efil	e Pu	ıblic Visı	ial Render	ObjectId	: 2023213593493	06132 - Submis	sion: 20	23-05	5-15	T	N: 23-73099	978
Form	00	20	R	eturn of	Organization	Exempt Fro	om Inc	ome	Tax	(OMB No. 1545-0	0047
Form	コこ	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					ions)	2021			
					r social security number					Í		
Department of the Treasury			<u>rs.gov/Form990</u> for i	nstructions and t	he latest	inform	ation.		Open to Pub Inspection			
Internal	Rever	nue Service										
A F	or th	ne 2021 ca			eginning 07-01-2021	, and ending 0	5-30-2022	2				
		applicable: change	C Name of orga Friends of Five						D Employe	er identif	ication number	
_		hange							23-7309	978		
O Ini			Doing busines	is as								
		rn/terminated	Number and s	street (or P.O. boy	x if mail is not delivered to	street address) Room	1/suite		E Telephone	e number		
		ion pending	56 Game Farr				ly suite		(518) 47	75-0295		
_					, country, and ZIP or foreig	n postal code						
			Delmar, NY 1						G Gross red	ceipts \$ 1	95,249	
			F Name and	address of pri	ncipal officer:		H(a)		a group ret	urn for		
			56 Game Far Delmar, NY				н(р)	subor Are al	dinates? I subordinat	es	🗌 Yes 🔽 N	
I Tax	x-exe	mpt status:	501(c)(3)) - (increase)	47(a)(1) or 527	,	includ	ed?		Yes rinstructions.	No
1 W	ohci		v.friendsoffive	= 561(6)() ◀ (insert no.)	47(a)(1) or 🛛 527			exemption			
5 11	ebsi		v.menusonive	Inversiong							-	
K Forr	n of c	organization:	Corporatio	n 🗆 Trust 🗌	Association 🗍 Other 🕨		L Year	of forma	tion: 1972	M State	of legal domicile:	NY
	1	Sumi Briefly des		nization's missi								
Pa		Briefly describe the organization's mission or most significant activities: Provide environmental education programs to adults and children at Five Rivers Environmental Center; provide volunte										
			vironmental e	ducation progra	ams to adults and childr	ren at Five Rivers E						
			vironmental e	ducation progra		ren at Five Rivers E						
			vironmental e	ducation progra	ams to adults and childr	ren at Five Rivers E						
		instructors	vironmental ed ,greeters, and	ducation progra	ams to adults and childr	ren at Five Rivers E						
Governance	2	instructors Check this	vironmental ed ,greeters, and s box ► □	ducation progra interns in sup	ams to adults and childr	ren at Five Rivers E mission of the orga	nization ar	nd to er				11
Governance	2	instructors Check this Number o	vironmental ed ,greeters, and s box ► f voting memb	ducation progra interns in sup	ams to adults and childr port of the educational	ren at Five Rivers E mission of the orga	nization ar	nd to er		isitor ex		11 11
Governance	2 3	Check this Number o	vironmental ed ,greeters, and s box Control	ducation progra interns in supp pers of the gov voting membe	ams to adults and childr port of the educational erning body (Part VI, lir	ren at Five Rivers E mission of the orga ne 1a) ly (Part VI, line 1b)	nization ar	nd to er		isitor ex		
Governance	2 3 4 5 6	Check this Number o Number o Total num	vironmental ed ,greeters, and s box ► f voting memb f independent ber of individu ber of volunte	ducation progra interns in sup pers of the gov voting membe uals employed i ers (estimate i	erning body (Part VI, lir ers of the governing body in calendar year 2021 (f necessary)	ren at Five Rivers E mission of the orga le 1a) ly (Part VI, line 1b) Part V, line 2a) .	nization ar	nd to er		3 4 5 6		11 0 100
	2 3 4 5 6 7a	Check this Number o Number o Total num Total num	vironmental ed ,greeters, and s box ► □ f voting memb f independent ber of individu ber of volunte elated business	ducation progra interns in support bers of the gov voting membe uals employed i ers (estimate i s revenue from	erning body (Part VI, liners of the governing body (Part VI, liners of the governing body (in calendar year 2021 (if necessary) Part VIII, column (C), li	ren at Five Rivers E mission of the orga le 1a) ly (Part VI, line 1b) Part V, line 2a) . ne 12	nization ar	nd to er		3 4 5 6 7a		11 0
Governance	2 3 4 5 6 7a	Check this Number o Number o Total num Total num	vironmental ed ,greeters, and s box ► □ f voting memb f independent ber of individu ber of volunte elated business	ducation progra interns in support bers of the gov voting membe uals employed i ers (estimate i s revenue from	erning body (Part VI, lir ers of the governing body in calendar year 2021 (f necessary)	ren at Five Rivers E mission of the orga le 1a) ly (Part VI, line 1b) Part V, line 2a) . ne 12	nization ar	nd to er	hance the v	3 4 5 6	perience	11 0 100 0
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Governance	2 3 4 5 6 7 a b 8 9 10	Check this Number of Number of Total num Total num Total unrela Net unrela Contributi Program s Investme	vironmental ed ,greeters, and s box f voting member of independent ber of individue ber of volunte elated business ated business ions and grant service revenu nt income (Par	ducation progra interns in sup pers of the gov voting membe uals employed i ers (estimate i s revenue from taxable income s (Part VIII, line e (Part VIII, line rt VIII, column (erning body (Part VI, lir erning body (Part VI, lir ers of the governing bod in calendar year 2021 (f necessary) Part VIII, column (C), li e from Form 990-T, Part e 1h) e 2g)	ren at Five Rivers E mission of the orga le 1a) ly (Part VI, line 1b) Part V, line 2a) . ne 12 I, line 11	nization ar	nd to er		3 4 5 6 7a 7b 5 003 228 81	Current Year	11 0 100 0 3,046 5,084
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

Sigr				20	23-05-12	
-	Sig	nature of officer			ite	
ler	Anc	Irea Ricard President				
	Тур	e or print name and title				
Pai	d	Print/Type preparer's name	Preparer's signature			PTIN P00500598
	parer	Firm's name Firm's name	SILC	Fi	rm's EIN 🕨 46-	4123936
Jse	e Only	Firm's address 🕨 125 Wolf Rd Suite 5	503-09	Př	ione no. (518)	301-1650
		Colonie, NY 12205	i			
1ay '	the IRS discu	uss this return with the preparer s	hown above? (see instructions)			🗹 Yes 🗌 No
or l	Paperwork	Reduction Act Notice, see the s	separate instructions.	Cat. No.	11282Y	Form 990 (202
			Page 2			
orm	990 (2021)					Page
		tement of Program Service	e Accomplishments			raye
1.0			nse or note to any line in this Part II			
1		cribe the organization's mission:				0
			ts and children at Five Rivers Enviro		ide volunteer	instructors,greeters, and
nter	ns in support	t of the educational mission of the	e organization and to enhance the vi	sitor experience		
2	Did the ora	anization undertake any significat	nt program services during the year	which were not lister	lon	
~	-	orm 990 or 990-EZ?				🗆 Yes 🛛 No
	•	scribe these new services on Sch	edule O.			
3			ake significant changes in how it co	nducts, any program		
	services?					🗌 Yes 🛛 🗹 No
	If "Yes," de	escribe these changes on Schedule	e O.			
4			accomplishments for each of its thr			
		1(c)(3) and 501(c)(4) organization ie, if any, for each program servic	ns are required to report the amour e reported.	t of grants and alloca	tions to other	rs, the total expenses,
		-,,,,				
4a	(Code:) (Expenses \$	115,389 including grants of \$) (Revenue \$	16,084)
4a	Support for I	Five Rivers Environmental Education Ce	nter including a library, teacher resource	center, animal exhibits, n	ature displays,a	and volunteer greeters.
4a	Support for I Operation of	Five Rivers Environmental Education Ce		center, animal exhibits, n	ature displays,a	and volunteer greeters.
-	Support for I Operation of hives, and su	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.	nter including a library, teacher resource ides outdoor environmental education les	center, animal exhibits, n sons for schools, progran	ature displays,ans for families a	and volunteer greeters.
-	Support for I Operation of	Five Rivers Environmental Education Ce the Guided School Program which prov	nter including a library, teacher resource	center, animal exhibits, n sons for schools, progran	ature displays,a	and volunteer greeters.
-	Support for I Operation of hives, and su	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.	nter including a library, teacher resource ides outdoor environmental education les	center, animal exhibits, n sons for schools, progran	ature displays,ans for families a	and volunteer greeters.
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4b	Support for H Operation of hives, and su (Code:	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.) (Expenses \$	inter including a library, teacher resource rides outdoor environmental education les including grants of \$	center, animal exhibits, n sons for schools, program) (ature displays, a ns for families a Revenue \$	and volunteer greeters. ind adults, maintenance of bee)
4b	Support for I Operation of hives, and su	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.	nter including a library, teacher resource ides outdoor environmental education les	center, animal exhibits, n sons for schools, program) (ature displays,ans for families a	and volunteer greeters.
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4b 4c	Support for I Operation of hives, and su (Code:	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.) (Expenses \$) (Expenses \$) (Expenses \$	including grants of \$	center, animal exhibits, n sons for schools, program) (ature displays, a ns for families a Revenue \$	and volunteer greeters. ind adults, maintenance of bee)
4a 4b 4c	Support for I Operation of hives, and su (Code:	Five Rivers Environmental Education Ce the Guided School Program which prov upport for land conservation.) (Expenses \$) (Expenses \$) (Expenses \$ ram services (Describe in Schedu	including grants of \$	center, animal exhibits, n sons for schools, program) (ature displays, a ns for families a Revenue \$	and volunteer greeters. ind adults, maintenance of bee)

4e	Total	program	service	expenses	•

115,389

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Page **3**

Par	t IV Checklist of Required Schedules			. uge e
			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 \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I S .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 1	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🔞	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII %	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional *	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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

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Form	990 (2021)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
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 or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	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		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? 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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			<u>.</u>
	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 1006. Enter $_{-}$ n_{-} if not applicable

| 15 |

No

Yes

тa		1 1	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
	(gambling) winnings to prize winners?	1c	No
		F	orm 990 (2021)
	Page 5		
Form	990 (2021)		Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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 2a 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
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?	5 7a	No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d)	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		
5	required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	
11	Section 501(c)(12) organizations. Enter:	1	
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	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.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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		

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 ${\bf b}$ Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue aualified health plans

LINER THE HUMBER REPORTED IN DOX 3 OF FORM 1030. LINER -0- IF HOT APPRICADE

с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\cdot\cdot$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021

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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management	<u>· ·</u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_ .		•		•

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16a	No
16b	

Se	ection C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed NY
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	🗹 Own website 🛛 🗹 Another's website 🗳 Upon request 🛛 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Natalya Tafen Wandji CPA PO Box 203 Delmar, NY 12054 (518) 301-1650
	Form 990 (2021
	Page 7
Form	990 (2021) Page
Pa	t VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
-	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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, or 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 week (list any hours		one bo	ox, ι n of	t ch unle fice	ss pers r and a	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) Andrea Ricard	5.00										
President	0.00	х		х				0	U	0	
(2) Stephanie Maes	2.00	v									
Secretary	0.00	х						0	U	0	
(3) Cyndee Berlin Vice President	3.00	х						0	0	0	
(4) Larry Naviasky Director	2.00	х						0	0	0	
(5) Mary Louise Stanford Secretary	2.00	х						0	0	0	
(6) Miles Garfinkel Director	2.00	х						0	0	0	
(7) Randal Coburn	2.00	х						0	0	0	

Director	0.00					1			
(8) Gabrielle Todd Director	2.00	х					0	0	0
(9) Ayal Kushner Director	2.00	х					0	0	0
(10) Carol Nemore Director	2.00	х					0	0	0
(11) Andrew Pludrynski Director	2.00	х					0	0	0
(12) Michael Stratton Director	2.00	х					0	0	0
(13) Kathryn Simpson Director	2.00	х					0	0	0
(14) Daniel Berry Treasurer	3.00			x			0	0	0

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Page **8**

(A) Name and title	than o is b	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	MISC/1099-NEC)	related organizations

	Total from continuation shee Fotal (add lines 1b and 1c)									
2	Total number of individuals (i of reportable compensation fr	ncluding but n			received mor	e than \$10	00,000			
									Yes	No
3	Did the organization list any 1 line 1a? <i>If "Yes," complete Sc</i>			, key employee, or	r highest con	npensated	employee on	3		No
4	For any individual listed on lir organization and related orga individual						n the			
5	Did any person listed on line services rendered to the orga							4		No
Se	ection B. Independent Co						<u> </u>	5		No
1	Complete this table for your f	ive highest co						mpens	ation	
	from the organization. Report	(/	A)	ear ending with or	within the o		(B)		(0	
		Name and bus	siness address			Desci	ription of services		Comper	isation
								$\neg \uparrow$		
	Total number of independent co		luding but not limite	ed to those listed a	bove) who re	eceived mo	ore than \$100,00	00 of		
	compensation from the organiza	ation 🕨 0							Form 99	0 (2021)
										, –
				Page 9						
Form	990 (2021)									Page S
Pa	Art VIII Statement of Re									
	Check if Schedule O	contains a res	sponse or note to ar	(A)		3)	 (C)	· ·	 (D))
				Total revenue	Relat	ed or mpt	Unrelated business		Rever	nue
					func reve	tion	revenue	ta	ix under 512 -	
Cont Sifts and Dthe Simil Arfio d	Federated campaigns	1a 1b 1c 1d 1e 1f 1g	. 143,040	6					512	51 7
			Business Code	0						
	2a Environment Education Pro		611600	16,0	84	16,084				
Service Revenue	,									
Be										
rvic(: 				_					
Sel	i									
ram				1						

Prog.					
f All other program s	ervice revenue	-			
9 Total. Add lines 2a		16,084			
3 Investment income					
similar amounts) .		•	2,146		2,146
4 Income from investr	nent of tax-exempt	bond proceeds	0		
5 Royalties	· · · · ·	· · · •	0		
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
 c Rental income or (loss) 	6c				
d Net rental income	or (loss) .		0		
ſ	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other	7a				
than inventory					
 Less: cost or other basis and sales expenses 	7b				
c Gain or (loss)	7c				
d Net gain or (loss)			0		
a Gross income from fur (not including \$ contributions reported See Part IV, line 18	of on line 1c).				
b Less: direct expens					15.055
c Net income or (loss) from fundraising e	events	15,855		15,855
Gross income from g See Part IV, line 19	aming activities.				
b Less: direct expens					
c Net income or (loss		ities 🕨	0		
	Г				
10a Gross sales of inver returns and allowar		a 8,381			
b Less: cost of goods	10				
c Net income or (loss		-	3,234		3,234
Miscellaneo		Business Code			
11a		T			
b					
c					
d All other revenue		┥────┼──			
e Total. Add lines 11					
12 Total revenue. Se		.	0		
rotai revenue. Se		•	180,365	16,084	21,235
					Form 990 (2021)

Form 990 (2021) Page **10** Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Part IX Check if Schedule O contains a response or note to any line in this Part IX $% \mathcal{A}$

Do not include amounts reported on lines 6b, 7b, 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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreig governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	111,793	72,666	11,179	27,948
${\bf 8}$ Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	11,783	7,659	1,178	2,946
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	5,750	1,000	3,750	1,00
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	3,890	562		3,328
13 Office expenses	11,831	7,690	1,183	2,958
14 Information technology	0			
15 Royalties	0			
16 Occupancy	17,307	11,249	1,731	4,32
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,951	1,268	195	488
23 Insurance	3,026	2,343	683	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a Restricted expenses	5,630	5,630		
b Education Program	3,986	3,986		
c Bee Hive Maintenance	825	825		
d Fees, Dues	786	511	79	196
e All other expenses	125		125	
25 Total functional expenses. Add lines 1 through 24e	178,683	115,389	20,103	43,19
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here b if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

Form 990 (2021)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	35,079	1	29,240
2	Savings and temporary cash investments	. 180,645	2	170,177
3	Pledges and grants receivable, net	60,676	3	76,867
4	Accounts receivable, net		4	C
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	C
6	Loans and other receivables from other disqualified persons (as defined un section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	C
20 7	Notes and loans receivable, net		7	0
4225612 9	Inventories for sale or use	5,650	8	4,498
9	Prepaid expenses and deferred charges		9	C
	Land, buildings, and equipment: cost or other	0,839		
ь	Less: accumulated depreciation 10b	9,586 3,203	10c	1,253
11	Investments—publicly traded securities		11	0
12	Investments—other securities. See Part IV, line 11		12	0
13	Investments—program-related. See Part IV, line 11 .		13	0
14	Intangible assets		14	C
15	Other assets. See Part IV, line 11	. 9,328	15	10,447
16	Total assets. Add lines 1 through 15 (must equal line 33)	294,581	16	292,482
17	Accounts payable and accrued expenses	5,458	17	12,534
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
vo 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to any current or former officer, director, trustee, employee, creator or founder, substantial contributor, or 35% controlled en or family member of any of these persons			
		•	22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	10,857	24	
25	Other liabilities (including federal income tax, payables to related third part and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	ties,	25	
26	Total liabilities. Add lines 17 through 25	16,315	26	12,534
Se	Organizations that follow FASB ASC 958, check here 🕨 🗹 and			
27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions	. 166,021	27	172,360
28	Net assets with donor restrictions	. 112,245	28	107,588
27 28 28	Organizations that do not follow FASB ASC 958, check here F 🗌 a complete lines 29 through 33.	and		
o 29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building or equipment fund		30	
30 30 31 31	Retained earnings, endowment, accumulated income, or other funds		31	
22	Total net assets or fund balances	. 278,266	32	279,948
Jan 23	Total liabilities and net assets/fund balances	294,581	33	292,482
- 33		204,001	55	Form 990 (202)

Form 990 (2021) Page **12 Reconcilliation of Net Assets** Part XI \Box Check if Schedule O contains a response or note to any line in this Part XI 1 180,365

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 278,7 5 Net unrealized gains (losses) on investments 5 5 6 5 6 6 7 1 6 7 8 Prior period adjustments 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,5 Part XII Financial Statements and Reporting 0 0 0 0 Check if Schedule O contains a response or note to any line in this Part XII 0 0 0	2	Total expenses (must equal Part IX, column (A), line 25)	2			178,683
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,5 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . 1 Accounting method used to prepare the Form 990: Cash Cash Accrual 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a No 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basi	3	Revenue less expenses. Subtract line 2 from line 1	3			1,682
6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 IO 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 IO Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Column (B) 1 Accounting method used to prepare the Form 990: Cash Cash Accrual 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Za No 2a No If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Za No 1 Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: Zb	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			278,266
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,5 Part XII Financial Statements and Reporting 10 279,5 Check if Schedule O contains a response or note to any line in this Part XII . . 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b No b Were the organization's financial statements audited by an independent accountant? 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments . . 8 . 9 9 Other changes in net assets or fund balances (explain in Schedule O) . . 9 . 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,5 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other . . Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other . <t< th=""><th>6</th><th>Donated services and use of facilities</th><th>6</th><th></th><th></th><th></th></t<>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash Cash Accrual Other Image: Check if Schedule O Image: Check if Schedule O Yes No 1 Accounting method used to prepare the Form 990: Cash Cash Accrual Other Image: Check at Dox below to indicate whether the financial statements accountant? Yes No 16 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis, consolidated basis, or both:<	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 279,6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No If 'Yes,' to line 2a or 2b, does the organization have a committee that assumes responsib	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a No Separate basis Consolidated basis Both consolidated and separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No Separate basis Consolidated basis Both consolidated and separate basis 2b No <th>9</th> <th>Other changes in net assets or fund balances (explain in Schedule O)</th> <th>9</th> <th></th> <th></th> <th></th>	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? Zb No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			279,948
1 Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b No If 'Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	Pa	rt XII Financial Statements and Reporting				
 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis b 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 basis, consolidated basis, or both: 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? 		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b Separate basis Consolidated basis Both consolidated and separate basis 2b 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					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated	1	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🛛 Accrual 🗌 Other				
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b Were the organization's financial statements audited by an independent accountant? 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b No Separate basis Consolidated basis Both consolidated and separate basis 2b No 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 2c			on a			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis C		□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
consolidated basis, or both: 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	b	Were the organization's financial statements audited by an independent accountant?		2b		No
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			basis,			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	с	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		
		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No	3a		ngle	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b		ired	Зb		
Form 990 (20)				ŀ	orm 99	0 (2021)

Form 990 (2021)			
Additional Data			Return to Form
	Software ID:	21013475	
	Software Version:	2021v4.1	

Form 990, Special Condition Description:

Special Condition Description

efile	e Pul	blic Visual	Render	ObjectId: 2	20232135934930	5132 - Subn	nission: 2023-	05-15	TIN: 23-7309978		
(Forn Departn	1 990) nent of t)) he Treasury le Service		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form 9 rgov/Form990 for in	ion 501(c)(3) mpt charitab 990 or Form 9) organization or le trust. 990-EZ.	a section	OMB No. 1545-0047		
				60 to <u>www.ms</u>	<u>.9077101113300</u> 10111		ia the latest line		Inspection		
		he organiza ⁄e Rivers Inc	tion					Employer identifi	cation number		
				<u></u>				23-7309978			
Pai he o					us (All organizations it is: (For lines 1 thro			see instructions.			
1	\square	A church, c	onvention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).			
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	edule E (Form	990).)				
3		A hospital (or a cooperat	ive hospital serv	vice organization descr	ibed in sectio	n 170(b)(1)(A)(iii).			
4			esearch orga	•	ed in conjunction with			2	Enter the hospital's		
5				d for the benefi mplete Part II.)	t of a college or univer	sity owned or	operated by a gov	ernmental unit descr	ibed in section		
6	\Box	A federal, s	state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(A)(v).			
7				rmally receives (vi). (Complete	a substantial part of its Part II.)	s support from	a governmental u	nit or from the gene	ral public described in		
8		A communi	ity trust desc	ribed in sectior	n 170(b)(1)(A)(vi).	Complete Part	: II.)				
9		An agricult non-land g	ural research rant college o	organization de of agriculture. S	escribed in 170(b)(1) ee instructions. Enter f	(A)(ix) operation the name, city,	ted in conjunction and state of the c	with a land-grant co college or university:	lege or university or a		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11					exclusively to test for	public safety.	See section 509	(a)(4).			
12		more publi	cly supported	l organizations o	I exclusively for the be described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(
а		on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b		Type II. A manageme	supporting on the sup	organization sup	ervised or controlled in ation vested in the same						
с		Type III f	unctionally	integrated. A s	supporting organization (ons). You must com				ated with, its		
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organi n generally must satisf t IV, Sections A and	zation operate y a distribution	d in connection winn requirement and	th its supported orga	nization(s) that is not quirement (see		
e		Check this	box if the org	ganization receiv	ved a written determin integrated supporting	ation from the		pe I, Type II, Type II	I functionally		
f	Enter		<i>,</i> ,			5					
g	Provi	ide the follow	ing informat	ion about the su	pported organization	s).					
	(i) №	Vame of supported organization (ii) EIN (iii) Type of organization (iv). (iv) Is the organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
						Yes	No				
otal											
or P	aperv	work Reduc or 990-EZ.	tion Act No	tice, see the Iı	nstructions for	Cat. No. 112	85F	Schedule	E A (Form 990) 202:		
					Pa	ge 2					
		(Earm 000)	2021			, - <i>-</i>					
	t II	(Form 990)		e for Organia	ations Described	in Sections	170(6)(1)(4)	(iv) and 170(b)/	Page 2		
rd	C II	(Comple	ete only if y	ou checked th	the box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qu			
		n A. Public			•						
Cale	ndar	vear		I	_ I	I			· ·		

	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not include any "unusual grant.")											
2	Tax revenues levied for the organization's benefit and either paid											
3	to or expended on its behalf The value of services or facilities											
5	furnished by a governmental unit to											
4	the organization without charge Total. Add lines 1 through 3											
5	The portion of total contributions by											
	each person (other than a governmental unit or publicly											
	supported organization) included on line 1 that exceeds 2% of the amount											
	shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4.											
	Section B. Total Support											
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
7	Amounts from line 4.											
8	Gross income from interest, dividends, payments received on											
	securities loans, rents, royalties and											
9	income from similar sources Net income from unrelated business											
	activities, whether or not the											
10	business is regularly carried on Other income. Do not include gain or											
	loss from the sale of capital assets (Explain in Part VI.).											
11	Total support. Add lines 7 through											
12	10 Gross receipts from related activities, e	etc. (see instruction	ns)			12						
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check					
	this box and stop here					► 🗆						
5	Section C. Computation of Public	Support Perce	entage									
14						14						
15	Public support percentage for 2020 Sch 33 1/3% support test-2021. If the o					15	box					
10												
I	and stop here. The organization qualifies as a publicly supported organization											
	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a publ	licly supported or	janization			>					
17	and if the organization meets the "facts											
	meets the "facts-and-circumstances" te						🕨 🗆					
t	10%-facts-and-circumstances test more, and if the organization meets the											
	meets the "facts-and-circumstances" t	test. The organizat	tion qualifies as a	publicly supported	d organization							
18	Private foundation. If the organization											
	instructions			<u></u>			► 🗆 Form 990) 2021					
			Page 3									
Sch	edule A (Form 990) 2021						Page 3					
	Part III Support Schedule fo											
	(Complete only if you the organization fails t						er Part II. If					
5	Section A. Public Support	and and a second		belon, piedoe e		/						
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not include any "unusual grants.") .	169,492	144,704	178,889	134,069	140,225	767,379					
2	Gross receipts from admissions,											
	merchandise sold or services performed, or facilities furnished in	11,482	9,677	12,016	33,894	19,488	86,557					
	any activity that is related to the organization's tax-exempt purpose											
3	Gross receipts from activities that											
	are not an unrelated trade or business under section 513	24,370	19,612	11,204	7,662	16,084	78,932					
4	Tax revenues levied for the											
4	organization's benefit and either naid						0					

	organization s benefit and either paid	1			1	1	1		U
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to	16,000	16,000	16,000	16,640	17,3	06		81,946
	the organization without charge								
6	Total. Add lines 1 through 5	221,344	189,993	218,109	192,265	193,1	03	1,0)14,814
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								0
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.						_		
8	Public support. (Subtract line 7c								
	from line 6.)							1,0)14,814
Se	ction B. Total Support								
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
•	fiscal year beginning in) >						. ,		14.014
9	Amounts from line 6	221,344	189,993	218,109	192,265	193,1	03	1,0)14,814
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and	1,236	1,714	2,157	2,181	2,1	46		9,434
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								0
	1975.								
с	Add lines 10a and 10b.	1,236	1,714	2,157	2,181	2,1	46		9,434
11	Net income from unrelated business								
	activities not included on line 10b,								0
	whether or not the business is regularly carried on.						1		
12	Other income. Do not include gain								
	or loss from the sale of capital								0
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).	222,580	191,707	220,266	194,446	195,2	49	1,0	24,248
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax vear as a secti	on 501(c)(3) o	aniza	tion, ch	leck
14	-	-			-		-		
- 60	this box and stop here.								
15	Public support percentage for 2021 (li			column (f))		15		00	080 %
	Public support percentage for 2021 (in Public support percentage from 2020					_		99.	080 %
16						16			
	ction D. Computation of Invest				-> >				
17	Investment income percentage for 20					17		0.	920 %
18	Investment income percentage from 2					18			
19a	33 1/3% support tests-2021. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	n 33 1/3%, and	ine 17	is not	
	more than 33 1/3%, check this box and								
b	33 1/3% support tests-2020. If th	e organization did	not check a box of	on line 14 or line 1	.9a, and line 16 is	more than 33	1/3 % ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publi	cly supported org	anization)		
20	Private foundation. If the organizat	on did not check a	hox on line 14. 1	9a. or 19b. check	this box and see	instructions.			
						Schedule A			2021
							`	,	
			Daga 4						
			Page 4						
			5						
Sche			5						
Dar	dule A (Form 990) 2021		J					Р	age 4
	. ,							Р	age 4
	t IV Supporting Organization		f Part I. If you ch	ecked hox 12a. of	Part I complete	Sections A and	B If vo		
	. ,	a box on line 12 o	f Part I. If you ch you checked box	ecked box 12a, of 12c, of Part I, cor	Part I, complete splete Sections A	Sections A and , D, and E. If yo	B. If yc	u chec	ked
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Sectio	a box on line 12 o ections A and C. If ns A and D, and c	you checked box	ecked box 12a, of 12c, of Part I, cor	Part I, complete nplete Sections A	Sections A and , D, and E. If ye	B. If yc ou chec	u chec	ked
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 o ections A and C. If ns A and D, and c	you checked box	ecked box 12a, of 12c, of Part I, cor	Part I, complete nplete Sections A	Sections A and , D, and E. If ye	B. If yc ou chec	u chec	ked
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Sectio	a box on line 12 o ections A and C. If ns A and D, and c	you checked box	ecked box 12a, of 12c, of Part I, cor	Part I, complete nplete Sections A	Sections A and , D, and E. If ye	B. If yc ou chec	u chec	ked
Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section cction A. All Supporting Organiz	a box on line 12 o ections A and C. If ns A and D, and co cations	you checked box omplete Part V.)	12c, of Part I, cor	nplete Sections A	, D, and E. If yo	B. If yc ou chec	u chec ked bo	ked x
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Sectio	a box on line 12 o ections A and C. If ns A and D, and co cations organizations list	you checked box omplete Part V.) ed by name in the	12c, of Part I, con	nplete Sections A	, D, and E. If yo	B. If yc	u chec ked bo	ked x
Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported	a box on line 12 o ections A and C. If ns A and D, and co cations organizations list upported organiza	you checked box omplete Part V.) ed by name in the tions are designa	12c, of Part I, con	nplete Sections A	, D, and E. If yo	ou chec	u chec ked bo	ked x
Se 1	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section faction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the se describe the designation. If historic ar	a box on line 12 o ections A and C. If ns A and D, and co cations organizations list upported organizations and continuing relat	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain.	12c, of Part I, con e organization's go ted. If designated	nplete Sections A overning documen by class or purpo	, D, and E. If yo ts? se,	B. If yc ou chec 1	u chec ked bo	ked x
Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section faction A. All Supporting Organization's supported If "No," describe in Part VI how the s describe the designation. If historic ar Did the organization have any support	a box on line 12 o ections A and C. If ns A and D, and co cations organizations list upported organiza and continuing relat red organization th	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. hat does not have	12c, of Part I, con e organization's go ted. If designated an IRS determina	nplete Sections A everning documen by class or purpo	, D, and E. If yout the section	ou chec	u chec ked bo	ked x
Se 1	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section faction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the se describe the designation. If historic ar	a box on line 12 o ections A and C. If ns A and D, and co cations organizations list upported organiza and continuing relat red organization th	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. hat does not have	12c, of Part I, con e organization's go ted. If designated an IRS determina	nplete Sections A everning documen by class or purpo	, D, and E. If yout the section	1	u chec ked bo	ked x
5e	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section ction A. All Supporting Organization's supported If "No," describe in Part VI how the se describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	a box on line 12 o ections A and C. If ns A and D, and co ections cations organizations list upported organiza and continuing relat red organization th Part VI how the o	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. nat does not have rganization detern	12c, of Part I, cor e organization's go ted. If designated an IRS determina mined that the sup	nplete Sections A overning documen by class or purpo tion of status unc oported organization	, D, and E. If yo ts? se, ler section ion was	1 2	u chec ked bo	ked x
Se 1	 Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section Are all of the organization's supported If "No," describe in Part VI how the se describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 	a box on line 12 o ections A and C. If ns A and D, and co ections cations organizations list upported organiza and continuing relat red organization th Part VI how the o	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. nat does not have rganization detern	12c, of Part I, cor e organization's go ted. If designated an IRS determina mined that the sup	nplete Sections A overning documen by class or purpo tion of status unc oported organization	, D, and E. If yo ts? se, ler section ion was	1 2	u chec ked bo	ked x
5e	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section ction A. All Supporting Organization's supported If "No," describe in Part VI how the se describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	a box on line 12 o ections A and C. If ns A and D, and co ections cations organizations list upported organiza and continuing relat red organization th Part VI how the o	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. nat does not have rganization detern	12c, of Part I, cor e organization's go ted. If designated an IRS determina mined that the sup	nplete Sections A overning documen by class or purpo tion of status unc oported organization	, D, and E. If yo ts? se, ler section ion was	1 2	u chec ked bo	ked x
5e	 Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section Are all of the organization's supported <i>If "No," describe in Part VI how the s</i> <i>describe the designation. If historic ar</i> Did the organization have any support 509(a)(1) or (2)? <i>If "Yes," explain in I</i> <i>described in section 509(a)(1) or (2).</i> Did the organization have a supported <i>3c below.</i> Did the organization confirm that each 	a box on line 12 o ections A and C. If ns A and D, and co exations organizations list upported organization the continuing relat and continuing relat end organization the Part VI how the o I organization descent a supported organization	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. nat does not have rganization detern cribed in section 5 zation qualified u	12c, of Part I, cor e organization's go ted. If designated an IRS determina nined that the sup 01(c)(4), (5), or (nder section 501(6	werning documen by class or purpo tion of status unc oported organization (6)? If "Yes," answ c)(4), (5), or (6) a	, D, and E. If yo ts? se, ler section ion was ver lines 3b and and satisfied	1 2	u chec ked bo	ked x
5e 1 2 3a	 Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section action A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supported <i>3c below.</i> 	a box on line 12 o ections A and C. If ns A and D, and co exations organizations list upported organization the continuing relat and continuing relat end organization the Part VI how the o I organization descent a supported organization	you checked box omplete Part V.) ed by name in the tions are designa ionship, explain. nat does not have rganization detern cribed in section 5 zation qualified u	12c, of Part I, cor e organization's go ted. If designated an IRS determina nined that the sup 01(c)(4), (5), or (nder section 501(6	werning documen by class or purpo tion of status unc oported organization (6)? If "Yes," answ c)(4), (5), or (6) a	, D, and E. If yo ts? se, ler section ion was ver lines 3b and and satisfied	1 2	u chec ked bo	ked x

с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
	If "Vec." eveloin in Devi VI what controle the excenization put in place to ensure such use

	If res, explain in Part VI what controls the organization put in place to ensure such use.	3c	1	
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.	4a		_
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.	4b		_
с	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.	4c		
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).	5a		
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?	5b		_
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
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? <i>If</i> " <i>Yes</i> ," <i>provide detail in</i> Part VI .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		_
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 .	_		
		9a		
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 .			
_		9b		
С	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.	9c		
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.			_
		10a		
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).			
		10b		

Schedule A (Form 990) 2021

Page 5

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Schedule A (Form 990) 2021

Par	t IV 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 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the 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? <i>If</i> " <i>Yes</i> ," <i>explain in</i> Part VI how providing such benefit of any supervised of the support of any support of the s			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Section 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		Τ

each of the organizatio	n's supported organ	nization(s)? If "NO,	" describe in Part VI	now control or managem	ent of the
supporting organization	<i>i was vested in the</i>	same persons that	controlled or manage	ged the supported organiza	ation(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** \square The organization satisfied the Activities Test. Complete **line 2** below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (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.

3b Schedule A (Form 990) 2021

2a

2b

3a

Page 6

Schedule A (Form 990) 2021

1

Page 6

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			

		Yes	No
s he			
	1		
	2		
<i>d.</i>	3		

Yes

No

1

	(explain in detail in Part VI):	1 1	
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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 instructions) 	ntegrate	d Type III supporting organization (see

Schedule A (Form 990) 2021

Page 7

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Schedule A (Form 990) 2021

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021				
(reasonable cause required <i>explain in Part VI).</i> See instructions.				
 (reasonable cause required <i>explain in Part VI</i>). See instructions. 3 Excess distributions carryover, if any, to 2021: 				
 (reasonable cause required <i>explain in Part VI</i>). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 				
 (reasonable cause required <i>explain in Part VI</i>). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. b From 2017. c From 2018. d From 2019. 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. b From 2017. c From 2018. d From 2019. e From 2020. 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e g Applied to underdistributions of prior years 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. b From 2017. c From 2018. c From 2018. c From 2019. c From 2020. c From 2020. c From 2020. c Frotal of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) 				
 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. b From 2017. c From 2018. c From 2018. d From 2019. e From 2020. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see 				

10	1	1	1		
c Remainder. Subtract lines 4a and 4b from line 4.					
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> See instructions. 					
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2022. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2017					
b Excess from 2018					
c Excess from 2019					
d Excess from 2020					
e Excess from 2021					
	Page 8				
Schedule A (Form 990) 2021			Page 8		
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Tes	st			
Return Reference	F	Explanation			
Neturn Nererence	L	-Apianacion			

Additional Data

Return to Form

Schedule A (Form 990) 2021

 Software ID:
 21013475

 Software Version:
 2021v4.1

efi	le Public Visua	l Render	ObjectId: 2023213	59349306132 - Submissior	າ: 2023-05-1	L5	TIN: 23-7309978	
SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047		
Depar	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. Pepartment of the Treasury						2021 Open to Public	
Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							Inspection	
	me of the organized of Five Rivers Inc.				Em	ployer ident	ification number	
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
Pa				sed Funds or Other Similar s" on Form 990, Part IV, line 6		counts.		
				(a) Donor advised funds		(b) Funds a	nd other accounts	
1	Total number at e	end of year .						
2	Aggregate value	of contributior	ns to (during year)					
3	Aggregate value	•						
4			••••					
5				rs in writing that the assets held ir clusive legal control?		funds are the	🗆 Yes 🗌 No	
6	charitable purpo	oses and not fo	or the benefit of the donor	nor advisors in writing that grant f or donor advisor, or for any other	purpose confer		sible	
Ра		vation Ease						
1				s" on Form 990, Part IV, line 7				
T			oublic use (e.g., recreation	nization (check all that apply).	tion of an histo	rically import	ant land area	
				,				
	\frown	of natural hab			tion of a certifie	ea historic stri	Jcture	
2		on of open spa		qualified conservation contribution	in the form of	a conconvatio	2	
2	easement on the						he End of the Year	
а	Total number of	conservation e	asements		2a			
b	Total acreage res	stricted by con	servation easements		2b			
с	Number of conse	ervation easem	nents on a certified histori	c structure included in (a)	. 2 c			
d	structure listed in	n the National	Register	red after 7/25/06, and not on a his				
3	Number of conse tax year ►	ervation easen	nents modified, transferre	d, released, extinguished, or termi	nated by the or	rganization du	ring the	
4	Number of state	es where prope	erty subject to conservation	n easement is located >				
5				e periodic monitoring, inspection,	handling of viol	lations,	Yes 🗌 No	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and er	nforcing conserv	vation easeme	nts during the year	
7	Amount of expension b \$	nses incurred	in monitoring, inspecting,	handling of violations, and enforci	ng conservation	n easements d	uring the year	
8				above satisfy the requirements of			Yes 🗌 No	
9	balance sheet, a	and include, if		ervation easements in its revenue footnote to the organization's fina rs.			es	
Par	rt III Organiz	zations Mai	ntaining Collections	of Art, Historical Treasures s" on Form 990, Part IV, line 8		imilar Asse	ts.	
1a	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS imilar assets held for pub	C 958, not to report in its revenue ic exhibition, education, or researc ents that describes these items.	statement and			
b		res, or other s	imilar assets held for pub	C 958, to report in its revenue sta ic exhibition, education, or researc				
((i) Revenue includ	ed on Form 99	00, Part VIII, line 1			. ▶\$_		
2	following amoun	nts required to	be reported under FASB	cal treasures, or other similar asse ASC 958 relating to these items:				
а	Revenue include	ed on Form 990), Part VIII, line 1			. ▶\$		
b	Assets included	in Form 990, F	Part X			. 🕨 \$		

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

Cat. No. 52283D Schedule D (Form 990) 2021

			F	Page 2 —							
Scho		(Form 000) 2021									D D
Parl		(Form 990) 2021 Organizations Maintaining Col	lections of Art	listorical	Traze	ures of	r Other S	Similar A	scots (cont	inued)	Page 2
3		the organization's acquisition, accession									
-		(check all that apply):	, and ether recorde,								
а		Public exhibition		d 🗌	Loar	or excha	ange progr	ams			
b	\square	Scholarly research		e 🗌	Othe	er					
с											
		Preservation for future generations		h (h C							
4	Provid Part X	de a description of the organization's col (III.	lections and explain	how they fur	ther th	e organiz	zation's exe	empt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							🗌 Yes)
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990, Par	t IV, li	ne 9, or	reported	an amou	nt on Form	1 990, P	art X,
1a		e organization an agent, trustee, custodi led on Form 990, Part X?						ot 	🗌 Yes	🗆 No)
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing table		1		Α	mount		-
c		ning balance	· · · · •	- J			1c				-
d	-	ons during the year					1d				-
е	Distri	butions during the year					1e				-
f	Endin	g balance					1f				_
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for escro	w or cı	ustodial a	account liat	oility?	🗌 Yes	🗆 No)
b	If "Ye	s," explain the arrangement in Part XIII.	Check here if the ex	xplanation ha	is been	provideo	d in Part XI	ш			
Pa	r t V	Endowment Funds.		•							
		Complete if the organization answ		,							
1a	Beainn	ing of year balance	(a) Current year 9,328	(b) Prior ye	ear 9,729	(c) Iwo y	14,330	(d) Inree ye	ears back (e)		s back 16,387
		butions					/				
		estment earnings, gains, and losses	1,287		-401		-377		-140		636
		or scholarships									
		expenditures for facilities									
	and pro	ograms					4,040		2,378		
		strative expenses	170				184		175		
g	End of	year balance	10,446		9,328		9,729		14,330		17,023
2 a		de the estimated percentage of the curre	ent year end balance	(line 1g, col	umn (a	i)) held a	IS:				
b	Perma	anent endowment 🕨 100.000 %									
с		endowment 🕨									
•		ercentages on lines 2a, 2b, and 2c shou	•								
3a		nere endowment funds not in the posses ization by:	sion of the organizat	tion that are	neid ar	ia aamin	istered for	the		Yes	No
	(i) Ur	nrelated organizations							3a(i)	Yes	
	• •	elated organizations							3a(ii)		No
b		s" on 3a(ii), are the related organization				• •			3b		No
4		ibe in Part XIII the intended uses of the		wment funds							
Par	t VI	Land, Buildings, and Equipmen Complete if the organization answ		m 990. Par	t TV. li	ne 11a.	See Forn	n 990. Par	rt X. line 1(D.	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cost	or other basis			cumulated de			ook value	
1a	Land										<u> </u>
b	Buildin	gs				1					
с	Leaseh	old improvements									
d	Equipm	nent			10,839			9,586			1,253
е	Other										
Tota	. Add	lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X, column (B), line	10(c).)	1			_	1,253

Schedule D	(Form	990)	2021
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	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Form 990, F			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: or end-of-year market value
1) Financia	l derivatives			
2) Closely-	held equity interests			
3)Other				
A)				
B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total, (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		line 11c. See Fo	rm 990, Part X, line 13.
			line 11c. See Fo (b) Book value	rm 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3) (4)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3) (4) (5) (6)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3) (4) (5)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3) (4) (5) (6) (7)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:
Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9)	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F			(c) Method of valuation:

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Other Liabilities. Part X

1 611 6 7 4				
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X,	line 25.		
1.	(a) Description of liability (
(1) Federal	income taxes	ĺ		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2021

Schee	dule D (Form 990) 2021		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financia Complete if the organization answered 'Yes' on Form		
1	Total revenue, gains, and other support per audited financial statem	5 .1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	. 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
;	Subtract line 2e from line 1		
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part	ne 12.) 5	
Par	t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on Form	0, Part IV, line 12a.	
L		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	. 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
ŀ	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.)	4b	
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par	line 18.) 5	
Pai	t XIII Supplemental Information		
Prov line	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lir s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part vide any additional information.	X, line 2; Part XI,
	Return Reference	Explanation	
art \	/, Line 4: Intended uses of the endowment fund. The organization mission.	ends to preiodically withdraw current year earnings t	o be used towards i

Schedule D (Form 990) 2021

 Software ID:
 21013475

 Software Version:
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efi	e Public Visual R	ender	ObjectId: 202	232135	934930	6132 - Submission	: 2023-0	5-15	TIN: 23-7309978	
-	IEDULE G		Supple	OMB No. 1545-0047						
(For	m 990)	Co	Fundraising or Gaming Activities 2021 applete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the 2021							
	ment of the Treasury I Revenue Service			► Atta	ch to Form	1 \$15,000 on Form 990-EZ, 990 or Form 990-EZ. nstructions and the latest i			Open to Public Inspection	
Name of the organization Friends of Five Rivers Inc								Employer ide 23-7309978	entification number	
Ра		-	ties. Complete if are not required t	-		answered "Yes" on F part.	orm 990,	, Part IV, line	17.	
1			tion raised funds through any of the following activities. Check all that apply.							
а	Mail solicitations			e Solicitation of non-government grants						
b	Internet and emails	ail solicitat	tions		f	Solicitation of gov	vernment g	grants		
с	Phone solicitation	ns			g	🗹 Special fundraisir	ng events			
d	In-person solicita	ations								
2a					,	vidual (including officers n with professional func	,	, 	'es 🔽 No	
b	If "Yes," list the 10 h to be compensated a	nighest pa at least \$5	id individuals or en 5,000 by the organi	tities (fur zation.	ndraisers)	pursuant to agreements	under wh			
(i) N	lame and address of i or entity (fundraise		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
Tota										
	ist all states in which icensing.	the organ	nization is registered	d or licen	sed to soli	cit contributions or has	been notif	ied it is exempt	from registration or	
NY										
For P	aperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 990	D-EZ. Cat. No	. 50083H	S	ichedule G (Form 990) 2021	
					Pa	ge 2				
	dule G (Form 990) 20 rt II Fundraisir		te Complete if th	o oraan	vization o	nswered "Yes" on Foi	-m 000 F	Dart IV/ line 10	Page 2	
гd						gross income on Forr				

Revenue	grood receiped groater than ye	(a)Event #1 <u>Appeals</u> (event type)	(b) Event #2 Birdseed Sales and Festivals (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Я					
	1 Gross receipts	14,485	11,107		25,592
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	14,485	11,107		25,592
	4 Cash prizes				
Se	5 Noncash prizes				
ense	6 Rent/facility costs				
Exp	7 Food and beverages		5,857		5,857
Direct Expenses	8 Entertainment				
D	9 Other direct expenses	3,167	713		3,880
	10 Direct expense summary. Add lines 4 t				9,737
Par	11 Net income summary. Subtract line 10t III Gaming. Complete if the organism		s" on Form 990 Part I	V line 19 or reported	15,855 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))
Re	1 Gross revenue				
enses	2 Cash prizes				
	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
Dire	5 Other direct expenses				
		□ Yes%_	□ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	🗌 No	🗌 No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				
a	Is the organization licensed to conduct ga				
b	If "No," explain:				
10a	Were any of the organization's gaming lic If "Yes," explain:				🗌 Yes 🗌 No
b					
]

Sched	ule G (Form 990) 2021					Page 3	
11	Does the organization conduct gar	ning activities with nonmembers?			· 🗌 Yes		
12	Is the organization a grantor, bene formed to administer charitable ga	ficiary or trustee of a trust or a me ming?	mber of a partnership or other e	entity 	· · · · · · · · · · · · · · · · · · ·		
13	Indicate the percentage of gaming	activity conducted in:					
а	The organization's facility .			13	а	%	
b	An outside facility			13	b	%	
14	Enter the name and address of the	e person who prepares the organiza	tion's gaming/special events bo	oks and record	ls:		
	Name						
15a	Address Does the organization have a cont	ract with a third party from whom t	he organization receives gaming	9			
b	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$						
с	If "Yes," enter name and address of	of the third party:					
	Name 🕨						
	Address ►						
16	Gaming manager information:						
	Gaming manager compensation 🕨 \$						
	Description of services provided						
	Director/officer	Employee	Independent contract	tor			
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
Par		ation. Provide the explanations b, 15c, 16, and 17b, as applical					
	Return Reference		Explanation				
	Schedule G (Form 990) 2021						
Additional Data					Return	to Form	

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 21013475

 Software Version:
 2021v4.1

efile Public	Visual Render	ObjectId: 202321359349306132 - Submission: 2023-	05-15	TIN: 23-7309978	
SCHEDUL (Form 990) Department of the Tre Internal Revenue Serv	asury	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047	
Name of the org Friends of Five Rive	ganization	► Go to <u>www.irs.gov/Form990</u> for the latest information		Inspection tification number	
Return Reference		Explanation	-		
Form 990, Part VI, Line 11b: Form 990 Review Process	Board of directors reviews the form 990 before filing				
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents av	ailable to the public.			
Form 990, Part VI, Line 11B	Board of director	s reviewa the form 990 before filing			

The organization makes it governing documents and financial statements avaiable to the public upon request.

These members elect board candidates onto the board of directors by voting

The organization has approximately 250 members. These members elect board candidates onto board of directors.

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

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Schedule O (Form 990) 2021

Return to Form

Additional Data

Form 990,

Form 990,

6 -Explanation of classes of members Form 990,

7A

Part VI, Line

Part VI, Line

Part VI, Line 19

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