\*Public Inspection Copy\*

Form **990** 

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**Return of Organization Exempt From Income Tax** 

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection		
AF	or the 2	022 calendar year,	or tax year beginning	and	ending		-
	B Check if applicable: C Name of organization D En					D Employer identified	cation number
	Address change	RIVERWOR	KS DEVELOPMENT CORPORA	TION			
	Name change	Doing business				39-17317	39
	Initial return		eet (or P.O. box if mail is not delivered to street ac	ddress)	Room/suite		
	Final		NCORDIA AVENUE			414-906-	
	return/ termin- ated	City or town, sta	ate or province, country, and ZIP or foreign p	ostal code		<b>G</b> Gross receipts \$	2,990,212.
	Amendeo return		E, WI 53212			H(a) Is this a group re	eturn
	Applica- tion		ess of principal officer: STEPHEN ADA	MS		for subordinates	? Yes X No
	pending	SAME AS C				H(b) Are all subordinates ir	Included? Yes No
<u> </u> ]	ax-exem	npt status: 🚺 501(		4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsite:		RWORKSMKE.ORG			H(c) Group exemptio	
		ganization: X Corp	poration Trust Association	Other	L Year	of formation: 1992	A State of legal domicile: WI
Pa		Summary		5 7 7 7 8	DUODIZO		
e			ganization's mission or most significant activ				
Governance			(RDC) DRIVES SOCIAL AI				
ern		neck this box	if the organization discontinued its opera			1	
õ		-	nbers of the governing body (Part VI, line 1a)			3	<u>    12</u> 12
જ			nt voting members of the governing body (Pa				36
ties			duals employed in calendar year 2022 (Part \ teers (estimate if necessary)				170
Activities &			ess revenue from Part VIII, column (C), line 12				109,075.
Ă			s taxable income from Form 990-T, Part I, lin				0.
			,,, _,			Prior Year	Current Year
•	<b>8</b> Co	ontributions and grai	nts (Part VIII, line 1h)			1,187,828.	1,884,621.
nue			nue (Part VIII, line 2g)			628,375.	655,914.
Revenue	<b>10</b> In	vestment income (Pa	art VIII, column (A), lines 3, 4, and 7d)			4,598.	5,095.
£	<b>11</b> Of	ther revenue (Part VI	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 <sup>-</sup>	1e)		-46,516.	-54,118.
	<b>12</b> To	otal revenue - add lin	es 8 through 11 (must equal Part VIII, colum	n (A), line 12)		1,774,285.	2,491,512.
	<b>13</b> Gi	rants and similar am	ounts paid (Part IX, column (A), lines 1-3) $\dots$			30,000.	0.
		-				0.	0.
es			nsation, employee benefits (Part IX, column (			1,035,041.	
sue			ng fees (Part IX, column (A), line 11e)	100 0		31,000.	116,356.
Expenses				197,8			C04 440
ш			IX, column (A), lines 11a-11d, 11f-24e)			572,472.	
			ines 13-17 (must equal Part IX, column (A), lir			<u>1,668,513.</u> 105,772.	<u>1,974,306.</u> 517,206.
		evenue less expense	es. Subtract line 18 from line 12	<u></u>		ginning of Current Year	End of Year
Assets or d Balances	<b>20</b> To	otal assets (Part X, lir	22.16)			5,731,208.	6,357,876.
Asse	20 TO	otal liabilities (Part X, III otal liabilities (Part X,				2,953,156.	3,062,618.
Vet /			ances. Subtract line 21 from line 20			2,778,052.	3,295,258.
		Signature Bloc					5,255,250.

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 any knowledge.

Sign	Signature of officer				Date			
Here	SHAWNTA	EATON-LESCHIG, BO	ARD VP					
	Type or print na	ime and title						
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	PTIN	
Paid	KATY L.	SOMMER	KATY L. SOMMI	ER 05/3	L7/23	if self-employed	P0027327	3
Preparer	Firm's name	RITZ HOLMAN LLP			Firm'	sEIN <b>39</b> -	0919055	
Use Only	Firm's address	330 E. KILBOURN A	VE, SUITE 550					
MILWAUKEE, WI 53202 Phone no.414-271-						271-1451		
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
232001 12-1	3-22 LHA Fo	or Paperwork Reduction Act Noti	ice, see the separate inst	ructions.			Form <b>990</b> (	(2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) RIVERWORKS DEVELOPMENT CORPORATION 39-1731739 Page	2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	[]
1	Briefly describe the organization's mission:	
	RIVERWORKS DEVELOPMENT CORPORATION (RDC) DRIVES SOCIAL AND ECONOMIC	
	DEVELOPMENT BY ALIGNING RESIDENTS AND BUSINESSES WITH SPECIALIZED	
	RESOURCES THAT STRENGTHEN HARAMBEE, RIVERWEST AND SURROUNDING	
	COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$424,453. including grants of \$) (Revenue \$)	_ )
	FINANCIAL CLINIC: PROVIDES INNOVATIVE SOLUTIONS TO HELP FAMILIES,	
	INDIVIDUALS AND SMALL BUSINESSES REACH THEIR FULL POTENTIAL BY	
	INCREASING CREDIT SCORES, BUILDING WEALTH, AND LEARNING NEW WAYS TO	
	ACHIEVE SHORT AND LONG-TERM FINANCIAL GOALS. THE CLINIC ACCOMPLISHES	
	THIS THROUGH ONE-ON-ONE FINANCIAL COACHING, GROUP-BASED EDUCATION, FREE	
	TAX PREPARATION SERVICES, DEBT MANAGEMENT, PLANNING, GOAL SETTING,	
	BUILDING BANKING RELATIONSHIPS, AND OTHER REFERRAL RESOURCES. IN 2022,	
	187 CLIENTS RECEIVED ONE-ON-ONE FINANCIAL COACHING SERVICES; 1,196	
	INDIVIDUALS WERE REFERRED TO FINANCIAL RESOURCES AND PROGRAMS THROUGH	
	THE FINANCIAL NAVIGATOR PROGRAM; AND 1,172 INDIVIDUALS WERE ASSISTED IN	
	PREPARING AND SUBMITTING THEIR TAX RETURNS THROUGH THE VOLUNTEER INCOME	
	TAX ASSISTANCE (VITA) PROGRAM.	
4b	(Code:) (Expenses \$ 475,424. including grants of \$) (Revenue \$ 42,400.	_ )
	NEIGHBORHOOD DEVELOPMENT & CREATIVE PLACEMAKING: COLLABORATES WITH RESIDENTS AND OTHER STAKEHOLDERS TO CREATE A VIBRANT COMMUNITY THAT	—
	REFLECTS THE CULTURE AND VALUES OF THE HARAMBEE AND RIVERWEST	—
	NEIGHBORHOODS. THIS INCLUDES ACTIVATING AND REVITALIZING PUBLIC SPACES,	—
	SUCH AS THE BEERLINE TRAIL, WITH ART AND CULTURE, FACILITATING	—
	COMMUNITY IMPROVEMENT AND SAFETY PROJECTS, AND CONNECTING RESIDENTS AND	—
	HOMEOWNERS TO RESOURCES - INCLUDING THOSE AVAILABLE THROUGH THE	—
	HARAMBEE NEIGHBORHOOD IMPROVEMENT DISTRICT (NID) #7. IN 2022, RESIDENTS	—
	ENGAGED IN THE BEERLINE SHUFFLE, MUSIC ON THE BEERLINE, THE	—
	53212MARKETPLACE SERIES, NEIGHBORHOOD CLEAN UPS, AND OTHER EVENTS THAT	—
	UNITE THE HARAMBEE AND RIVERWEST COMMUNITIES. RIVERWORKS COMPLETED	—
	3,789 HOUSING SURVEYS IN THE HARAMBEE NEIGHBORHOOD TO ADDRESS BLIGHTED	_
4c	(Code:) (Expenses \$166,602. including grants of \$) (Revenue \$ 33,400.	)
	BUSINESS DEVELOPMENT HUB: PROVIDES TECHNICAL ASSISTANCE TO LOCAL	- '
	ENTREPRENEURS AND BUSINESSES. OUR BUSINESS SPECIALISTS PROVIDE BUSINESS	_
	COACHING AND STRATEGIC BUDGETING SESSIONS TO HELP FIND FUNDING AND	_
	GRANT OPPORTUNITIES THAT FIT THEIR NEEDS. SERVICES AVAILABLE TO	
	BUSINESSES INCLUDE PROPERTY/BUSINESS BEAUTIFICATION STRATEGIES,	
	SECURITY INITIATIVES, MARKETING & PROMOTIONAL OPPORTUNITIES, AND	
	BUSINESS PLANNING. WE CONNECT PROPERTY OWNERS AND ENTREPRENEURS/SMALL	
	BUSINESSES TO PHYSICAL SPACE AND PROVIDE EACH ENTREPRENEUR WITH OUR	
	NETWORK OF PARTNERS AND EDUCATIONAL OPPORTUNITIES. IN 2022, THE HUB	
	ASSISTED 304 BUSINESSES IN STARTING, GROWING, MARKETING, AND FUNDING	
	THEIR VENTURES. THROUGH THE BOUNCEBACK GRANT, THE HUB ASSISTED 53	
	BUSINESSES IN RECEIVING A TOTAL \$740,000 TO FUND LEASING OF COMMERCIAL	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 487,686. including grants of \$ ) (Revenue \$ 377,957.)	
4e	Total program service expenses     1,554,165.	
	Form <b>990</b> (202	<b>~</b> ~ `

Form 990 (2	/		OPMENT CORPORATION
Part IV	Checklist of Required So	chedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (	2022)	RIVERWORKS	
Part IV	Checklis <sup>-</sup>	t of Required Schedule	s (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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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?	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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes." complete			
	Schedule L. Part I	25b		x
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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
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? If "Yes," complete Schedule R, Part I	33	х	
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	00	~~	I
	Check if Schedule O contains a response or note to any line in this Bart V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36		103	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a3 oEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
U U		4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

022)		DEVELOPMENT		
Statements	Regarding Other II	RS Filings and Tax	Compliance (cont	inued)

2a         Enter the number of employees reported on form VA_T namital of Wage and Tax Statements,         2a         36           b         If a least one is reported on line 2a, did the organization file all required fedral employment tax returns?         2b. X           b         Vest, has if filed 3 Ferm 980-T for this year? (f Wor to granization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toteres in, or a significant or other authority over, a dith organization have an toter the answ of the organization have an toteres of a prohibit data shelter transaction?         4a         X           b         If "Yes," indicate any northy the organization that a trans on analy greater than \$100,000, and did the organization assistement that such contributions or gifts were not tax docubito?         5a         X           c         If "Yes," indicate the organization that a trans on analy greater than \$100,000, and did the organization assistement to accounts?         5a         X           d         If "Yes," indicate the number of form 880-17         5a         X         5a         X           d         If Yes, 'indicate the number of f						Yes	No
b       If a lesst one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3b       X         4       At any time during the calendar year, did the organization taw or an interest in, or a signature or other authority over, a financial account is externite account, or other financial accounts (FBAR).       4d       X         5       MX       X       X       X       X         6       Note the organization take and not wave on interest in, or a signature or other financial accounts (FBAR).       5a       X         6       Note the calendar year, did the organization tak was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         6       Did any taxanization have montal gross receipts that are normally greater than \$100,000, and did the organization static many contributions on grfs.       5c       Sa         7       Organization take any econve doubctible contributions on grfs.       5a       X       5a       X         9       If "se," other organization take any one year organization take any take organization take any take organization sector 37(c).       5a       X         9       If "se," other organization fail wave or is a party to a prohibited tax sheller transaction?       5a       X         1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a     Dit the organization have unrelated basiness pross income of \$1,000 or more during the year?     3a     X       b     If "Yes," has it field a Form 990.7 for this year? If "No" to line 30, provide an explanation on Schedule 0     3b     X       a     At any time during the calendar year, and the organization have an interest in, or a signature or other authority over, a financial account?     4a     X       b     If "Yes," inter the name of the longin country use the name of the organization or the authority over, a financial account?     4a     X       b     UI "Yes," inter the name of the longin country use and any line during the tax year?     5b     X       b     UI "Yes," inter the name of the organization the TM was or is a party to a prohibited tax shelter transaction any line during the tax year?     5c     X       b     UI "Yes," ind the organization factor MR 98617     5c     X       c     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was evelve deductible contribution an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts     6b       d     If "Yes," idd the organization factor with dword of the value of the goods rearrises provided?     7c     X       d     If "Yes," idd the organization factor with dword of the value of the goods rearrises provided?     7c     X       d     If "Yes," indicate the		filed for the calendar year ending with or within the year covered by this return	2a	36			
b       If Yes, 'Insi if liked a Form 980-T for this year? /Y No't foiler 32b, provide an exploration on Schedule O       3b       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authenty over, a franceial account?       4a       X         b       I' Yes,'' and the the name of the foreign country (such as a bank account, securities account, or other financeial account?       5a       X         b       I' Yes,'' and the organization that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party to a prohibited the organization that was or is a party or a prohibit of the organization that was or is a party organization that was organization that and the organization that was organizatin that wasorganizatin that was organizatin that was organizatin th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
4a A any time during the calendary year, dif the organization have an interest in, or a signature or other submity over, a time cale accountly (such as a bank account, securities account, or other financial account)?         4a         X           b II "Ves," inter the name of the foreign country         5a         X           b Odd any taxable party notify the organization in the two sents of a party to a prohibited tax sheller transaction?         5a         X           b Odd any taxable party notify the organization in the two sents of the organization in the organization in the magnetic the masses of the organization in the organization and the organization in the organization in the value of the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and exact schule the activation of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions or gifts were not tax deductible as chartable contributions or gifts were not tax deductible organization include with every solicitation and party for goods and sirvices provided to the pary of the organization include with severy solicitation and party for goods and sirvices provided to the pary of the organization include with severy organization accound a pary premiums. directly or hole with error solicitation receive a contribution of qualified intellectual property, did the organization file of masses of X37 medi party as a continuum any party for which it was required to file Form SESP as a contract of the severe solicitation for the organization make any taxability or indicetly. It pary premiums and personal benefit contract?     7a     X     Ye     Ye     Ye     Ye     Ye	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
In matcal account, in a foreign country     4a     X       b If Yes, "enter the name of the foreign country     5a     X       5a Was the organization ap anyty to a prohibited tax sheller transaction at any time during the tax year?     5a     X       5b Ucl any taxabus party notify the organization that two or is a party to a prohibited tax sheller transaction?     5b     X       6b Obes the organization and year null gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions?     5c     5c       7 Organization shear any receive deductible contributions and express statement that such contributions or gifts were not tax deductible?     7a     X       7 Organization shear any receive deductible contribution and express statement that such contributions or gifts     6b     6c       7a     X     7b     7a     X       10 The organization self, express that are normality greater than \$100,000, and did the organization for the again and the organization for the value of the probability of the organization for the value of the probability of the organization for the value of the value of the organization for the v	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
b       1 ''ss,' enter the name of the foreign country       5ae instructions for filing requirements for FinCEN From 114, Report of Foreign Bark and Financial Accounts (FBAR).         5a       Xas the organization a party to a prohibited tax shefter transaction at any time during the tax year?       5a       X         5a       Via the organization in the vary to a prohibited tax shefter transaction?       5b       X         6b       Cost the organization have annual gross neeipts that are normally greater than \$100,000, and did the organization include with every solicitation are express statement that such contributions or gifts were not tax doductibles or tax doductibles or a shartable contributions?       6a       X         7 Organization racive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         1 ''''se,' idi the organization in other with the during the year       [7a]       7a       X         0 bit the organization and the years of the value of the goods or services provided?       7a       X         1 ''''se,' idictate the number of Forms 8282? filed during the year       [7d]       7a       7a         1 bit the organization needway any premiums, directly to pay premiums on a personal benefit contract?       7a       7a         1 bit the organization needway tax bonthyle during the year?       7a       7a       7a         1 bit the organization needway tax bonthyle during the year       7a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Eant and Financial Accounts (FEAR).       Sa       X         Sa       Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         So       Did any traxible party notify the organization that a was or is a party to a prohibited tax shelter transaction?       So       X         So       Did any traxible party notify the organization that a was or is a party to a prohibited tax shelter transaction?       So       X         Did any traxible party notify the organization that a was or is a party to a prohibited tax shelter transaction?       So       X         Dif Yes, "did the organization neave end tax deductible as charitable contributions?       Bo       Y       So       X         Dif Yes, "did the organization neive agament in sexes of 35 made party as a contribution an aparty for pools and services provided 1       Ta       X         Dif the organization selve, datamage, or dthrwings dispace of transple personal property for which it was required to file form 8282?       Ta       X         Dif the organization neave end a contribution of qualified intelectual property, of the organization file form 8282?       Ta       Ta         If Yes, "indicate the number of Forms 8282 filed during the year?       Ta       Ta       Ta         If the organization neave advised finds.       Did any candivide file form 8289 as required?       Ta		financial account in a foreign country (such as a bank account, securities account, or other financial a	iccou	nt)?	4a		X
5a         Mass the organization a party to a prohibited tax shelts transaction at any time during the tax year?         5a         X           bit dray taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction?         5b         X           bit dray taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction?         5c         5c           bit dray taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction?         5c         5c           bit dray taxable party notify the organization tax deductible as chartable contributions.         5c         5c         5c           bit dray contributions that were not tax deductible as chartable contribution and partly for goods and services provided to the part of the organization notify the donor of the value of the goods or services provided to the part of the organization notify the donor of the value of the goods or services provided to the part of the form SB22 field during the year         7c         X           bit the organization notify the donor of the value of the organization notify the donor of the value of the organization form SB22 field during the year         7d         7c         X           bit the organization neceive any funds, directly on indirectly, on a personal benefit contract?         7f         7c         X           f the organization neceive actification or eavised funds. Did a donor advised fund maintained by the sponsoring organization make adiniticulation notable did fund contract?         7f <th>b</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b						
b       Def any taxable party notify the organization file Form 8886-17       Boot for year of the organization analy args receives that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible as charitable contributions?       Boot for year of the organization are presents that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible?       Boot for year of the organization include with every solicitation an express statement that such contributions or gifts       Boot for organization serve a payment in access of 35's made parity as a contribution and party for goods and services provided to the payor?       7a       X         7       Organizations that may receive deductible contributions under section 170(c).       Boot for organization serve a payment in access of 35's made parity as a contribution or any party for which it was required to the fay and the organization netwer apayment in access of 15's made parity as a contribution or any party for which it was required to the fay and the organization fay for goods and services provided?       7a       X         0       Did the organization netwer apayment in access of 15's made parity as a contribution or any target for more the organization fay for for any for		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoui	nts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T7       5c         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were not tax deductible contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       6a         a       If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided T       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided T       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided T       7c       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         g       If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8098 erequired T.       7d       7d       7d         g       If the organization neceived a contribution or scheded funds. Did a donor advised fund maintained by the sponsoring organization make any taxbile distributions under section 4366?       9a       9a       9a       9a       9a       9a       9a       9a       9a </th <th>5a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	5a						
6a       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       X         b If "Ves," did the organization include with very solicitation an express statement that such contributions or gits were not tax deductible?       6b       6b         c Organizations that may receive deductible contributions under section 170(c).       10							X
any contributions that were not tax deductible as charable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       7b       7b       7b         10 the organization receive apprent in excess of 57 made party as a contribution and party for goods and services provided to the participation receive apprent in excess of 57 made party as a contribution and party for goods and services provided to the participation receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         0 to the organization ceeve any funds, directly or indirectly, on a personal benefit contract?       7d       7d       7d         10 the organization receive at contribution of qualified intellectual property, did the organization file Form 8098 as required?       7h       7d       7d         11 the organization necevies at contribution of cars, boats, apingmes, or other vehicles, did the organization file Form 8098 as required?       7h       7d       7d         12 bott he sopnooring organization maintaining door advised funds.       10d along anguitation file Form 8098 as required?       7h       8       8       8         9 Sonsoring organization maintaining door advised funds.       10d along anguitation file Form 8098 are quarted?       7h       1       10d       10d       10d       10d					<u>5c</u>		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       10         a       bit the organization take any receive deductible contributions and partly for goods and services provided to the payor?       7a       X         b       If "Yes," full the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       1cd       7c       X         d       If "Wes," indicate the number of Forms 8282 filed during the year       1cd       7c       X         d       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-C?       7n       7n         f       If the organization make any taxable distributions under section 4966?       9a       9b       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9       Section 501(c)(27) organizations. Enter:       10a       10a       10a       11a       12a	6a		e org	anization solicit			
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7c       8     Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payo?     7c       2     Did the organization notify the donor of the value of the goods or services provided?     7c       2     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       4     T'ves," indicate the number of Forms 8282 filed during the year     Td     7d       4     Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d       9     Did the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required?     7d       4     I'the organization meake any taxable distributions to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions and preson?     9e       9     Sponsoring organization make any taxable distributions under section 4966?     9a       10     Did the sponsoring organization make any taxable distributions on donor, donor advised, or related person?     9e       10     Gross income from methers or shareholders     10a       11     Did the sponsoring organization make any taxable distributions and person 990 in lieu of Form 1041?     12a       12 <th></th> <th>•</th> <th></th> <th></th> <th><u>6a</u></th> <th></th> <th>X</th>		•			<u>6a</u>		X
7       Organizations that may receive deductible contributions under section 170(c).       a)       a)       a)       b)       <	b						
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," indicate the number of Form 8282?       7c       X         d       If "Yes," indicate the number of Form 8282 filed during the year       [7d]       7c       X         d       If "Yes," indicate the number of Form 8282 filed during the year       [7d]       7d       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         f       Tot the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7d       X         f       Tot the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a	_				6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7         d       Did the organization, diring the year, pay premiums, on a personal benefit contract?       7f       7f       7d         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 Cf       7n       7         f       If the organization anitatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       the organization and e distributions under section 4966?       9a       9b       9a       9a <t< th=""><th>7</th><th><b>č</b> , , , , , , , , , , , , , , , , , , ,</th><th></th><th>ideal de la deserver o</th><th>_</th><th></th><th>v</th></t<>	7	<b>č</b> , , , , , , , , , , , , , , , , , , ,		ideal de la deserver o	_		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       1''Yes, ''Indicate the number of Forms 8282 filed during the year       Zd       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n         g       If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a </th <th>a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	a						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         F Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 8999 as required?       7d       7d         h If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       8         Sponsoring organization maintaining donor advised funds.       1d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 the sponsoring organizations make any taxable distributions under section 4966?       9a       9b         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9b         11 section 501c)(12) organizations. Enter:       10d       10b       10b         12 Section 501c)(12) organizations. Enter:       11a       10b       12a         3 Section 501c)(12) organization file traces the organization file prom them.)       11b       12a         13 Section 501c)(12) organization make a sister eceived or accruned during the year       12b	b				d/		
d       If "Yes," indicate the number of Forms 8282 filed during the year       Image: Control of Contro of Contro of Control of Contrecont of Control of Contro	С				7-		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7n         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         g       Did the sponsoring organizations. Enter:       a       10a       9b         g       Section 501(c)(12) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross income from members or shareholders       11a       10b       10b         12a       Section 501(c)(12) organizations. Enter:       11b       12a       12b       12b         13       Section 501(c)(23) organizations. Enter:       11b       12b       12b       12b       12b       12b       12b       12b       12b       12	<b>ا</b> م		1	1	70		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h         sponsoring organization maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Gross receipts, included on Form 990, Part VIII, line 12       10a       10b         cross income from members or shareholders       11a       10b       12a         b       Gross income from members or shareholders       11a       12a       12a         b       If Yes,* enter the amount of tax exempt interest received or accrued during the year?       12a       12a         13       Section 501(c)(12) organizations included on prom suparization sective or accrued during the year?       13a	a	, , , , , , , , , , , , , , , , , , , ,			70		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       01 donor advised funds.       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 di the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 granization make any taxable distributions on donor advised runds.       9a       9b         10 granization make any taxable distributions on donor advised runds.       9a       9b         10 granization make any taxable distributions on donor advisor, or related person?       9b       9b         10 granization make any taxable distributions to a donor, donor advisor, or related person?       9b       9b         10 granization make many taxable distributions to a donor, donor advised runds.       10a       10a       10a         11 granization from members or shareholders       11a       10b       10b       11a         12 Gross income from other sources. (Do not net amounts due or paaitation filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(21) organization insequeras treceived or accrued during the year?	f						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       a         9       Sponsoring organizations maintaining donor advised funds.       a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions. Enter:       10a         a       Initiation fees and capital contributions. Enter:       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       Did the organization sicensed to issue qual	י מ						
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 organization make excess business holdings at any time during the year?       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         14a       X         b       If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         D Section 501(c)(7) organizations. Enter:       10a       10a       9b         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         a Gross income from members or shareholders       11a       10b       11b       12a       12a         b ff "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       14a       X         b If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule 0       14b       15       X         If "Yes," see the instructions and file Form 4	-						
9       Sponsoring organizations maintaining donor advised funds.       9a         a       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:       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute paymen	-		-		8		
a 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:       10a         a 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         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         X       Did the organization receive any payments for indoor tanning services during the tax year?       14a         14 Did 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         15       Is the organization and file Form 4720, Schedule N.       16         16       K X       14a       X         17       If "Yes," complete Form 4720, Schedule N.       16	9						
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12							
a       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         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         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?       14a       X	b						
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization and file Form 4720, Schedule N.       16       X         16       X the organization and dine trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	10	Section 501(c)(7) organizations. Enter:					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a Gross income from members or shareholders       11a       11b       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11c         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a       13a         c Enter the amount of reserves on hand       13c       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       X       If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Y       If "Yes," complete Form 4720, Schedule O.       16       X         17       If "Yes," complete Form 4720, Schedule O.       17       16       X			1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the early o	b		12b		-		
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the section of the se							
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       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16	а	-			13a		
organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17		•					
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	b			I			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17					-		
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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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17							
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17					140		
If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	13				15		x
16       X         17       If "Yes," complete Form 4720, Schedule O.         18       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					13		
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		inco	me?	16		x
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	10	-	. 11100				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivitie	S			
					17		
		If "Yes," complete Form 6069.					

Form 990 (2022)
Part V Sta

Form	990	(2022)	)

#### RIVERWORKS DEVELOPMENT CORPORATION

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D	noncense of the set the set of set of the se	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		- 23
		0-	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
a		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ A
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Y.	
40-	Distance in the base based shows have been store as a filled as 0	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a	Х	
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?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	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			
	DARRYL JOHNSON - 414-906-9650			
	526 E CONCORDIA AVE, MILWAUKEE, WI 53212			

Form 990 (2022)	RIVERWORKS	DEVELOPMENT	CORPORATION	39-1731739	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Sch	nedule O contains a response	or note to any line in th	is Part VII				
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>							

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

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

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

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

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

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

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

(A) Name and title	(B) Average	<b>(C)</b> Position		(D) Reportable	(E) Reportable	<b>(F)</b> Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DARRYL JOHNSON	40.00								
EXECUTIVE DIRECTOR				Х			113,927.	0.	37,287.
(2) SHAWNTA EATON-LESCHIG	1.00								
TREASURER		Х		Х			0.	0.	0.
(3) MICHAEL MAISTELMAN	1.00								
DIRECTOR		Х					0.	0.	0.
(4) ANDREW RUEHL	1.00								
DIRECTOR		Х					0.	0.	0.
(5) GLENN MATTISON	1.00								
DIRECTOR		Х					0.	0.	0.
(6) TED TORCIVIA	1.00								
DIRECTOR		Х					0.	0.	0.
(7) ERIKA TURNER	1.00								
DIRECTOR		Х					0.	0.	0.
(8) EDWARD BRYANT	1.00								
FORMER DIRECTOR		Х					0.	0.	0.
(9) ROBIN N. REESE	1.00								
FORMER DIRECTOR		Х					0.	0.	0.
(10) DAN SWEENEY	1.00								
FORMER DIRECTOR		Х					0.	0.	0.
(11) STEVE ADAMS	1.00								
PRESIDENT		Х		Х			0.	0.	0.
(12) MUSTAFA EMIR	1.00								
VICE PRESIDENT		Х		Х			0.	0.	0.
(13) MIKE OLSON	1.00								
DIRECTOR		Х					0.	0.	0.
(14) NEIL WHITE	1.00								
SECRETARY		Х		Х			0.	0.	0.
(15) CASSANDRA FLAGG	1.00								
DIRECTOR		Х					0.	0.	0.
									<b>- 000</b> (2000)

Part VII Section A. Officers, Directors, Tructees, Key Employees, and Highest Compensated Employees Continued (A) Name and the how any control of the compensation from the compensation from regarizations of the compensation from regarizations as a section of the compensation from regarizations of the compensation from regarization from the compensation from regarization from regariza	Form 990 (2022) RIVERWORI	KS DEVEL	OP	ME	NT	' C	'OR	PC	DRATION	39-1	731	739	Pa	age <b>8</b>
Name and title         Average week (intermediated processing)         Continue to the second processing of the compensation from indicated processing of the compensation from the compensation of the compensation of the compensation of the compensation of the compensation from the complete Schedule J for such individual foreservices concompensat	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
Num particle       Nour particle </td <td>(A)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td colspan="3"></td> <td></td> <td>(F)</td> <td></td>	(A)						_						(F)	
Week (line at a decoderate product of a decoderate prod	Name and title	Ű,	(do not check more than one				· ·							
Wet any metalod organizations below ine       Wet is is is is is is is is is is is is is									· ·					of
1       1			tor											tion
1       1			r direc				eq					•		
1       1			tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)		orga	inizati	ion
1       1		, e	al trus	nal tr		loyee	comp		1099-NEC)					
1       1			lividu	titutic	icer	r em p	ploye	mer				orgai	nizatio	ons
c       Total from continuation sheets to Part VII, Section A       0.       37, 287.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1 <td></td> <td></td> <td>lnc</td> <td>lns</td> <td>0ff</td> <td>Key</td> <td>en <u>H</u>ic</td> <td>Бı</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			lnc	lns	0ff	Key	en <u>H</u> ic	Бı						
c       Total from continuation sheets to Part VII, Section A       0.       37, 287.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1 <td></td>														
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c       Total from continuation sheets to Part VII, Section A       0.       37, 287.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1 <td></td>														
c       Total from continuation sheets to Part VII, Section A       0.       37, 287.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							-							
c       Total from continuation sheets to Part VII, Section A       0.       37, 287.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1 <td></td>														
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d Total (add lines tb and 1c)       113,927.       0.       37,287.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are readed organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization? If "Yes," complete Schedule J for such person       4       X         5 Bection B. Independent Contractors       5       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization is tax year.       (C)         273 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       FUNDRAISING SERVICES       118,850.         2 T	1b Subtotal											37	2,28	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       1       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services       5       X         5       Description of services       Compensation from the organization? If "Yes," complete Schedule J for such as \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         2       Name and business address       Description of services       Compensation       183,059.       183,059.       118,850.	c Total from continuation sheets to Part V	I, Section A												
compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       Compensation         JORDAN 'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND         JORDAN 'S CONSTRUCTION SERVICES LLC         Sufficience         JORDAN 'S CONSTRUCTION SERVICES LLC         Sufficience         Sufficience         Sufficience </td <td>d Total (add lines 1b and 1c)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>  113,927.</td> <td></td> <td>0.</td> <td>37</td> <td>2,28</td> <td>87.</td>	d Total (add lines 1b and 1c)								113,927.		0.	37	2,28	87.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable	e			
<ul> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li< td=""><td>compensation from the organization</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li<></ul>	compensation from the organization													
1       1       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (a)       (b)       (c)         1       Complete This table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (b)       (c)         2       Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER											I		Yes	No
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li></ul>	c ,			-				•		•				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Mame and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       FUNDRAISING SERVICES       118,850.         SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1												3	_	<u> </u>
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       SUITE 300, MADISON , WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1													v	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1       2												4	^	
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												-		v
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       SUITE 300, MADISON , WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       0		nplete Schedule	e J fo	or sl	ich į	oers	on .					5		<u></u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1	· · · · · · · · · · · · · · · · · · ·	mpensated ind		nder	nt co	ontre	actor	re th	nat received more than 9	\$100,000 of com	nensat	ion fro	m	
(A) Name and business address       (B) Description of services       (C) Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         Provide the service of independent contractors (including but not limited to those listed above) who received more than       2		•	•								Jensa			
Name and business address       Description of services       Compensation         JORDAN'S CONSTRUCTION SERVICES LLC       CONSTRUCTION AND       2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2		the balendar ye		- Turi	ig w		<u> </u>					(C)	)	
2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       FUNDRAISING SERVICES       118,850.         SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2		address								services	С			n
2373 N 14TH ST, MILWAUKEE, WI 53206       PROJECT MANAGEMENT S       183,059.         MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE       FUNDRAISING SERVICES       118,850.         SUITE 300, MADISON, WI 53713       FUNDRAISING SERVICES       118,850.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2	JORDAN'S CONSTRUCTION SEP	RVICES L	LC											
MCDONALD SCHAEFER LLC, 2921 LANDMARK PLACE         SUITE 300, MADISON, WI 53713         FUNDRAISING SERVICES         118,850.         2         Total number of independent contractors (including but not limited to those listed above) who received more than												183	, 05	59.
Total number of independent contractors (including but not limited to those listed above) who received more than					P	LA	CE							
	SUITE 300, MADISON , WI 5	53713							FUNDRAISING	SERVICES		118	8,85	50.
													_	
		•	ot lin	nitec	d to		-	ted	above) who received m	ore than				

Ра	rt VII	L Statement of Re Check if Schedule O		aonse	or note to any lin	e in this Part VIII			
		Check II Schedule O (		501156		(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	
nts Its	1 a	Federated campaigns	<u>1a</u>			-			
Srai our	b		<u>1b</u>	-		-			
S, ( Am	С	Fundraising events				-			
Contributions, Gifts, Grants and Other Similar Amounts	d	•	<u>1d</u>			-			
ns, Simi	е	Government grants (contr	· · ·		560,688.	-			
itio er S	f	All other contributions, gifts,		1	202 022				
1 E E E		similar amounts not included			<u>323,933.</u> 11,753.	4			
ont nd (	g	Noncash contributions included in	lines 1a-1f	\$	11,/53.	1 001 601			
ы С а	n	Total. Add lines 1a-1f			Business Code	1,884,621.			
	-			ъс	900099	204,707.	204,707.	-	
ice	2 a	<u></u>		<u>65</u>	900099	197,888.			
erv ue	b	COIN LAUNDRY	OKEE		900099	177,519.		177,519.	
m S ven		ADMIN SUPPORT		D	900099	75,800.		111,519.	
Program Service Revenue		ADMIN SUFFORI	-B05 IM	<u> </u>	300033	75,000.	75,000.		
ro	e	All other prearem convice	****						
-	f	All other program service <b>Total.</b> Add lines 2a-2f				655,914.			
	3	Investment income (includ				055,5140			
	5		0			5,095.			5,095.
	4	Income from investment of			roceeds	5,055.			5,055.
	5	Royalties	•		0000000				
	Ŭ		(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a 435,8		()				
		Less: rental expenses	6b 498,7			1			
		Rental income or (loss)	6c - 62, 8			1			
		Net rental income or (loss)	•			-62,868.		-68,444.	5,576.
		Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory	7a			1			
	b	Less: cost or other basis				1			
e	-	and sales expenses	7b						
ent	с	Gain or (loss)	7c						
Revenue		Net gain or (loss)							
P		Gross income from fundraisi							
Oth			of						
-		contributions reported on							
		Part IV, line 18	,	8a	5,956.				
	b	Less: direct expenses			-	1			
		Net income or (loss) from				5,956.			5,956.
		Gross income from gamin	-						
		Part IV, line 19							
	b	Less: direct expenses							
	с	Net income or (loss) from	gaming activit	ies					
	10 a	Gross sales of inventory, I	less returns						
		and allowances		. <b>10</b> a	3				
	b	Less: cost of goods sold							
	с	Net income or (loss) from	sales of invent	tory					
					Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME			900099	2,794.	2,794.		
ane	b								
sella	с								
/lisc B	d	All other revenue							
<		Total. Add lines 11a-11d				2,794.			
	12	Total revenue. See instruction	nns			2,491,512.	481,189.	109,075.	16,627.

RIVERWORKS DEVELOPMENT CORPORATION

Form 990 (2022)

39-1731739

Page **9** 

Forn	n 990 (2022) RIVERWORKS	DEVELOPMENT	CORPORATION	39
Pa	rt IX Statement of Functional Expense	es		
Sect	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All ot	her organizations must co	mplete column (A).
	Check if Schedule O contains a respor	nse or note to any line i	in this Part IX	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management an general expense
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic individuals. See Part IV. line 22			

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1

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	151,214.	128,127.	13,675.	9,412.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	796,866.	673,841.	65,424.	57,601.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	132,285.	109,705.	17,177.	5,403.
10	Payroll taxes	93,145.	57,781.	30,349.	5,015.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	44,452.	44,452.		
С	Accounting	17,220.		17,220.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	116,356.			116,356.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	147,632.	129,295.	18,337.	
12	Advertising and promotion	31,062.	27,414.	2,972.	676.
13	Office expenses	49,931.	21,409.	25,558.	2,964.
14	Information technology				
15	Royalties				
16	Occupancy	50,482.	42,187.	8,295.	
17	Travel	1,220.	911.	64.	245.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,887.	1,567.	158.	162.
20	Interest	14,614.	14,137.	477.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,730.	24,199.	12,531.	
23	Insurance	18,403.	9,527.	8,876.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DISPOSAL	92,305.	92,305.		
b	COIN LAUNDRY PARTNER FE	83,473.	83,473.		
c	VEHICLE MAINTENANCE	30,146.	30,146.		
d	PROGRAM SUPPLIES AND EX	24,782.	24,636.	146.	
	All other expenses	40,101.	39,053.	1,048.	
25	Total functional expenses. Add lines 1 through 24e	1,974,306.	1,554,165.	222,307.	197,834.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		

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Total liabilities and net assets/fund balances

RIVERWORKS	DEVELOPMENT	CORPORATION
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<u>39-1731739</u> Page **11** 

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			160,439.	1	439,154.
	2	Savings and temporary cash investments			540,890.	2	291,978.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			159,220.	4	391,601.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			614,386.	7	839,029.
Assets	8	Inventories for sale or use				8	
As	9				20,408.	9	15,714.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,639,957.			
	b	Less: accumulated depreciation		1,370,528.	4,156,050.	10c	4,269,429.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			79,815.	15	110,971.
	16	Total assets. Add lines 1 through 15 (must equa			5,731,208.	16	6,357,876.
	17	Accounts payable and accrued expenses			179,676.	17	144,286.
	18	Grants payable				18	
	19	Deferred revenue			7,267.	19	78,014.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	2,734,218.	23	2,814,486.
	24	Unsecured notes and loans payable to unrelated	I third p	arties		24	
	25	Other liabilities (including federal income tax, pay	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	04 00F		
		of Schedule D			31,995.	25	25,832.
	26				2,953,156.	26	3,062,618.
6		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			0 144 645		0 000 041
alar	27	Net assets without donor restrictions			2,144,645.	27	2,088,841.
ä	28	Net assets with donor restrictions			633,407.	28	1,206,417.
n		Organizations that do not follow FASB ASC 9	58, cheo	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
∌t A	31	Retained earnings, endowment, accumulated inc			2,778,052.	31	3 705 750
ž	32	Total net assets or fund balances			4,110,052.	32	3,295,258.

Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 2,778,052. 3,295,258. 32 6,357,876. Form **990** (2022) 5,731,208. 33

Form 990 (	2022)
Part X	Balan

Form	990 (2022) RIVERWORKS DEVELOPMENT CORPORATION	39-	-1731	739	Pa	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,49</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,97					
3	Revenue less expenses. Subtract line 2 from line 1	3				06.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>,77</u>	B,0	<u>52.</u>			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3	,29	5,2	58.			
Pa	Part XII Financial Statements and Reporting								
	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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a    X								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	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 X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the o	rganization
---------------	-------------

Nam								identification number	
		RIVE	RWORKS DEVI	ELOPMENT CORI	PORATI	LON			9-1731739
	rt I	Reason for Public (					see instruction	S.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		liege or university owned	l or operat	ed by a go	overnmental ui	nit describe	ed in
-	section 170(b)(1)(A)(iv). (Complete Part II.)								
6									
7	X			ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university: An organization that norma		than 22 1/20/ of its our	ort from o	ontributior	na mambarab	in food on	d aroon ronginto from
10		activities related to its exem	•					-	•
		income and unrelated busir		-					-
		See section 509(a)(2). (Con				5555 20401	red by the org		
11		An organization organized a		vely to test for public sat	fetv See	section 50	)9(a)(4).		
12	$\square$	An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	_	_ requirement (see instructi							
е		Check this box if the orga					Type I, Type I	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi	ing document?	support (see in		support (see instructions)
		5		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,
Tota	l								

#### Schedule A (Form 990) 2022 Part II Support Sch

RIVERWORKS DEVELOPMENT CORPORATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	481,171.	499,920.	1335328.	1187828.	1884621.	5388868.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	481,171.	499,920.	1335328.	1187828.	1884621.	5388868.
	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)						615,608.
6							4773260.
	Public support. Subtract line 5 from line 4.						±//5200•
		<b>(a)</b> 2018	(b) 2010	(a) 2020	(d) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	481,171.	(b) 2019 499,920.	(c) 2020 1335328.	(d) 2021 1187828.	(e)2022 1884621.	(f) Total 5388868 •
	Amounts from line 4	<u>+01,1/10</u>	477,720.	1333320.	110/020.	10040210	5500000
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	E 220	F 040	4 750	4 500		
	and income from similar sources	5,338.	5,242.	4,750.	4,598.	5,095.	25,023.
9	Net income from unrelated business						
	activities, whether or not the	01 500	104 010	107 000	100 140		COO 100
	business is regularly carried on	21,509.	124,916.	127,030.	177,148.	177,519.	628,122.
10	Other income. Do not include gain						
	or loss from the sale of capital		454 004	488 004	455 400		0010000
	assets (Explain in Part VI.)	445,749.	451,281.	477,321.	457,432.	487,145.	2318928.
	Total support. Add lines 7 through 10						8360941.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	57.09 %
	Public support percentage from 2021					15	47.14 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	k this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, <u>16b, 17a, or 17b</u>	, check this box a	nd see instructions	

Schedule A (Form 990) 2022

Schedule A (F	orm 990	) 2022
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#### RIVERWORKS DEVELOPMENT CORPORATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

ocolion A. I upilo oupport						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
<ul> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>12 Table uncost</li> </ul>						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	0		-			
check this box and stop here						······
· · · · · ·			(f)		40	
<b>15</b> Public support percentage for 2022 (I					15	%
16 Public support percentage from 2021 Section D. Computation of Invest					16	%
					47	
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from						%
<b>19a 33 1/3% support tests - 2022.</b> If the						l line 1 / is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2021. If the	-	•		••••		[] I/3%. and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			-		-	
			, ,			

#### RIVERWORKS DEVELOPMENT CORPORATION

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

#### RIVERWORKS DEVELOPMENT CORPORATION Schedule A (Form 990) 2022 Part 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 line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All T	ype III Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	ear (see instructions).
---	---------------------------------------	-------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governmen	tal 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.

2a

2b

3a

Yes No

# Schedule A (Form 990) 2022 RIVERWORKS DEVELOPMENT CORPORATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1				
•	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

RIVERWORKS	DEVELOPMENT	CORPORATION	

_		VELOPMENT CORPO		3	9-1731739 Page 7	7			
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year	_			
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
_4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
с	From 2019								
	From 2020								
	From 2021								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount					Τ			
i	Carryover from 2017 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D.								
	line 7: \$								
	Applied to underdistributions of prior years					-			
	Applied to 2022 distributable amount					-			
	Remainder. Subtract lines 4a and 4b from line 4.								
	Remaining underdistributions for years prior to 2022, if								
5									
	any. Subtract lines 3g and 4a from line 2. For result greater								
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2022. Subtract lines 3h					-			
0									
	and 4b from line 1. For result greater than zero, <i>explain in</i>								
	Part VI. See instructions.					_			
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
_8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			CORPORATION	39-1731739 Page 8
Part VI	Part IV, Section A, lines 1, line 1: Part IV. Section D. I	2, 3b, 3c, 4b, 4c, 5a, ines 2 and 3: Part IV. 5	6, 9a, 9b, 9c, 11a, 11b, Section E. lines 1c. 2a. 2	and 11c; Part IV, Section B,	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.

(Form 9	<del>9</del> 90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions an	d the latest inform	ation.		Open to Inspect	
Nam	e of the organizati	ion					identificatio	
D.		RIVERWORKS DEVELOP					9-17317	
Par		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin		r Similar Funds	s or Ac	counts.	Complete if the	ne
	organizatio		(a) Donor adv	vised funds		) Eunde an	d other accou	inte
	Tatal works an at a				, ,	<b>J</b> Fullus all	u uliter accou	1115
1		nd of year of contributions to (during year)						
2 3		of grants from (during year)						
4		at end of year						
5		on inform all donors and donor advisors in v		sheld in donor advi	I sed fund	s		
Ũ	-	on's property, subject to the organization's	-				Yes	No
6		on inform all grantees, donors, and donor a						
	•	poses and not for the benefit of the donor o	U U	•		2		
	impermissible priv					0	Yes	No
Par	t II Conserv	vation Easements. Complete if the org						
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).				
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of	of a histo	rically impor	tant land area	a
	Protection of	of natural habitat		Preservation of	of a certif	ied historic	structure	
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a con			
	day of the tax yea	r.				Held	at the End of th	ie Tax Year
а	Total number of c	onservation easements				2a		
b	-				r	2b		
С		rvation easements on a certified historic stru				2c		
d	Number of conser	rvation easements included in (c) acquired a						
_						2d		
3		rvation easements modified, transferred, rel	eased, extinguished,	or terminated by th	e organiz	ation during	g the tax	
	year							
4		where property subject to conservation eas		action bondling of	-			
5	-	ation have a written policy regarding the per forcement of the conservation easements it					Yes	No
6	,	er hours devoted to monitoring, inspecting,		and enforcing cor				
0		a nours devoted to morntoning, inspecting,	nandling of violations	, and enforcing cor	ISCI VALIOI	reasements	s during the y	cai
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conserv	ation eas	ements duri	ing the year	
•	, another of oxporte		ing of violations, and				ing the year	
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170	)(h)(4)(B)(i	)		
	and section 170(h						Yes	No
9		be how the organization reports conservation						
	balance sheet, and	d include, if applicable, the text of the footn	note to the organizatio	on's financial staten	nents tha	t describes	the	
	organization's acc	counting for conservation easements.						
Par	t III Organiza	ations Maintaining Collections of	FArt, Historical T	reasures, or O	ther Si	milar Ass	sets.	
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement	and bala	nce sheet w	vorks	
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtheran	ce of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that	describes these iter	ns.			
b	-	elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, educatior	n, or research in fur	therance	of public se	ervice,	
	-	ing amounts relating to these items:						
		uded on Form 990, Part VIII, line 1						
-	.,							
2	-	received or held works of art, historical trea			al gain, p	rovide		
	the following amo	unts required to be reported under FASB A	SC 958 relating to the	ese items:				

а	Revenue included on Form 990, Part VI	III, line 1	\$
b	Assets included in Form 990, Part X		\$

		RKS DEVELO						<u>39-17</u>			age <b>2</b>
									(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	: make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how the	ey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or				-				-		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered '	'Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it										
		(a) Current year	( <b>b</b> ) Pi	rior year	(c) Two year	rs dack	(d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the	е		ſ	V.	N
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme		wment fu	inds.							
1 41	Complete if the organization answered		) Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Boo	k volu	
	Description of property	basis (investr			(other)	• • •	preciation	eu -	( <b>u</b> ) 600	k valu	e
1a	Land				3,005.					3,0	
	Buildings			5,35	1,071.	1,2	287,7		4,06		
	Leasehold improvements				2,232.		7,8			4,3	
d	Equipment				1,920.		24,8			7,1	
e	Other			6	1,729.		50,00			1,6	
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X, colum	<u>n (B), line 1</u>	0c.)				4,26	9,42	29.

Schedule D (Form 990) 2022

		110. 000 1 0111 000, 1 dit X, iiilo 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(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.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE - COPIER			23,307.
(3) SECURITY DEPOSIT			2,525.
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		25,832.
2. Liability for uncertain tax positions. In Part XIII, provide			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

### Schedule D (Form 990) 2022

RIVERWORKS DEVELOPMENT CORPORATION Part VII Investments - Other Securities.

	edule D (Form 990) 2022 RIVERWORKS DEVELOPMENT COR		1731739 Page <b>4</b>					
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.						
1	Total revenue, gains, and other support per audited financial statements			1	2,990,211.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	<b>3</b> ( )							
b	Donated services and use of facilities	. 2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)		498,699.					
е	Add lines <b>2a</b> through <b>2d</b>			2e	498,699.			
3	Subtract line 2e from line 1			3	2,491,512.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.			
	Add lines 4a and 4b							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,491,512.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ents With			n.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ients With	Expenses per F					
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients With	Expenses per F	leturi	n.			
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With a.	Expenses per F	leturi	n.			
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. 	Expenses per F	leturi	n.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses per F	leturi	n.			
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	Expenses per F	leturi	n.			
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	leturi	n. 2,473,005. 498,699.			
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. 2,473,005.			
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,473,005. 498,699.			
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,473,005. 498,699.			
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per F	1 2e	n. 2,473,005. 498,699.			
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	Expenses per F	1 2e	n. 2,473,005. 498,699. 1,974,306. 0.			
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	Expenses per F	1 2e 3	n. 2,473,005. 498,699. 1,974,306.			

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE

FOUNDATION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES (PRIMARILY RENTAL

INCOME) NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS

SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

#### MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED

TAX RETURNS IN THE U.S. FEDERAL AND STATE JURISDICTIONS AND THOSE EXPECTED

TO BE TAKEN IN FUTURE TAX RETURNS. AS OF DECEMBER 31, 2022, THE

ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS

AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION
232054 09-01-22
Schedule D (Form 990) 2022

Schedule D (Form 990) 2022         RIVERWORKS DEVELOPMENT CORPORATION         39-1731739         Page 5           Part XIII         Supplemental Information (continued)         (conti
Part XIII Supplemental Information (continued)
DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX
BENEFITS OVER THE NEXT YEAR. THE ORGANIZATION IS CURRENTLY NOT UNDER AUDIT
BY ANY FEDERAL OR STATE TAXING AUTHORITY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 498,699.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 498,699.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047	
(Form 990)	Complete if the	2022							
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instru	ctions	and the	ne latest information	n.	E La	Inspection	
Name of the organization			וסתת	- <b>- - - - -</b>				entification number	
Part I Fundrais	RIVERWORKS         DEVELOPMENT         CORPORATION         39-1731739           Part I         Fundraising Activities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
			ered "Y	'es" or	n Form 990, Part IV, I	ine 1	(. Form 990-E	∠ filers are not	
<ul> <li>required to complete this part.</li> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>f X Solicitation of non-government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>key employees listed in Form 990, Part VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>									
.,	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts to (or from activity f				Amount paid or retained by) fundraiser :ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
MCDONALD SCHAEFER I	LLC - 207 E		Yes	No					
BUFFALO ST #604, MI	ILWAUKEE,	FUNDRAISING SERVICES		x	654,759.		106,950	. 547,809.	
DAWN HUTCHINSON-WEI									
E AMERICAN AVE, OAP	K CREEK, WI	FUNDRAISING SERVICES		X	365,703.		9,000	. 356,703.	
			-						
Total					1,020,462.		115,950	. 904,512.	
3 List all states in whi or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration	

RIVERWORKS DEVELOPMENT CORPORATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b, List events with gross receipts greater than \$5,00

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
						col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts				
_						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	5					
	4	Cash prizes				
		• • • • • • • • • • • • • • • • • • • •				
	5	Noncash prizes				
ses						
Siens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses	<b>a</b>			
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				
Pa	rt I			n 990, Part IV, line 19, or ı		l
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Jeve Beve						
	1	Gross revenue				
	-					
ses	2	Cash prizes				
Expenses	3	Noncosh prizos				
Ĕ	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ē		······				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	En	ter the state(s) in which the organization condu	uoto goming optivitioo:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		, oxpram.				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
		Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 RIVERWORKS DEVELOPMENT CORPORATION 39-1	731	739	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party   \$			
C	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	News			
	Name			
	Coming manager companyation			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lin	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
-				
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
<i>і</i> т	NAME OF EUNDRAIGER, MODONALD COULEEED IIC			
(I	) NAME OF FUNDRAISER: MCDONALD SCHAEFER LLC			
(I	) ADDRESS OF FUNDRAISER: 207 E BUFFALO ST #604, MILWAUKEE, WI	532	0.2	
( 1	/ ADDRESS OF FUNDRAISER: 207 E BUFFALO SI #004, MILWAUREE, WI	552	02	
(I	) NAME OF FUNDRAISER: DAWN HUTCHINSON-WEISS			
<u>, т</u>	/ MATE OF FORDIATOER. DAWN HOTCHINGON-WEIDD			
(I	) ADDRESS OF FUNDRAISER: 3539 E AMERICAN AVE, OAK CREEK, WI 53	154		
<u>, т</u>	, IDENESS OF FORDIMISER, 5555 E ANERTONY AVE, OAR CREEK, WE SS			

Schedule G	a (Form 990)
Dort IV	Sumplar

Part IV	Supplemental Information	(continued)

SCI	IEDULE J	Compensation Information	1	OMB No. 154	5-0047
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	202	))	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		202	
Depar	ment of the Treasury	Attach to Form 990.		Open to P	
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<b>F</b>	Inspect	
Nam	e of the organizatior			lentification	number
Pa	rt I Question	RIVERWORKS DEVELOPMENT CORPORATION s Regarding Compensation	29-1	731739	
Ia		s negarang compensation		v	es No
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990	T	
		line 1a. Complete Part III to provide any relevant information regarding these items.	990,		
	First-class or c		naluse		
	Travel for com				
		ation and gross-up payments Health or social club dues or initiation fee			
		spending account			
			,,		
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.			
	Compensation	committee Written employment contract			
	Independent c	ompensation consultant Compensation survey or study			
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee		
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а	Receive a severanc	e payment or change-of-control payment?		4a	<u> </u>
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c	X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	-	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the re			_	v
		-10			
		ation?		. <u>5b</u>	A
		r 5b, describe in Part III.	~		
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of compare of:	11		
	contingent on the n	•		60	x
d h	Any related organiz	ation?		. <u>6a</u> 6b	
		ation? r 6b, describe in Part III.			
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		les 5 and 6? If "Yes," describe in Part III		7	x
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th			23
	-			8	x
		id the organization also follow the rebuttable presumption procedure described in			
3		ום היה סיקמוובמוטרו מוסט וטווטוע היה דבטעונמטוב פובטעווופעטרו פוטטבעעוב עבטרוטבע ווו			
	Regulations section			. 9	

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DARRYL JOHNSON	(i)	113,927.	0.	0.	0.	37,287.	151,214.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



39-1731739

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

RESIDENTS AND BUSINESSES WITH SPECIALIZED RESOURCES THAT STRENGTHEN

RIVERWORKS DEVELOPMENT CORPORATION

HARAMBEE, RIVERWEST AND SURROUNDING COMMUNITIES.

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

PROPERTIES AND ENCOURAGE RESIDENTS TO APPLY FOR FUNDING FOR HOME

REPAIR. THE HARAMBEE QUALITY OF LIFE PLAN BROUGHT TOGETHER COMMUNITY

STAKEHOLDERS AND RESIDENTS TO BEGIN PLANNING PHASES FOR A PLAN TO

IMPROVE THE NEIGHBORHOOD AND RESIDENT QUALITY OF LIFE. THE BEERLINE

TRAIL NEIGHBORHOOD DEVELOPMENT PROJECT CONTINUED TO ENSURE THE NEXT

PHASES OF TRAIL DEVELOPMENT SERVE THE NEEDS OF THE COMMUNITY, AND THAT

OTHER DEVELOPMENT INSPIRED BY AND CENTERED AROUND THE TRAIL BENEFITS

RESIDENTS EQUITABLY. PRIOR TO THE BEERLINE TRAIL NEIGHBORHOOD

DEVELOPMENT PROJECT EFFORTS, THIS CORRIDOR WAS SIGNIFICANTLY IMPACTED

BY BLIGHT, DISINVESTMENT, AND A LACK OF PERCEIVED SAFETY.

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

SPACES, AND THROUGH THE BREW CITY MATCH GRANT PROGRAM, 11 BUSINESSES

WERE AWARDED A TOTAL OF \$105,000 FOR MARKETING, PREDEVELOPMENT AND

CONSTRUCTION COSTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REAL ESTATE DEVELOPMENT: LEADS CATALYTIC RESIDENTIAL AND COMMERCIAL PROJECTS WHICH HAVE A POSITIVE ECONOMIC AND SOCIAL IMPACT ON THE COMMUNITY. THE FOUR CORE VALUES ARE: CREATE JOBS, STABILIZE THE TAX BASE, REPURPOSE VACANT & BLIGHTED PROPERTIES, AND GENERATE REVENUE FOR

Schedule O (Form 990) 2022	Page <b>2</b>
	Employer identification number
RIVERWORKS DEVELOPMENT CORPORATION	39-1731739
RDC'S PROGRAMS. THE RIVERWORKS CITY CENTER, COMPLETED IN 2	018, HOUSES
THE OFFICES FOR RDC STAFF, AS WELL AS THE RIVERWORKS COIN	LAUNDRY, A
ROTATING WHITEBOX SPACE FOR LOCAL BUSINESSES, THE BEERLINE	TRAIL FOOD
COURT, AND A SPACED RENTED BY FAMILY DOLLAR. THE RIVERWORK	S LOFTS,
COMPLETED IN 2012, HAS ONE- AND TWO- BEDROOM LOFT-STYLE AP	ARTMENTS ON
THE INTERSECTION OF HOLTON AND TOWNSEND. THE RIVERWORKS CO	MMONS,
COMPLETED IN 2004, IS A SHOPPING CENTER ON CAPITOL DRIVE W	ITH 21,000
FEET OF RETAIL SPACE. IN 2022, RDC COMPLETED CONSTRUCTION	AND
LANDSCAPING ON A GREEN INFRASTRUCTURE PROJECT - THE BEERLI	NE PLAZA; THE
PLAZA IS LOCATED AT THE RIVERWORKS CITY CENTER, AND SERVES	AS A PUBLIC
PLACE FOR EVENTS, MUSIC, ART AND MUCH MORE. RDC ALSO CONTI	NUED
CONSTRUCTION ON THE CONNECTOR BUILDING PROJECT, WHICH WILL	HAVE A
MULTI-USE COMMUNITY SPACE AND CAFE ADJACENT TO THE BEERLIN	E TRAIL, AND
IS EXPECTED TO BE COMPLETED IN SPRING 2023.	

RIVERWORKS CLEANS: HIRES COMMUNITY MEMBERS WHO HAVE BARRIERS TO EMPLOYMENT THROUGH THIS SOCIAL ENTERPRISE PROGRAM. THEY SERVE THE COMMUNITY BY CLEANING UP SIDEWALKS AND CURBS, VACANT LOTS AND COMMERCIAL DISTRICTS. SERVICES INCLUDE LITTER AND GRAFFITI REMOVAL, EVENT SET UP, MINOR LANDSCAPING, STREETSCAPE MAINTENANCE, AND RETURNING STOLEN PROPERTY. CONTRACTS INCLUDE PRIVATE BUSINESSES, BIDS, AND THE CITY OF MILWAUKEE. IN 2022, RIVERWORKS CLEANS WORKED IN 7 MILWAUKEE BUSINESS IMPROVEMENT DISTRICTS AND COLLECTED 4,169 BAGS OF LITTER, EMPTIED 1,246 TRASH CANS, RETURNED 499 SHOPPING CARTS, AND REMOVED 15 GRAFFITI TAGS. RIVERWORKS CLEANS ALSO COMPLETED 1,494 ILLEGAL DUMP WORK ORDERS ISSUED BY THE CITY OF MILWAUKEE, RESULTING IN 7,172 CUBIC YARDS OF DEBRIS, REMOVED FROM CITY OWNED PROPERTIES.

 EXPENSES \$ 487,686.
 INCLUDING GRANTS OF \$ 0.
 REVENUE \$ 377,957.

 232212 10-28-22
 Schedule O (Form 990) 2022

Name of the organization

RIVERWORKS DEVELOPMENT CORPORATION

39-1731739

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

LINE 11B EXPLANATION - TREASURER/VICE PRESIDENT REVIEWS THE 990 BEFORE IT

IS FILED, AND REPORTS TO THE ENTIRE BOARD OF DIRECTORS.

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

CONFLICT OF INTEREST FORMS ARE FILLED OUT AND SIGNED DURING BOARD MEMBER

ONBOARDING, AS WELL AS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUAL REVIEW IS DONE BY THE EXECUTIVE COMMITTEE TO DETERMINE COMPENSATION

FOR THE EXECUTIVE DIRECTOR. ALL OTHER EMPLOYEE'S COMPENSATIONS ARE

DETERMINED BY THE EXECUTIVE DIRECTOR, ARE REVIEWED BY THE FINANCE

COMMITTEE, AND APPROVED BY THE BOARD THROUGH THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

#### SCHEDULE R

(Form 990)

#### (1 0111 000)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 39 - 1731739

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### RIVERWORKS DEVELOPMENT CORPORATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
3901 N RICHARDS ST LLC - 41-2090592					
526 E CONCORDIA AVE					
MILWAUKEE, WI 53212	SHOPPING CENTER	WISCONSIN	296,463.	1,131,965.	100%
3372 N HOLTON ST. LLC - 39-1731739					
526 E CONCORDIA AVE					
MILWAUKEE, WI 53212	REAL ESTATE	WISCONSIN			100%
FIVE POINT EXCHANGE HOLDINGS LLC -					
47-1288880, 526 E CONCORDIA AVE, MILWAUKEE,					
WI 53212	REAL ESTATE	WISCONSIN			100%
RIVERWORKS CITY CENTER LLC - 41-2090589					
526 E CONCORDIA AVE					
MILWAUKEE, WI 53212	NONPROFIT OFFICES	WISCONSIN	368,295.		100%

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HARAMBEE NEIGHBORHOOD IMPROVEMENT DISTRICT -							
82-4265781, 526 E CONCORDIA AVE, MILWAUKEE,							
WI 53212		WISCONSIN	501(A)	LINE 6			X

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) RIVERWORKS DEVELOPMENT CORPORATION

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
KEEFE AVENUE CROSSING LLC - 47-1286301 526 E CONCORDIA AVE					
		WI GONGIN			100%
MILWAUKEE, WI 53212	REAL ESTATE	WISCONSIN			1004
	_				
	_				

#### Schedule R (Form 990) 2022 RIVERWORKS DEVELOPMENT CORPORATION

39-1731739 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
RIVERWORKS LOFTS - 27-3814632 5201 E TERRACE DR	-											
MADISON, WI 53718	REAL ESTATE	WI			-9.			x	N/A		x	
	-											
	-											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contri enti	i) :tion ɔ)(13) rolled .ity?
		country)		01 11 40 4				Yes	No

#### Schedule R (Form 990) 2022 RIVERWORKS DEVELOPMENT CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es l
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	5
Gift, grant, or capital contribution from related organization(s)		X	2
Loans or loan guarantees to or for related organization(s)		X	2
Loans or loan guarantees by related organization(s)		X	<u> </u>
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)		_	_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)		X	2
n Performance of services or membership or fundraising solicitations by related organization(s)		n	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	2
Sharing of paid employees with related organization(s)		X	<u>د</u>
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Conter transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) RIVERWORKS LOFTS	D	560,000.	FMV
(2) RIVERWORKS CITY CENTER LLC	K	11,753.	FMV
(3) RIVERWORKS LOFTS	D	2,053.	FMV
(4) HARAMBEE NEIGHBORHOOD IMPROVEMENT DISTRICT	D	30,000.	FMV
(5)			
(6)			

#### Schedule R (Form 990) 2022 RIVERWORKS DEVELOPMENT CORPORATION

#### 39-1731739 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5	[	( n		,	(-)						
(a)	(b)	(c)	(d)	(e Are a partners 501(c orgs	2) all	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	s sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	(3) 2	total	end-of-year	alloca	nate tions?	amount in box 20	managin partner	ownership
-		country)	sections 512-514)	Yes		income		Yes		(Form 1065)	Yes No	1
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Schedule R (Form 990) 2022

#### RIVERWORKS DEVELOPMENT CORPORATION 39-1731739 Page 5

Schedule R (Form 990) 2022 RIVE
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

# **CARRYOVER DATA TO 2023**

Name RIVERWORKS DEVELOPMENT CORPORATION	Employer Identificat	ion Number 39
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - RETAIL RENTAL 3	INCOME	39,021.
FEDERAL POST-2017 NET OPERATING LOSS - RETAIL RENTAL I	INCOME	4,825.
FEDERAL POST-2017 NET OPERATING LOSS - COIN LAUNDRY		93,416.

Name	: RIVERWORKS DE	VELOPMENT COR	PORATION							FEIN:	39-1731739	
	Type and Entity: RETAIL RENTAL INCOME - POST-2017 NO DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for <u>12/31/22</u>	Amount Used for								
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B 202 C 202	0 19,121. 1 8,700. 2 11,200.											
D												
A 202 B 202 C 202 D E F												
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G H												
J												
K												
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Deta Type	E Amount	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
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A B C D E F G H												
C												
D												
F												
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H												
K												
M N												
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P Q R S												
S												
T U												
V												
W												

212571 04-01-22

Name	: RIVERWORKS DEV	ELOPMENT CORPO	ORATION							FEIN:	39-1731739
Type	Type and Entity:       RETAIL       RENTAL       INCOME       POST-2017       NO       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover       Section 382 Carryover										
Year Origi- nated	Original Carryover	Total Amount Used	Section 382 Carryover Amount Used for <u>12/31/22</u>	Amount Used for							
	5,970.	1,145.	1,145.								
2021											
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·	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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212571 04-01-22

Name	e: RIVERWORKS DE	VELOPMENT COR	PORATION							FEIN:	39-1731739
Туре	Type and Entity:       COIN LAUNDRY POST-2017 NOL FED       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover										
Yea Orig nate	r Original i- Carryover d Amount	Total Amount Used	Section 382 Carryover Amount Used for <u>12/31/22</u>	Amount Used for							
A 202 B 202 C 202 D E F G H H J J K L M N O P Q R S T	39,342.										
U V W Deta Type	ill S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F G H I J K L M N O P Q R S T U V W											

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	r Name of exempt organization or other filer, see instruc	Taxpayer identification number (TIN									
print	RIVERWORKS DEVELOPMENT CORP	39-1731739									
File by th due date filing you	e for Number, street, and room or suite no. If a P.O. box, see instructions.										
return. Se instructio	e	reign add	ress, see instructions.								
Enter t	ne Return Code for the return that this application is for (file	e a separat	te application for each return)								
Applic	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	90-T (trust other than above)	06	Form 8870			12					
Form 9	90-T (corporation)	07									
<ul> <li>If th</li> <li>box</li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> </ul>	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ( 	Group Exe and atta NOVEI anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole gro ers the extens npt organizatic 	oup, check this ion is for.					
<u>á</u> b l	this application is for Forms 990-PF, 990-T, 4720, or 6069, ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overpa	3a 3b	\$	0.							
i	Balance due. Subtract line 3b from line 3a. Include your paising EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.					
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-T	E for payment					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)