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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) |

| Earm | 000 | (0000) |
|------|-----|--------|
| 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)

| Form | aan | (2023) | ١ |
|--------|-----|--------|---|
| FOIIII | 990 | (2020) | ļ |

 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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| Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31,2002? If "Yes," answe lines 24b through 24d and complete Schedule K. If "No." yoo line 25a 24a X 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to detease any tax-secure bonds? 24a X 25a Section 501c(3), 501c(24), end 501c(220) organizations. Did the organization engage in an excess benefit transaction with a disquilled person during the year? 24d 25a 25a Section 501c(3), 501c(24), end 501c(220) organizations. Did the organization engage in an excess benefit transaction with a disquilled person in a prior year, and that the transaction with a disquilled person in a prior year, and that the transaction with a organization engage to an excess benefit transaction with a disquilled person in a prior year, and that the transaction with the organization engage to an excess benefit transaction with a disquilled person in a prior year, and that the transaction with the organization exponence of any other expansization engages thereof, a grant selection committee member, or to a 395 controlled entity o family member of any other expension? If ''''''', complete Schedule L, Part I 25a X 27 Did the organization exponence and not there assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor? If ''''', consolete Schedule L, Part IV. 26a X 28 M a terminy member of any of t | Schedule J 23 X 24a DOI the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, M" No. "g on bine 25e 24a X 25b Doit the organization maintain an escrew account other than a retunding accow at any time during the year to delease any tax-exempt bonds? 24a X 25a Section 50(16), 50(16)(4), and 50(1c)(20) organizations. Doit the organization angings in an excess benefit transaction with a disqualified perion during the year? 24d 24d 25a Section 50(16), 50(16), 40(16), | 23 | | | | |
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| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of nully member of any of these persons? If ''res, ' 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 employe Schedule L, Part II. 26 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III. 27 X 28 Was the organization of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''Yes,' complete Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, if 'Yes,' complete Schedule L, Part IV. 28b X 20 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule M 29 X 20 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I 31 X 31 | 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," completes 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 IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b X 29 D fath organization receive more than \$25,000 in nonceast contribution? If "Yes," complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, 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 sell, exchange, dispose of, or transfer more than 25% | | | | | v |
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| 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 IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28a X 29 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 every complete Schedule M., Part II 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 32 Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 33 Did the organization receive any taxement or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 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 thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, rank) member of any of these perceps? If Yes, "complete Schedule L, Part II," 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II, instructions for applicable filing thresholds, conditions, and exceptions): 28 X 24 Was the organization critice, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a X 25 A Saff controlled entity of one or more individuals and/or organization active contributions? If 'Yes,' complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in nonceash contributions? If 'Yes,' complete Schedule M. 29 X 210 Did the organization receive more than \$25,000 in nonceash contributions? If 'Yes,' complete Schedule N, Part II. 30 X 31 Did the organization receive more than \$25,000 in nonceash contributions? If 'Yes,' complete Schedule N, Part II. 30 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part II. 31 | | | | | 77 |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes, 'complete Schedule L, Part III. 27 X 28 Was the organization applicable filing thresholds, conditions, and exceptions): a 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 b A family member of any individual described in line 28a? 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. 20 X 30 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,'' complete Schedule M. 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,'' complete Schedule M. 30 X 32 Did the organization related to any tax-exempt or taxable entity? If 'Yes,'' complete Schedule N, Part II. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,'' complete Schedule R, Part II, III, or IV, and Part V, Ine 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? If 'Yes,'' complete Schedule R, | 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. Z7 X Was the organization a party to a buistness transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M. 30 X 31 X Did the organization receive any taxies as expansition under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 31 X 32 Did the organization or eative transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II. 33 X 33 Did the organization or any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 33 X | | | 26 | | _ <u> </u> |
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| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (ff "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? (ff '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? (ff "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? (ff 'Yes," complete Schedule M 20 X 30 Did the organization receive more than \$25,000 in noncash contributions? (ff 'Yes," complete Schedule N, Part I 30 X 31 Did the organization receive more than \$25,000 in noncash contributions? (ff 'Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? (ff 'Yes," complete Schedule N, Part I 31 X 33 Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? (ff 'Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? (ff | 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>H</i> **es," <i>complete Schedule L, Part IV</i> A family member of any individual described in line 28a? <i>H</i> *ys," <i>complete Schedule L, Part IV</i> A family member of any individual described in line 28a? <i>H</i> *ys," <i>complete Schedule L, Part IV</i> A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>H</i> **es," <i>complete Schedule L, Part IV</i> 28a X 28b X 28b X 28b X 28b X 28b X 28a X 28a X 28b X 28b 28b X 29b X 29b 20b 21b of the organization receive more than \$25.00 in noncash contributions? <i>H</i> *yes," <i>complete Schedule N, Part I</i> 30b 30b 31c 32 31d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>H</i> *yes," <i>complete Schedule N, Part I</i> | | | | | 77 |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II Did the organization new 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 <i>If</i> "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization neated to any tax-exempt or taxable entity? <i>If</i> "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization neated to any tax-exempt or or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 fedral income tax purposes? <i>If</i> "Yes," complete Schedule R, Part V Did the organization conduct more than 5% of | instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // ******************************* | | | 27 | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 29 X 31 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 30 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X b A family member of any individual described in line 28a? # *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? # 28b X 28b Did the organization receive more than \$25,000 in noncash contributions? # *Yes, * complete Schedule M 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # *Yes, * complete Schedule M, Part I 31 X 30 Did the organization scieve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # *Yes, * complete Schedule R, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # *Yes, * complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? # *Yes, * complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? # *Yes, * complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35 Did the organization neal to max purposes? # *Yes, * | 28 | | | | |
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| c A 35% controlled entity of one or more individuals and/or organizations described in line 28 or 28b? //f ************************************ | c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ************************************ | - | | | | |
| "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? // *Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule N, Part I 30 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? // *Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // fryes," complete Schedule N, Part I 32 X 33 Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // fryes," complete Schedule R, Part I 33 X 34 Was the organization neated to any tax-exempt or taxable entity? // fryes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 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 complete Schedule R, Part V, line 2 </td <td>"Yes," complete Schedule L, Part IV 28c 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization nealty disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35a 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 complete Schedule R, Part V, line 2 36<td></td><td></td><td>28b</td><td></td><td></td></td> | "Yes," complete Schedule L, Part IV 28c 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization nealty disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35a 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 complete Schedule R, Part V, line 2 36 <td></td> <td></td> <td>28b</td> <td></td> <td></td> | | | 28b | | |
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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 |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? 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 Statements Regarding Other IRS Filings and Tax Compliance Yes No Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Yes No | 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 "Yes," 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 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 "Yes," complete Schedule R, Part VI</i> 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a 9 1b 0 0 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 1b 0 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 9 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 9 1b 0 1a 1a | 2E - | | | | |
| within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 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 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 X Part 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 1b 0 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 In In </td <td></td> <td></td> <td><u>35a</u></td> <td></td> <td>- 23</td> | | | <u>35a</u> | | - 23 |
| 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. | | | | | |

| Form | 990 (2023) ON RIVER TIME | | | -50232 | | P | age 6 |
|------|--|-----------|--------------|------------|----------|----------|--------------|
| 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 |
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| Form 990 (2023) ON RIVER | | | | | | | | | 45-502 | <u>232</u> | 28 F | Page 8 | | | | |
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| 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 | |
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| | (list any | ctor | | | | | | the | organizations | | compensa | | | | | |
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| | 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 | | | | | | | | | | | | | | | |
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| (19) ELIZABETH HUNTLEY | 2.00 | 37 | | | | | | | | | | 0 | | | | |
| BOARD MEMBER (20) SEAN DOYLE | 2.00 | Х | | | | | | 0. | l |). | | 0. | | | | |
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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**

45-5023228

| 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)

| 45-5023228 |
|------------|
| |

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 |
|------------|---|
|------------|---|

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) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Tatal | | | | | | | | | | | | |
| Total | | | | | | | | | 1 | | | |

45-5023228 Page 2

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

instructions).

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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, |
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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. |
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| | | |
| 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

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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) |
|-------|------|
|-------|------|

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

45-5023228 Page 3

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. |
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| 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 | | | | | | | | |
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| 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. | | | | | | | | | | | | |
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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, |
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| 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 |
| | | | | | | | | | | |
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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. | | |
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| 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. | |
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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. | |
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