Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Fo	cale	ndar year 2022 or tax year beginning	, 20	zz, and	ending		, 20	
Nan	ne of fou	undation			A Employe	r identification numb	er	
		Way Outdoor Adventure			62-1542	726		
Nun	ber and	d street (or P.O. box number if mail is not delivered to street address)	Roo	m/suite	B Telephone	e number (see instruct	ions)	
12	27 V	olunteer Parkway			(423)61	.2-1242		
		, state or province, country, and ZIP or foreign postal code			C If exempti	on application is pend	na, check here	
Br	isto	1, TN 37620			- ii onompii	on approadon to posta		
			of a former public ch	arity	D 1. Foreign	n organizations, check	here	
		Final return Amended re	eturn		2 Foreign	arganizations mostin	a the 85% test	
		Address change Name chan	ge	Foreign organizations meeting the check here and attach computation				
H (Check	type of organization: X Section 501(c)(3) exempt private			1	oundation status was		
			able private foundatio	n		00110ation status was 07(b)(1)(A), check here		
		arket value of all assets at J Accounting method:	<u> </u>	ccrual	- 1511 5	1-11		
		year (from Part II, col. (c), Other (specify)			F If the foun	dation is in a 60-month	k here	
	ine 16)		e on cash basis.)				-	
_	art I	Analysis of Revenue and Expenses (The total of	o on day, pacien,	T			(d) Disbursements	
L.	A1 C 1	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Ne	t investment	(c) Adjusted net	for charitable	
		the amounts in column (a) (see instructions).)	books		income	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	174,946					
	2	Check if the foundation is not required to attach Sch. B	1/4,540					
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities		-	12 056			
	1000	Gross rents		1	13,956	10 A 10 A 14 A 14 A 14 A 14 A 14 A 14 A		
	5a							
	b	Net rental income or (loss)						
ne	6a	Net gain or (loss) from sale of assets not on line 10						
en	b	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)						
N.	150	Net short-term capital gain		-				
	9	Income modifications		-	<u> </u>			
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold		-				
	С	Gross profit or (loss) (attach schedule)				week and the second		
	11	Other income (attach schedule) STM106	16,256	-				
	12	Total. Add lines 1 through 11	191,202		13,956			
(0	13	Compensation of officers, directors, trustees, etc	67,000					
benses	14	Other employee salaries and wages	48,630	-				
en	15	Pension plans, employee benefits	7,823					
	16a	Legal fees (attach schedule)						
and Administrative Ex	b	Accounting fees (attach schedule) STM108	3,600	-				
tiv	С	Other professional fees (attach schedule)		-			-	
tra	17	Interest		-			1	
nis	18	Taxes (attach schedule) (see instructions) STM110 · · · ·	8,847	ļ				
Ē	19	Depreciation (attach schedule) and depletion		-				
Ad	20	Occupancy	4,500	ļ				
þ	21	Travel, conferences, and meetings						
a	22	Printing and publications						
Operating	23	Other expenses (attach schedule) STM103	45,988		,			
ati	24	Total operating and administrative expenses.						
pel		Add lines 13 through 23	186,388 0				0	
Ō	25	Contributions, gifts, grants paid	0				0	
	26	Total expenses and disbursements. Add lines 24 and 25	186,388		0	*****	0	
	27	Subtract line 26 from line 12:	and the second second					
	а	Excess of revenue over expenses and disbursements	4,814				1	
	b	Net investment income (if negative, enter -0-)			13,956			
	С	Adjusted net income (if negative, enter -0-)				0		

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	year	
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Va	ue	(c) Fair Market Value	
	1	Cash - non-interest-bearing	239,349	256	,422	256,422	
	2	Savings and temporary cash investments	A STATE OF THE STA				
	3	Accounts receivable 4,809					
	İ	Less: allowance for doubtful accounts	5,009	4	,809	4,809	
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less: allowance for doubtful accounts					
ts	8	Inventories for sale or use				1.**	
Assets	9	Prepaid expenses and deferred charges					
Ř	10a	Investments - U.S. and state government obligations (attach schedule) -					
	1	Investments - corporate stock (attach schedule) STM137	567	,837	567,837		
	1	Investments - corporate bonds (attach schedule)	682,700				
	11	Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation (attach schedule)					
	12	Investments - mortgage loans					
	13	Investments - other (attach schedule)					
	14	Land, buildings, and equipment: basis 23,317	STM119				
		Less: accumulated depreciation (attach schedule) 18,443	5,423	4	,874	4,874	
	15	Other assets (describe)				6	
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	932,481	833	942	833,942	
	17	Accounts payable and accrued expenses	1,473		,197		
	18	Grants payable					
es	19	Deferred revenue					
=	20	Loans from officers, directors, trustees, and other disqualified persons • •				reason a mean	
Liabilities	21						
Ë	22	Other liabilities (describe			,213		
	23	Total liabilities (add lines 17 through 22)	30,187	33	410	With the second	
		Foundations that follow FASB ASC 958, check here					
es		and complete lines 24, 25, 29, and 30.					
alances	24	Net assets without donor restrictions	902,294	800	532		
	25	Net assets with donor restrictions					
B		Foundations that do not follow FASB ASC 958, check here					
Fund	ķ.	and complete lines 26 through 30.					
Ī	26	Capital stock, trust principal, or current funds					
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
Assets or	28	Retained earnings, accumulated income, endowment, or other funds					
SS	29	Total net assets or fund balances (see instructions)	800	532			
it A	30	Total liabilities and net assets/fund balances (see	902,294				
Net		instructions)	932,481	833	942		
Pa	rt III						
		al net assets or fund balances at beginning of year - Part II, column (a), line 29	(must agree with				
		l-of-year figure reported on prior year's return)			1	902,294	
2		er amount from Part I, line 27a			2	4,814	
3		er increases not included in line 2 (itemize) STM115			3	13,956	
4		I lines 1, 2, and 3			4	921,064	
5		creases not included in line 2 (itemize) STM116	MANUA WALDOOM JO LOW TO COMPANIE		5	120,532	
		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colui	mn (b), line 29		6	800,532	
_	0.0000000000000000000000000000000000000						

Part	(a) List and describe the	ne kind(s) of property sold (for example, rea schouse; or common stock, 200 shs. MLC C	al estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С	The soliday of the so					
d						
е						1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		Sain or (loss) us (f) minus (g))
a						
b						
С						
d						
е						
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation on	12/31/69.	(I) Gains (C	Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j		col. (k), but n Losses	oot less than -0-) or (from col. (h))
а						3.
b						
С						
d						
е						
2	Capital gain net income or (n	ot canital loss)	gain, also enter in F loss), enter -0- in P	(2	*
3	Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6):			
	If gain, also enter in Part I, lin	e 8, column (c). See instructions. If (lo	oss), enter -0- in	1		
					3	
Part	V Excise Tax Based	on Investment Income (Section	n 4940(a), 4940(l	b), or 4948 - see	instructions)	
1a		s described in section 4940(d)(2), che				
	Date of ruling or determination	n letter: (attach co	opy of letter if necess	sary-see instruction:	5)	1 194
b	All other domestic foundation	s enter 1.39% (0.0139) of line 27b. E				
	enter 4% (0.04) of Part I, line					
2	Tax under section 511 (dome	stic section 4947(a)(1) trusts and taxa	able foundations on	ly; others, enter -0	-)	2 0
3						3 194
4		estic section 4947(a)(1) trusts and tax			-)	4 (
5	Tax based on investment in	ncome. Subtract line 4 from line 3. If z	ero or less, enter -0			5 194
6	Credits/Payments:			1 1		
а		and 2021 overpayment credited to 2				
b		s - tax withheld at source				
С		extension of time to file (Form 8868)				
d		sly withheld				
7		dd lines 6a through 6d				7
8		ayment of estimated tax. Check here		m 2220 is attache		8
9		and 8 is more than line 7, enter amou				9 194
10		e than the total of lines 5 and 8, enter		aid		10
11	Enter the amount of line 10 to	be: Credited to 2023 estimated tax			Refunded .	11

Part	VI-A Statements Regarding Activities	100000000		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers.\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 5		х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X ·	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	100000		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	-	х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		x
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
	Website address www.riversway.org			
14	The books are in care of Thomas Hanlon Telephone no. 423-612	-1242		100000000000000000000000000000000000000
	Located at 1227 Volunteer Parkway, Bristol, TN ZIP+4 37620		EV. AND DE DE DE DE	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
2000000	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
FFA		Form 99	0-PF (2022)

Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		Х
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		Х
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		х
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022?	1d		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		Х
	If "Yes," list the years 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		Sec. 03	
	20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		х
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			10.000
	in 2022?	4b		х

Part	VI-B	Statements Regarding Activities	for Wh	nich Form 4	720 M	ay Be Red	quired	(continued)			
5a	During	the year, did the foundation pay or incur any amo	unt to:							Yes	No
	(1) Ca	arry on propaganda, or otherwise attempt to influe	nce legi	slation (section	4945(e))?		* * * * * * * * *	5a(1)		Х
		fluence the outcome of any specific public election									
	in	directly, any voter registration drive?							5a(2)		х
	(3) Pr	rovide a grant to an individual for travel, study, or c	ther sim	ilar purposes?					5a(3)		х
	(4) Pr	ovide a grant to an organization other than a char	itable, e	tc., organizatioi	n describ	ed in section	4945(c	1)			
	(4)(A)? See instructions							5a(4)		X
	(5) Pr	ovide for any purpose other than religious, charita	ble, scie	entific, literary, c	r educa	tional purpos	es, or fo	r			
	th	e prevention of cruelty to children or animals?							5a(5)		х
b	If any	answer is "Yes" to 5a(1)-(5), did any of the transac	tions fail	to qualify unde	r the exc	ceptions desc	ribed				
	in Reg	ulations section 53.4945 or in a current notice reg	arding d	lisaster assista	nce? Se	e instructions			5b		
С	Organ	izations relying on a current notice regarding disas	ster assi	stance, check h	nere .						
d	If the a	answer is "Yes" to question 5a(4), does the founda	tion clai	m exemption fr	om the t	ax because i					
	mainta	nined expenditure responsibility for the grant?							5d		
	If "Yes	" attach the statement required by Regulations se	ction 53	.4945-5(d).							
6a	Did the	e foundation, during the year, receive any funds, d	irectly or	r indirectly, to pa	ay premi	ums on a pe	rsonal				
	benefi	t contract?							6a		х
b	Did the	e foundation, during the year, pay premiums, direc	tly or inc	directly, on a pe	rsonal b	enefit contra	ct? .		6b		х
	If "Yes	" to 6b, file Form 8870.									
7a								7a		х	
b		" did the foundation receive any proceeds or have							7b		
8	Is the	foundation subject to the section 4960 tax on payr	nent(s) o	of more than \$1	,000,000	0 in remuner	ation or			· ·	
	excess								8		х
Part	VII	Information About Officers, Directo	rs, Tru	ustees, Fou	ndatio	on Manag	ers, H	ighly Paid Emp	oloyee	s,	
		and Contractors									
1	List al	I officers, directors, trustees, and foundation n	nanagei	rs and their co	mpensa	tion. See in	structio	ns.			
		(a) Name and address		e, and average irs per week		mpensation ot paid,		Contributions to oyee benefit plans	(e) Exper		
See 9	90 01	(a) Name and address		ed to position		iter -0-)		ferred compensation	other a	llowand	ces
Grego	ry Cl	nudzik	Chair								
1227	Volu	nteer Parkway Brist TN 37620		5.00		0		0			0
Gwen	Ellis	5	Direc	tor							
1227	Volu	nteer Parkway Brist TN 37620		5.00		0		0			0
Justi	n Ha	Le	Direc	tor							
1227	Volu	nteer Parkway Brist TN 37620		5.00		0		0			0
Thoma	s Har	nlon	Presi	dent							
1227	Volu	nteer Parkway Brist TN 37620		40.00		0		0			0
2	Comp	ensation of five highest-paid employees (other	than th	ose included	on line 1	- see instru	ictions)	. If none, enter			
	"NON	E."									
(a) Name	and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek	(c) Comper	sation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper	nse acc illowanc	
								,			
NONE											
-									-		
				The second				L.			
		f (I)		THE A SECOND SECOND AS A SECOND	20 S251 No 22-2-						0
	umber	of other employees paid over \$50,000							orm 990	0-PF (
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Part VII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	ation Managers, Highly Paid Em	iployees,
3 Five highest-paid independent contractors for professional services. See instr	uctions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	4	
Total Hamber of Galera receiving ever 400,000 for prefeedering ectivises		1
Part VIII-A Summary of Direct Charitable Activities		T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1Rivers Way serves school groups from virginia and		
Tennessee with work opportunities and soft		
skill work training skills.		142,202
2		gts.
3		8
4		
Part VIII-B Summary of Program-Related Investments (see instru-	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on		Amount
1TD Ameritrade		
		567,837
2		
All other program related investments. See instructions		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		567,837
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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation see instructions.)	ns,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
11.72	purposes:		
а	Average monthly fair market value of securities	1a	625,268
b	Average of monthly cash balances	1b	247,886
С	Fair market value of all other assets (see instructions)	1c	9,683
d	Total (add lines 1a, b, and c)	1d	882,837
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	. 0
3	Subtract line 2 from line 1d	3	882,837
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	13,243
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	869,594
6	Minimum investment return. Enter 5% (0.05) of line 5	6	43,480
Part	X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations		
Limited	and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	43,480
2a	Tax on investment income for 2022 from Part V, line 5 2a 194		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	194
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,286
4	Recoveries of amounts treated as qualifying distributions	4	2. 4. South Co. of California (1988) 1. South Co. of California (1988)
5	Add lines 3 and 4	5	43,286
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	43,286
Part	XI Qualifying Distributions (see instructions)	PARTIE VALUE OF THE PARTIE OF	*
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part VIII-B	1b	567,837
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	567,837
EEA			Form 990-PF (2022)

Undistributed Income (see instructions) Part XII (a) Corpus (b) Years prior to 2021 (c) 2021 2022 43,286 1 Distributable amount for 2022 from Part X, line 7 . . 2 Undistributed income, if any, as of the end of 2022: a Enter amount for 2021 only Total for prior years: 20 , 20 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e Qualifying distributions for 2022 from Part XI, ▶ \$ line 4: 567,837 a Applied to 2021, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election d Applied to 2022 distributable amount 43,286 e Remaining amount distributed out of corpus 524,551 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus, Add lines 3f, 4c, and 4e. Subtract line 5 524,551 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a 524,551 10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 Excess from 2022 524,551

	t XIII Private Operating Founda	tions (see instru	uctions and Part	VI-A, guestion 9)	y age is
1a	If the foundation has received a ruling or dete					- Contraction of the Contraction
Id	foundation, and the ruling is effective for 2022					
b	Check box to indicate whether the foundation				4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	, .o.=0)(o) o	
Lu	income from Part I or the minimum		(h) 2024		(d) 2019	(e) Total
	investment return from Part IX for	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
	each year listed					
b	85% (0.85) of line 2a					
С	Qualifying distributions from Part XI, line 4, for each year listed					<u> </u>
d	Amounts included in line 2c not used directly for active conduct of exempt activities					1 -
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					100
	Part IX, line 6, for each year listed					
С	"Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					4
	(4) Gross investment income					
Parl	XIV Supplementary Information any time during the year -			e foundation ha	ad \$5,000 or mo	re in assets at
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have before the close of any tax year (but only if the	ve contributed more ney have contributed	than 2% of the total of more than \$5,000). (contributions received See section 507(d)(2	by the foundation 2).)	
b	List any managers of the foundation who own ownership of a partnership or other entity) of	n 10% or more of the which the foundation	e stock of a corporation has a 10% or great	on (or an equally larg er interest.	e portion of the	
2	Information Regarding Contribution, Gran	nt, Gift, Loan, Schol	arship, etc., Prograi	ms:		
	Check here T if the foundation only makes unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See instruction	on makes gifts, gran				
а	The name, address, and telephone number of	or email address of t	he person to whom a	pplications should be	e addressed:	
b	The form in which applications should be sub	omitted and informat	ion and materials the	y should include:		
С	Any submission deadlines:					
			lassa shaduble fo	Ida kinda af inatituti	ine or other	
d	Any restrictions or limitations on awards, suc factors:	n as by geographica	іі агеаѕ, спагітаріе тіе	ius, kiilus oi msuluud	110, 01 00161	

a Paid during the year	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Total 3a	Name and address (home or business)	or substantial contributor	recipient	55.18.28.60.1	
1000		or substantial contributor	i support		
1000					
b Approved for future payment					
	b Approved for future payment				

62-1542726

nter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)	
1 Program service revenue:				12.016		
a Program activities	-		03	13,016		
b			 			
С						
d	-					
ef	-					
	-				:	
			-	19.5-5-19.80 (III. 18.10 (I		
Membership dues and assessmentsInterest on savings and temporary cash investments			1		The state of the s	
4 Dividends and interest from securities						
a Debt-financed property						
					,	
6 Net rental income or (loss) from personal property						
7 Other investment income			-			
8 Gain or (loss) from sales of assets other than inventory •			+			
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a			-			
b						
С						
d						
e						
40 0 1 (1 4 1 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1				12 016	.53	
12 Subtotal. Add columns (b), (d), and (e)			I and the second se	13,016		
13 Total. Add line 12, columns (b), (d), and (e)				13	13,016	
Total. Add line 12, columns (b), (d), and (e)					13,016	
13 Total. Add line 12, columns (b), (d), and (e)	Accomplishmer	t of Exemp	t Purposes	13		
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	Accomplishmer	t of Exemp	t Purposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which incomo fithe foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which incomo fithe foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which incomo fithe foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which incomo fithe foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
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Total. Add line 12, columns (b), (d), and (e)	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which incomo fithe foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
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Total. Add line 12, columns (b), (d), and (e)	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the A Line No. Explain below how each activity for which incom of the foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13	13,016 complishment	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Activity for which income of the foundation's exempt purposes (other than	Accomplishmer e is reported in colur by providing funds f	t of Exemp	t Purposes	13		

		Organization	S									
1	Did the	organization direc	ctly or indirectly en	gage in any of th	e following with	any other orga	anization describe	ed			Yes	No
	in sect	ion 501(c) (other th	an section 501(c)	(3) organizations) or in section 5	27, relating to	political					
	organi	zations?										
а	Transf	ers from the reporti	ing foundation to a	noncharitable e	xempt organiza	tion of:						
		sh								1a(1)		x
		ner assets								1a(2)		х
		ransactions:										
		les of assets to a no	ancharitable ovem	nt organization						1b(1)	E74/2/59.4	x
					ization			1		1b(2)		
		rchases of assets f								1b(2)		X
		ntal of facilities, equ										X
		imbursement arran								1b(4)		X
		ans or loan guaran								1b(5)		X
		rformance of service								1b(6)		X
		g of facilities, equip				1857				1c		X
		nswer to any of the										
		of the goods, other										
	value i	n any transaction o	r sharing arranger	nent, show in col	umn (d) the valu	e of the goods	s, other assets, or	services rec	eived.	10		
(a) Line) Amount involved		noncharitable exen			escription of transfer			ring arrar	igemen'	ts
										·		
				West plants							-	

							NAMES AND STREET					
									- I - O - HISTOR			
									William St.			
2a	le the f	oundation directly	or indirectly affiliate	ed with or relate	d to one or mor	e tax-exempt	organizations					
Za	dooorik	ed in section 501(c) (other than sect	ion 501(c)(3)) or	in section 5272					☐ Ye	s X	No
				1011 30 1(0)(3)) 01	III Section 527 :							
d	If "Yes	" complete the follo		(L) T.	f		(a)	Description of	frelations	hin		
		(a) Name of organiz	ation	(D) 1	ype of organization		(0)	Description of	Telations	ПР		
				 								
	Under	penalties of perjury, I dec and complete. Declarati	lare that I have examine	ed this return, including	g accompanying sch	edules and statem	nents, and to the best o	of my knowledge	and belief,	, it is true,		
Sign	correct	and complete. Declarati	ion of preparer (other th	an taxpayer) is basec	on an information of	Willelf preparer ne	as any knowledge.			RS discuss	this retu	ım
Here	Tre	m Hanlon				Presiden	t		with the p	reparer she	own belo	w?
ilele		ture of officer or trustee			Date	Title			See instru	uctions. X	Yes	No
		Print/Type preparer's na	ame	Preparer's	signature 1		Date	Check	T if	PTIN		
Paid				1/100	11/1/	Cla	03-22-20			P0057	5833	ii.
Prepa	rer	David E Warı		1/WC	· www	UV	03-22-20	Firm's EIN	project	20007	3033	
		Firm's name David		PA		05500			22 572	0015		-
Use C	niy	Firm's address 307	8th St		Bristol T	IN 37620		Phone no. 42	23-573		O DE /	2022

Form 990_OfOv (2022) Rivers Way Outdoor Adventure
List of Officers, Directors, Trustees, and Key Employees

(a) Name and title Anne Haynes Treasure	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
1227 Volunteer Parkway Brist TN 37620 Lynette Wallen Director	5.00	0	0	0
1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Janine Myatt Secretar				
1227 Volunteer Parkway Brist TN 37620 John Garris Vice Cha	5.00	0	0	0 -
1227 Volunteer Parkway Brist TN 37620	4.00	0	0	0
Jared Hagerstrom Director				
1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Travis Heath Director 1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Lisa Richard Director				
1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Larry Souverielle Director				*
1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Ricardo Bernardo Dir 1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
Adrienne Osborne Dir				
1227 Volunteer Parkway Brist TN 37620	5.00	0	0	0
				75
				8
	1		Į.	

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

62-1542726 Rivers Way Outdoor Adventure Organization type (check one): Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

Rivers Way Outdoor Adventure

62-1542726

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Eleanor T Reynolds Foundation 509 Hoot Owl Hollow Rd Bristol TN 37620	\$75,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	United Way of Bristol 315 8th St Bristol TN 37620	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	United Company Charitable Foundatio 1005 Glenway Ave Bristol VA 24201	\$\$	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	Denise Hanlon 7102 Kittiwake Run Manlius NY 13104	\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

, 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Rivers Way Outdoor Adventure 62-1542726 Name and title of officer or person subject to tax Tom Hanlon, President Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here . . . 2a b Total revenue, if any (Form 990-EZ, line 9) Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) Form 990-PF check here . . . 4a b Tax based on investment income (Form 990-PF, Part V, line 5) 194 5a Form 8868 check here b Balance due (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) · · 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize David E Warren CPA to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 03-21-2023 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 620702 41761 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

03-22-2023

Federal Supporting Statements 2022 PG01 Name(s) as shown on return 62-1542726 Rivers Way Outdoor Adventure

Form 990PF - Part II - Line 21 Mortgages and Notes Payable Schedule

SBA Lender's name Lender's title SBA Relationship to insider None Original amount of loan \$ 29,000 Balance due \$ 28,213 Date of note 2020-05 2050-05 Maturity date Monthly Repayment terms Interest rate 2.75 Security by borrower None EIDL Purpose of loan Lender consideration Consideration FMV

> PG01 Form 990PF - Part III - Line 3 Statement #115 Other Increases Schedule

Statement #123

Investment Dividends and interest 13,956

13,956

Total

PG01 Statement #116 Form 990PF - Part III - Line 5 Other Decreases Schedule

120,532 Unrealized losses on investments

120,532 Total

			1	
	Federal Supporti	ng Statemer	nts 2	2022 PG01
Name(s) as shown on return			Ta	x ID Number
Rivers Way	Outdoor Adventure			62-1542726
	Form 990PF - Part II Investments: Corporate			Statement #137
Category		BOY	Book Value	EOY FMV
Investments		682,700	567,83	567,837
Totals		682,700	567,837	567,837

Form
990PF
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Other
Income
Schedule

Statement #106~

PG01

0	0	16,256	Totals
0	0	3,240	Other revenues
0	0	13,016	Program revenues
net income	investment	and expenses	Description
Adjusted	Net	Revenue	

2022 PG01	Tax ID Number 62-1542726	Statement #108~				PG01 Statement #110~				
Federal Supporting Statements		- Line 16(b) - Accounting Fees Schedule	Adjusted Charitable net income purpose		0	18 - Taxes Schedule	Adjusted Charitable net income purpose	0 0		
Federal Sup		Form 990PF - Part I - Line 16(b)	Revenue Net and expenses investment		3,600	Form 990PF - Part I - Line 18 - Taxes Schedule	Revenue Net and expenses investment 8,847	8,847		
	Name(s) as shown on return Rivers Way Outdoor Adventure	Ę.		Accounting	Totals		Description and ex	Totals		