D. Computation of Inves			- 10 1 (2)				
	Investment income percentage for 20					17		%
	Investment income percentage from 2					18		%
19a	33 1/3% support tests - 2023. If the						and line 17	' is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						3 1/3%, a	L
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio			•		J. J		

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 000	0003	ON	RIVER	TTME

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization use	d to satisfy the	e Integral Part Test o	during the year	(see instructions).
---	----------------------------------	-----------------------------	------------------	------------------------	-----------------	---------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b	The organization is the	parent of each of its supported	organizations.	Complete line 3 below.

c The organization suppor	rted a governmental entity.	Describe in Part VI how v	/ou supported a governmental enti	tv (see instructions)
---------------------------	-----------------------------	----------------------------------	-----------------------------------	-----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes

No

1	Check here if the organization satisfied the Integral Part Test as a qualifying t All other Type III non-functionally integrated supporting organizations must co		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting orga	nization (see

 Schedule A (Form 990) 2023
 ON RIVER TIME

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2023

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and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

	dule A (Form 990) 2023 ON RIVER TIME	a)(2) Supporting Area	nizotione	45	5-5023228 Ра
	t V Type III Non-Functionally Integrated 509(a)(s) Supporting Orga	mzations (continu	<i>ied)</i>	• • • •
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	· · · · · ·		2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	is	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.			- 1	
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	ON R	IVER	TIME	45-5023228 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. , 2, 3b, 3c lines 2 an	Provide , 4b, 4c, 8 d 3; Part I	the explanations required by Part II, line 10; Part II, line 17a c 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part ion E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Identification of Excess Contributions Included on Part II, Line 5

2023

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

Contributor's Name	Total Contributions	Excess Contributions
EMALYN AND ROBERT LOVITT	96,151.	22,313.
STEVEN DAVIS	145,416.	71,578.
JOSH COLEMAN	89,842.	16,004.
GARY COONEY	132,421.	58,583.
J.W. COUCH FOUNDATION	100,000.	26,162.
Total Excess Contributions to Schedule A, Part II, Line 5	I	194,640.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

45-5023228

ON	RIVER	TIME
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Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

ON RIVER TIME

Employer identification number

45-5023228

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMALYN LOVITT 118 KNOLLWOOD DRIVE STE 1400 NEWBURY PARK, CA 91320	\$21,648.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVEN DAVIS 53 NOLEN STREET BIRMINGHAM, AL 35242	\$ 25,965.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE THOMAS E. JERNIGAN FOUNDATION 2000 MORRIS AVENUE BIRMINGHAM, AL 35203	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RANDY DEW PO BOX 244 KOSCLUSKO, MA 39090	\$ <u>31,030.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	J.W. COUCH FOUNDATION 3737 BUFFALO SPEEDWAY HOUSTON, TX 77098	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GARY COONEY 2836 SHOOK HILL ROAD MOUNTAIN BROOK, AL 35223	\$ <u>82,592.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

ON RIVER TIME

Employer identification number

45-5023228

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 ARCH INSURANCE X Person Payroll 1125 SANCTUARY PARKWAY 21,357. Noncash \$ (Complete Part II for ALPHARETTA, GA 30009 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 KEVIN KYNERD X Person Payroll 2301 VESTAVIA DRIVE 25,000. Noncash (Complete Part II for VESTAVIA HILLS, AL 35216 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 TRUIST INSURANCE HOLDINGS Person X Payroll 2211 7TH AVENUE SOUTH 25,000. Noncash \$ (Complete Part II for BIRMINGHAM, AL 35233 noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 JASON AND KIM PARSONS Person X Payroll 2020 LAKE HEATHER DRIVE \$ 27,254. Noncash (Complete Part II for BIRMINGHAM, AL 35242 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution BIRMINGHAM INDEPENDENT INSURANCE 11 AGENTS, INC. X Person Payroll 141 LONDON PARKWAY 25,000. Noncash \$ (Complete Part II for noncash contributions.) BIRMINGHAM, AL 35211 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 THE LODGE AT PALISADES CREEK X Person Payroll 24,000. Noncash 3720 US 26 \$ (Complete Part II for IRWIN, ID 83428 noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

	rganization		Employer identification numb
NRI	VER TIME		45-5023228
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
	MISCELLANEOUS ITEMS		
2		\$14,92	24.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

Schedule B (Form 990) (2023)

Name of o	rganization			Employer identification number
N RT	VER TIME			45-5023228
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co	through (e) and the following line e haritable, etc., contributions of \$1,000 o	ntry For organizations	hat total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	cription of how gift is held	
	Transferee's name, address, a	(e) Transfer of g		ansferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		ansferor to transferee
()))				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of g	 jift	
	Transferee's name, address, ar 	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	ansferor to transferee		

(Form	990)
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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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization ON RIVER TIME		Em	ployer identification number $45-5023228$
Par		Funds or Other Similar Fund	s or Accour	
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fur	nds 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 of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	l vised funds	
Ŭ	are the organization's property, subject to the organization's ex	0		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
Ŭ	for charitable purposes and not for the benefit of the donor or			
	• •		•	
Par		anization answered "Yes" on Form 990). Part IV. line 7	
1	Purpose(s) of conservation easements held by the organization		, ,	
•	Preservation of land for public use (for example, recreation		of a historically	important land area
	Protection of natural habitat		-	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic struct		0.	
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ne organization	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the peric	dic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it h	nolds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing co	nservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	<i>,</i>		
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stater	ments that deso	cribes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of <i>A</i>	Art Historical Treasures or ()ther Simila	r Accate
ı aı	Complete if the organization answered "Yes" on Form 9			1 733613.
10			and balance a	haat warka
Ia	If the organization elected, as permitted under FASB ASC 958.			
	of art, historical treasures, or other similar assets held for publi			public
h	service, provide in Part XIII the text of the footnote to its finance			worke of
b	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items.		therance of pu	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ		
	the following amounts required to be reported under FASB AS			-
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

Schedule D	(Form	990)	2023
Concurre B	(,	

Sche	dule D (Form 990) 2023 ON RIVER							23228	Page	, 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or	Other	Similar	Assets	(continu	ed)	
3	Using the organization's acquisition, accession	n, and other record	ls, check any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply).	,	, ,	Ũ	0					
а	Public exhibition	c	d 🗌 Loan or ex	change progra	m					
b	Scholarly research			isticality of program						
c	Preservation for future generations	· · ·								—
_		llastions and avalai	n how thay further	the organizatio	n'a avam	nt nurnaa	o in Dort	VIII		
4	Provide a description of the organization's co		•	-			empari	∧III.		
5	During the year, did the organization solicit or			•				Vee		
Dar	to be sold to raise funds rather than to be ma tIV Escrow and Custodial Arrange							Yes		lo
I ai	reported an amount on Form 990, Part		ete if the organizatio	on answered in	res" on F	orm 990,	Part IV, II	ne 9, or		
1a	Is the organization an agent, trustee, custodia						_	٦.,	┌┐.	_
	on Form 990, Part X?						L	Yes		lo
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing table:							
								Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21, for escrow or o	custodial accou	unt liability	y?	L	Yes		lo
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization and	swered "Yes" on Fo	orm 990, Part I	V, line 10					
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears bac	;k
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									_
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1g. column (a)) held as:						
a	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%	_//							
		/0								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
20	Are there endowment funds not in the posses		ation that are hold a	and administar	od for the					
Ja		Sion of the organiza						Γ ν	'es N	_
	organization by:									<u> </u>
	(i) Unrelated organizations?							3a(i)		—
	(ii) Related organizations?			· · · · · · · · · · · · · · · · · · ·				3a(ii)		—
D	If "Yes" on line 3a(ii), are the related organizat							3b		—
4 Par	t VI Land, Buildings, and Equipme		wment funds.							—
Fai			Dert IV line 11e		Dout V II	na 10				
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr	• • •	st or other s (other)	• •	cumulate reciation	d	(d) Book	value	
1a	Land									
	Buildings		3	88,995.	1	16,83	86.	272	<u>,159</u>	•
	Leasehold improvements									
	Equipment									
	Other			21,372.		4,23	31.	17	,141	•
	Add lines 1a through 1e. (Column (d) must ed		X. line 10c. colum	n (B))				289	,300	•

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	n Form 000 Part IV line 1	11b Soo Form 000 Dart V Jino 12	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4) Einen det sterkenstere			
(a) Observe has been at the first surgests			
(2) Closely held equity interests			
(A) SCHWAB INVESTMENTS	69,945.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	69,945.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(D))		
- Column (b) must equal Form 390, Part A, line 25, Col.			

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

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Schedule D (Form 990) 2023

ON RIVER TIME

Sche	dule D (Form 990) 2023 ON RIVER TIME			45-	5023228 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	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	981,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<u>7,679.</u> 193,277.		
b	Donated services and use of facilities	2b	193,277.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	200,956.
3	Subtract line 2e from line 1			3	780,487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,820.		
С	Add lines 4a and 4b		4c	1,820.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	782,307.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per H	leturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	912,229.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		193,277.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	193,277.
3	Subtract line 2e from line 1		,	3	718,952.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	<u>4b</u>	1,820.		
С	Add lines 4a and 4b			4c	1,820.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	-		5	720,772.
Pa	t XIII Supplemental Information				

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

PART X, LINE 2:

THE	ORGA	NIZA	TION	IS	EXEME	T FR	M IN	ICOME	TAXE	ES UN	DER	SECTIO	ON 501	(C)(3) OF	
THE	INTE	RNAL	REV	ENUE	E CODE	E (COI	DE) A	AND IS	5 NOT	CLA	SSIF	IED AS	5 A PR	IVAT	E	
ORGA	NIZA	TION	. TH	E OF	RGANIZ	ZATIO	N PAY	S INC	COME	TAXE	S ON	GROSS	5 INCO	ME FI	ROM AI	NY
UNRE	LATE	D TR	ADE (OR E	BUSINE	ESS II	NCOME	E LESS	5 DIF	RECT	EXPE	NSES.	THERE	WAS	NO	
INCC	ME I	'AX P	AID	ON S	висн и	JNREL	ATED	TRADI	E OR	BUSI	NESS	INCON	IE FOR	THE	YEAR	S
ENDE	ED DE	CEMB	ER 3	1, 2	2023 <i>A</i>	AND 2)22.									

THE ORGANIZATION FILES A TAX RETURN IN THE UNITED STATES (U.S.) FEDERAL

JURISDICTION. THE BOARD OF DIRECTORS EVALUATED THE ORGANIZATION'S TAX

POSITION AND CONCLUDED THAT THE ORGANIZATION HAS NOT ENTERED INTO ANY

EVENTS OR TRANSACTIONS THAT WOULD DISQUALIFY ITS TAX-EXEMPT STATUS OR HAS

Schedule D (Form 990) 2023 ON RIVER TIME Part XIII Supplemental Information (continued)	45-5023228	Page 5
NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT WOULD CAUSE THE	ORGANTZATTON	መር
INCUR INCOME TAXES OR PENALTIES AT THE ENTITY LEVEL.	ORGANIZATION	10
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
JUNIOR BOARD MEETINGS	1,8	320.
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
JUNIOR BOARD MEETINGS	1,8	320.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, (or if the	2023				
Department of the Treasury		Attach to Form 990 c	or Forr	n 990	-EZ.			Open to Public				
Internal Revenue Service	•	o www.irs.gov/Form990 for instruc	ctions	and th	ne latest informatio	n		Inspection				
Name of the organization								entification number				
	ON RIVE						45-502					
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E	Z filers are not				
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	vities. (Check all that apply.							
a 🔄 Mail solicitat	a Mail solicitations e Solicitation of non-government grants											
	email solicitations			•	nment grants							
c Phone solici d In-person so		g Special	fundra	aising	events							
2 a Did the organization	on have a written o	r oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or					
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Ye	es 🗌 No				
b If "Yes," list the 10	highest paid indiv	iduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fun	draiser is to b	be				
compensated at le	east \$5,000 by the	organization.										
			(iii)	Did		(v)	Amount paid					
(i) Name and addres		(ii) Activity	have c	Did raiser ustody	(iv) Gross receipts	tò (o	r retained by) undraiser	(vi) Amount paid to (or retained by)				
or entity (fund	araiser)		or cor contrib	ntrol of utions?	from activity		ed in col. (i)	organization				
			Yes	No								
Total				•								
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	I or has been notified	it is e	exempt from r	egistration				
or licensing.												

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

45-5023228 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			venta with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CASTING HOPE	JR BOARD PIG		. ,
			2021	ROAST	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
lue						
Revenue	1	Gross receipts	482,918.	74,287.	12,945.	570,150.
۳						
	2	Less: Contributions	482,918.	74,287.	12,945.	570,150.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	New years and the second				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,373.	3,040.	1,263.	10,676.
×pe	U		0,0,0	570101	1,2001	10,0,0
빙	7	Food and beverages	42,653.	4,517.	4,509.	51,679.
lie	-		,			
	8	Entertainment	4,300.			4,300.
	9	Other direct expenses	101,362.	18,740.	28,626.	148,728.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			215,383.
	11	Net income summary. Subtract line 10 from li	()			-215,383.

Part III 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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── 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)			
9	Enter the state(s) in which the organization condu	cts gaming activities:			
	Is the organization licensed to conduct gaming ac If "No," explain:				Yes No
~					
	Were any of the organization's gaming licenses re If "Yes," explain:			/ear?	Yes No

332082 09-13-23

Scł	nedule G (Form 990) 2023 ON RIVER TIME	45-5023228	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	·····	
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
I	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt	
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?		No
I	 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year 	line	
Pa	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III lines 9 9h	10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, 100,
_			

(continued)

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		L	OMB No. 1	1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	23
Department of the Treasury		Compi	ete il the organization	Attach to Form		t iv, line 21 of 22.			Open to	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe	
Name of the organizati	ion							Employer i	dentificatio	on number
	ON RIVER								45-502	23228
	nformation on Grants a									
0	zation maintain records t		0	,	0 0 ,	U	,	-	X Yes	
Criteria used to a	award the grants or assis IV the organization's pro	tance?	oring the use of grant :	funds in the United	l Statos			L	A Yes	No No
	d Other Assistance to I					anization answered "Y	es" on Form 990. Par	t IV. line 21. f	or any	
	hat received more than \$,	er en g	
.,	ddress of organization vernment	(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		Purpose of g or assistanc	0

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
HOLARSHIPS FOR STUDENTS	17	21,800.	0.		
				h	
art IV Supplemental Information. Provide the informatio	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

70

Employer identification number

45-5023228

Name of the organization

ON RIVER TIME

Par	tl	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 determining noncash contribution amounts
1	Art -	Works of art				
		Historical treasures				
		Fractional interests				
		and publications				
		ning and household goods				
		and other vehicles				
		s and planes				
		ectual property				
		rities - Publicly traded				
		rities - Closely held stock				
		rities - Partnership, LLC, or				
	trust	interests				
12	Secu	rities - Miscellaneous				
13	Qual	fied conservation contribution -				
	Histo	ric structures				
14	Qual	fied conservation contribution - Other				
15	Real	estate - Residential				
16	Real	estate - Commercial				
		estate - Other				
		ctibles				
		inventory				
		s and medical supplies				
		lermy				
22	Histo	rical artifacts				
23	Scier	ntific specimens				
		eological artifacts				
25	Othe	r (<u>SPECIAL EVENT A</u>)	X	0	20,500.	
26	Othe	· /	X	0	8,510.	
27	Othe		X	0	4,119.	
28	Othe	r (SPECIAL EVENT F)	Х	0	2,584.	COST
29	Num	ber of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions	
	for w	hich the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29	
						Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

LHA 332141 09-11-23

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

PART I, OTHER TYPES OF PROPERTY:

MEETING MEALS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 0
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2237.
- (D) METHOD OF DETERMINING REVENUE: COST

SPECIAL EVENT DECOR

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 0
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1052.
- (D) METHOD OF DETERMINING REVENUE: COST

CAMP MEALS

(A) CHECK IF APPLICABLE = X

- (B) NUMBER OF CONTRIBUTIONS = 0
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 769.
- (D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ 2023 Open to Public Inspection Employer identification number

OMB No. 1545-0047

ON RIVER TIME

45-5023228

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERING WITH GROUP CHILDREN'S HOMES TO PROVIDE LIFE-AFFIRMING

PROGRAMMING TO THE CHILDREN IN THEIR CARE. THIS INCLUDES FLY FISHING

CAMPS IN IDAHO, LIFE SKILLS PROGRAMMING, SCHOLARSHIPS, AND MENTORING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOLARSHIPS, AND MENTORING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH PEERS AND MENTORS IN TEAM BUILDING EXERCISES.

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

A DRAFT FORM 990 IS PREPARED BY ON RIVER TIME'S ACCOUNTANTS AND SUBMITTED

TO THE PRESIDENT AND EXECUTIVE DIRECTOR. THE PRESIDENT AND EXECUTIVE

DIRECTOR REVIEW THE DRAFT RETURN AND PROVIDE THE ACCOUNTANT WITH ANY

CHANGES OR CORRECTIONS. ONCE A REVISED DRAFT HAS BEEN PREPARED BY THE

ACCOUNTANTS, A COPY OF THE REVISED DRAFT IS SUBMITTED TO THE BOARD OF

DIRECTORS FOR THEIR REVIEW AND COMMENT. THE FINAL RETURN IS PREPARED AND

FILED WITH THE IRS AFTER THE BOARD OF DIRECTORS HAVE COMPLETED THEIR REVIEW AND PROVIDED ANY COMMENTS.

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

ON RIVER TIME REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY.

Schedule O (Form 990) 2023	Page 2
Name of the organization ON RIVER TIME	Employer identification number 45-5023228
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST PC	DLICY, OR
FINANCIAL STATEMENTS IS AVAILABLE UPON REQUEST FOR THE SAM	E PERIOD OF
DISCLOSURE AS SET FORTH IN IRC SECTION 6104 (D).	
FORM 990 PART XII LINE 2C	
THE ORGANIZATION HAS A COMMITTEE WHO OVERSEES THE AUDIT.	