Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2022, or fiscal year beginning , 2022, and en

ending _____ . 20 _

2022

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** 820 RIVER STREET INC. 14-1637021 JENNIFER NEIFELD Name and title of officer or person subject to tax CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 3,239,507. 1a b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here 2a За Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here 9a b Tax due (Form 5330, Part II, line 19) 9b 10<u>a</u> Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize BONADIO & CO., LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. gnature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 14227212205 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above, I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

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

Form 8879-TE (2022)

Form 990

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.

2022
Open to Public

Department of the Treasury Internal Revenue Service

<u>A</u>	For t	he 2022 calendar year, or tax year beginning and en	nding		
В	Check applica	if Loble: C Name of organization		D Employer identif	ication number
	Add cha Nan	820 RIVER STREET, INC.			
_	cha	nge Doing business as		14-16370	21
	Initi retu Fina retu	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number 518-377-	er
	term atec	in-		G Gross receipts \$	3,239,507.
	Ame			H(a) Is this a group r	
	App tion	F Name and address of principal officer: JENNIFER NETFELD			s? Yes X No
	pen	SAME AS C ABOVE		H(b) Are all subordinates i	
1	Tax-e	xempt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1) or	527		list. See instructions
J	Webs			H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year o		M State of legal domicile: NY
Р	art I	Summary			VI Otato or logal dollinolo, 24 2
Governance	1	Briefly describe the organization's mission or most significant activities: SUBSTA	ANCE A	ABUSE TREAT	MENT
Tan L	2	Check this box if the organization discontinued its operations or disposed	of more t	than 25% of its not as	note.
ē	3	Number of setting and setting and setting of the se		1	5ets. 7
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	4	7
ος (0	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	49
įį	6	Total number of volunteers (estimate if necessary)		6	7
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
	l			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,271,905.	926,426.
nue	9	Program service revenue (Part VIII, line 2g)		2,137,779.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,625.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94,209.	125,077.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,499,268.	3,239,507.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,105,662.	2,067,276.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꿄	b		<u>•</u>		2 25 3 31
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,287,666.	1,171,058.
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,393,328.	3,238,334.
- S	19	Revenue less expenses. Subtract line 18 from line 12	- 	105,940.	1,173.
Assets or Balances	20	Total assets (Part X, line 16)		nning of Current Year	End of Year
Ass	21	Total liabilities (Part X, line 26)		1,148,326.	1,114,786.
Net		Net assets or fund balances. Subtract line 21 from line 20		1,069,973.	1,012,760.
Pa	rt II	Signature Block		78,353.	102,026.
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d etatement	to and to the heat of my	Imposited as a sellentiation to
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	nrenarer ha	es, and to the best of my	knowledge and belief, it is
		Canaly It of bell o	preparer na	11-8-5	10.07
Sign	ı	Signature of officer		Date	<u> </u>
Here		JENNIFER NEIFELD, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Dat	te Check	PTIN
Paid	j	KENNETH MCGIVNEY KENNETH MCGIVNEY	11	/07/23 if self-employe	
Prep		Firm's name BONADIO & CO., LLP		Firm's EIN 16	5-1131146
Use (Only	Firm's address 6 WEMBLEY CT			
		ALBANY, NY 12205		Phone no. (51	8) 464-4080
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Fo	m 990 (2022) 8 2 0 RIVER STREET, INC. art III Statement of Program Service Accomplishments	14-163	7021 Pa	ige
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission: THE ORGANIZATION OPERATES AND MAINTAINS IN-PATIENT, RESIDENTIAL TREATMENT FACILITIES AND COUNSELING AND PROGRAMS WHICH PROVIDE PROGRAMS OF CARE, SERVICE, RITTEATMENT FOR PERSONS AFFLICTED WITH THE ILLNESS OF	OUT-PATIENT EVALUATION		
2	prior Form 990 or 990-EZ?	on the	AND Yes X	No.
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.		Yes X	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.	vices, as measured by e s to others, the total exp	expenses. Denses, and	
4a) (Revenue \$ 1, FOR ALCOHOL	,918,334 AND	•
4b	(Code:) (Expenses \$ 371,811. including grants of \$HALFWAY HOUSE PROVIDES A STRUCTURED LIVING ENVIRONME) (Revenue \$3,	137,509.	.)
4c	(Code:) (Expenses \$ 220,563. including grants of \$) SUPPORTIVE LIVING PROVIDES HOUSING FOR REHABILITATED PROGRAMS IN TROY, GLENS FALLS, AND ALBANY IN NEW YORK	CI.TENTE AT C	103,636. SIX	
	Other program services (Describe on Schedule O.)			
(Expenses \$ 86,360 • including grants of \$) (Revenue \$	65,611.)		_
e i	Total program service expenses 2,818,370.		Form 990 (2000	_

820 RIVER STREET, INC. 14-1637021 Part IV Checklist of Required Schedules Page 3 Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X X 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 3 during the tax year? If "Yes," complete Schedule C, Part II 4 X 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 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 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 8 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 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total 11a assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c 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 X 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 11f Schedule D, Parts XI and XII X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 13 X 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 20a X

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 232003 12-13-22

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of average as at least 1000 of average as		Yes	No
	and the state of t			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	. 22	-	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J			1,5
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	X
	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		х
	b bluttle organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			+^
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-1	+	†
	any tax-exempt bonds?	240		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		\vdash
25	a 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		1	1
26	Schedule L, Part I	25b	<u> </u>	X
20	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%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
	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			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	_27		X
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
t	A family member of any individual described in line 28a? If "Yes." complete Schedule L. Part IV	28b	1	X
c	7 1 2000 controlled entity of one of more individuals and/or organizations described in line 28a or 28b?	200	1	
	"Yes," complete Schedule L. Part IV	28c		X
29	The the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		X
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M	_30		X
31 32	bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes " complete Schedulo N. Port I	31		X
5 2	bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
33	Schedule N, Part II	32		<u>X</u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32. (# "You " a section of the organization under Regulations")		İ	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u>X</u>
	Part V, line 1			
35 a	Did the organization have a controlled ontity within the	34	X	37
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u>X</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	The trib organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
	and that is treated as a partnership for federal income tax purposes? If "Yes " complete School to B. Bort VI	37		X
38	bid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 192			
Par	Note: All Form 990 filers are required to complete Schedule O	38	x	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> [
1.	Enter the number reported in how 0 of 5		Yes	No
ıd h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W 3C included as 15 1 1 1 1 1 1 1.			
c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 15 16 17 18 19 19 10 10 10 10 10 10 10 10			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2004	(gambling) winnings to prize winners? 12-13-22	1c	X	
	_	Form S	990 (20)22)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? X 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. 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?

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If "Yes," complete Form 6069.

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 inst

_	Check if Schedule O contains a response or note to any line in this Part VI			_
<u>S</u>	ection A. Governing Body and Management			
			V	s
	1a Enter the number of voting members of the governing body at the end of the tax year	7		es I
	If there are material differences in voting rights among members of the governing body, or if the governing		i be	
	body delegated broad authority to an executive committee or similar committee, explain on Schodule O		1	
,	b Enter the number of voting members included on line 1a, above, who are independent	7		1
2	Side any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.			
,	emotify director, trustee, or key employee?	2	war.	_ 2
3	and desired over management duties clistomarily partormed by or under the allower	· -	+-	- -
,	an octors, trustees, or key employees to a management company or other paragraph	3		1 2
4	But the organization make any significant changes to its governing documents since the prior Form 200 (1)	4	+-	1 2
5 6	aware during the year of a significant diversion of the organization's constant	1 -	+-	1 2
	the organization have members or stockholders?	6	T	7
'	o morniors, stockholders, or other persons who had the nower to clost or oppoint	-	1	+-
	more members of the governing body?	7a		X
	of garried in least ved to (or subject to approval by) members, stockholders,	10	_	+-
	because order grant the doverning pody.	7b		x
8	The state of the following:			23
	gramming body.	8a	x	
9	and the dot on porial of the doverning body?	8b	X	+-
9	Through all bottor, trustee, or key employee listed in Part VII Section A who comments			1-
Sei		. 9		X
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,)	<u> </u>	<u> </u>	1 44
			Yes	No
h	Did the organization have local chapters, branches, or affiliates?	10a	100	X
~	The second of th			
	and the chief operations are consistent with the organization's assessed	10b		
b	The second provided a complete copy of this Form 990 to all members of its assuming the second secon	11a	Х	<u> </u>
ت 12a	The process, it dily, used by the process, it dily, used by the process, it dily, used by			
b	The state of the conflict of interest policy? If the transfer to	12a	X	
c		12b		X
·	3 and consistently monitor and enforce compliance with the policy?			
13	on schedule o now this was done	12c		x
14	a margin wholiopiowel policy;	13	Х	
15	and destruction have a written document retention and destruction policy?	14	X	
.~	and process for determining compensation of the following persons include a review and approved by		File.	
а	and contemporarieous substantiation of the deliberation and designed			
h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the approximation of the control o	15a		X
~	and a most of key employees of the organization	15b		X
ou	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable chitry during the year?	16a		X
D	and and organization follow a written policy of procedure requiring the organization to evaluate the			
	ary family contains a range ments under applicable federal tax law, and take steps to safeguard the argentation.			
	exempt status with respect to such arrangements? ion C. Disclosure	16b		
	J. D.	1.00		
3	List the states with which a copy of this Form 990 is required to be filed NY			
•	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 for public inspection. Indicate how you made these available. Check all the	only) av	ailahl	
	Oneck all that apply.	<i>j)</i> av	∝αDI	-
)	Own website Another's website X Upon request Other (explain on Schedule O)			
	the data of which is so, now the organization made its governing documents as attached to	financia	1	
		····uiioia	•	
	State the name, address, and telephone number of the person who possesses the organization's books and records JENNIFER NEIFELD - 518-415-5396			

232006 12-13-22

16331107 784124 RIV015001

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	org	ganiz	atio	oo.	mpe	nsat	ted any current officer, o	director, or trustee.	
(A) Name and title	(B) Average hours per week	(i b	do not ox, unl fficer a	Po check	(C) sitio more erson	n e than is bo	one th an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
(1) JENNIFER NEIFELD	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	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
CEO (2) BECKY ROSEN	14.00 16.00 16.00	_		х		_		72,128.	0.	0
DIRECTOR OF FINANCE (THRU 6/2022) (3) KERRI BISHOP	24.00 16.00	_		х				0.	31,107.	2,100
DIRECTOR OF FINANCE (FROM 11/2022) (4) KEVIN LUIBRAND	24.00	-		x				0.	10,322.	0 .
PRESIDENT (5) WILLIAM HENNESSY JR	1.00	X		X				0.	0.	0.
VICE PRESIDENT (6) JAMES MORRELL BOARD MEMBER	1.00	X						0.	0.	0.
(7) PETER TAVARES BOARD MEMBER	1.00	X				\dashv	+	0.	0.	0.
(8) PETER NEWKIRK SECRETARY	24.00	X					\dashv	0.	0.	0.
(9) JAMES STONE BOARD MEMBER	16.00	Х		X				0.	0.	0.
(10) ANN MARIA SANEESE BOARD MEMBER	1.00	X				+		0.	0.	0.
								0.	0.	0.
			_	_	_	_				
		-	_	+	\perp	+				
		+	-		-	-	+			
		+		+	+	+	-			
		+	_	+	+	+	+			

232007 12-13-22

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Form 990 (2022)

תידים סיים

Section A. Officers, Directors, Tru	ıstees. Kev Em	ola	/ees	anc	Hio	ihae	+ 0	omnonosta d F			1 40
(A)	(B)		000	, unc	C)	11163	<u> </u>				
Name and title	Average			Posi				(D)	(E)	İ	(F)
	hours per	(do	not o	check r ess per	more t	han o	one	Reportable	Reportat		Estimated
	week	off	icer a	nd a di	rector.	/trust	i an tee)	compensation	compensa	tion	amount of
	(list any	to						from	from relat		other
	hours for	director				_		the	organizati		compensation
	related	90	tee		-	sated		organization	(W-2/1099-N		from the
	organizations	ruste	trus		8	E E		(W-2/1099-MISC/	1099-NE	D)	organization
	below	la t	tiona		bloy	5 e		1099-NEC)			and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former				organization
		트	트	0	호 를	<u> </u>	윤				
					- 1						
		_		\sqcup	\dashv	_				1	
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			_	-		+	\dashv				
		\dashv	-	-+	-	- -	+				
			_	_	\perp	\perp				- 1	
•											
1b Subtotal								72,128.	41,4		2 100
c Total from continuation sheets to Part VII	. Section A					•••	\vdash		41,4		2,100
d Total (add lines 1b and 1c)		•••••				••••	H	0.		0.	0
2 Total number of individuals (including but no	at limited to the				<u> </u>			72,128.	41,42	29.	2,100
compensation from the organization	or infinited to this	se iis	stea	abov	/e) w	no r	ece	ived more than \$100,0	00 of reportable	÷	-
and organization	· · · · · · · · · · · · · · · · · · ·										(
Did the organization list any former officer											Yes No
organization list any former officer,	director, trustee	, key	/ em	ploye	ee, o	r hig	ghes	st compensated employ	/ee on		
res, complete Schedule J for su	ch individual										, v
For any individual listed on line 1a, is the sur											3 X
organizations greater than \$150.	000 ? It "Vac " ?	nn	へんしょん	Cah		- 1	c.			J. J.	
										4	X
rendered to the organization? If "Yes," compection B. Independent Contractors	loto Cobodul-			ii airy	uiii	екас	eu o	organization or individua	al for services		
ection B. Independent Contractors	iete scriedule J	ior:	such	pers	son					5	X
Complete this table for your five highest com the organization. Report compensation for the	pensated indep	end	ent c	contr	acto	rs th	nat r	eceived more than \$10	0,000 of comp	ensation	from
the organization. Report compensation for th	<u>e calendar year</u>	end	ing \	with o	or wi	thin	the	organization's tax vea	1.		
(A)								(B)			(0)
Name and business a	ddress							Description of sen	rices		(C) pensation
HAMMAD H. KABIR						_				Comp	
DOVER ROAD, DELMAR, NY 1	2054						ויבד #	DIGNI GERRYA			
							ALC: 1	DICAL SERVIC	ES	1:	12,480.
ŭ											
						\perp			j		
						-					
						\neg					
						+					
									ĺ		
Total number of independent						$\bot \bot$					
Total number of independent contractors (incl. \$100,000 of compensation from the contractors)	uding but not lir	nited	d to	those	e list	ed a	abov	e) who received more t	han	100	
\$100,000 of compensation from the organizat	on			_1				•			
								***************************************			000
08 12-13-22										Form	990 (2022)

232008 12-13-22

		Check if Schedule O co	ntains a respons	e or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts.	g 1	a Federated campaigns	1a					
Contributions, Gifts, Grants		b Membership dues						
s,		c Fundraising events	1c					
ቼ.	E E		1d					
S.		e Government grants (contribu		926,426.				
ië,	ĭ,	f All other contributions, gifts, gra	' 1 1					
Ę	₹	similar amounts not included ab						
ont	3	g Noncash contributions included in line						
0	4	h Total. Add lines 1a-1f			926,426.			
	١,	a CLIENT FEES		Business Code	0 100 045			
Vice.	-	b FOOD STAMP INC	OME	624100 624100	2,139,247.	2,139,247.		
Ser	3	D TOOD DIVINI THE	OME	624100	48,757.	48,757.		
E	2	d						
Program Service	ĺ	e						
ď		f All other program service rev	/enue					
		g Total. Add lines 2a-2f		<u> </u>	2,188,004.			
	3			est, and		Self-refer to the one of the first of the fi		Section 1991 Table 1994 Tolking Section 1994
		other similar amounts)		******************				
	4	Income from investment of ta						
	5	Royalties						
		_	(i) Real	(ii) Personal		Company of the Compan		
	6			-				
		b Less: rental expenses 6						
		c Rental income or (loss) 6 d Net rental income or (loss)	C	<u> </u>				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	' '	assets other than inventory 7		(ii) Other				
		b Less: cost or other basis	a					
e		and sales expenses 7						
Revenue		c Gain or (loss)						
Re		d Net gain or (loss)					N. Jacob State Control of the Control of State Control of	
her	8 8	 a Gross income from fundraising e 	vents (not					
₽		including \$	of					
		contributions reported on line						
		Part IV, line 18						
		Less: direct expenses Net income or (loss) from fund	<u>8b</u>					
		a Gross income from gaming a					S. C. Serie China Series	
	0 1	Part IV, line 19	į.					
	b		9b					
	c	Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sale	s of inventory					The second secon
န္		MT CODI I AMBORIC		Business Code				
E ĕ		MISCELLANEOUS		624100	125,077.	125,077.		
cellaneous Sevenue	b							
Be	d	All other revenue						
Σ	e	Total. Add lines 11a-11d			125,077.			
	12	Total revenue See instructions				212 001		

14-1637021 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX X (**D**) Fundraising (A) (B) Program service (C) Do not include amounts reported on lines 6b. Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,828,408. 7 1,534,947. 293,461. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 65,727. 65,016. 711. 173,141. Payroll taxes 160,866. 12,275. 10 Fees for services (nonemployees): a Management b Legal _____ Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 451,976. 361,983. column (A), amount, list line 11g expenses on Sch O.) 89,993. Advertising and promotion 12 12,502. Office expenses 11,999. 503. 13 Information technology 14 Royalties 15 16 Occupancy 19,357. 15,815. 17 3,542. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 353. 20 353. Payments to affiliates _____ 21 Depreciation, depletion, and amortization 76,234. 76,234. 22 132,855. 132,855. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) UTILITIES 110,663. 110,663. RENT 99,945. 99,945. 60,440. MISCELLANEOUS EXPENSE 49,804. 10,636. d MAINTENANCE 57,507. 52,210. 5,297. 149,226. 145,680. 3,546. e All other expenses

Check here

25

3,238,334.

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

419,964.

2,818,370.

0.

Form 990 (2022) Part X Balance Sheet

HRACE PLAC	nograden de Ald	Check if Schedule O contains a response or not	e to an	/ line in this Part X			
				TIME AT CHIEF CARCY	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			104,469.	1	43,547.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		136,230.	4	705,825.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons	CONTRACTOR OF THE CONTRACTOR O	5	A 10 TO STATE OF THE PROPERTY
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Down and the second sec		11,556.	9	21,234.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,446,974.			
	b	Less: accumulated depreciation	10b	2,308,114.	196,071.	10c	138,860.
	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				13	
	14	Intangible assets		***************************************		14	
	15	Other assets. See Part IV, line 11			700,000.	15	205,320.
	16	Total assets. Add lines 1 through 15 (must equa	I line 30	3)	1,148,326.	16	1,114,786.
	17	Accounts payable and accrued expenses	1,057,124.	17	1,004,263.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			····	20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or formed trustee, key employee, creator or founder, substa		· ·			
Ξ		controlled entity or family member of any of these					
<u>Lia</u>	23	Secured mortgages and notes payable to unrelate			12,849.	22	8,497.
	24	Unsecured notes and loans payable to unrelated		.,	12,049.	23	0,49/•
	25	Other liabilities (including federal income tax, pay				24	
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26				1,069,973.	25 26	1,012,760.
		Organizations that follow FASB ASC 958, chec					
es		and complete lines 27, 28, 32, and 33.					
anc	27	ALA I MI I I I I I I I I I I I I I I I I I			78,353.	27	102,026.
Bal	28	NI. I to the second			······································	28	
nd		Organizations that do not follow FASB ASC 95					
Net Assets or Fund Balances		and complete lines 29 through 33.	,			1	
SO	29	Capital stock or trust principal, or current funds			THE STATE OF SQUARES IN THE STREET OF STREET	29	
Set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	T 1 1			78,353.	32	102,026.
	33	Total liabilities and net assets/fund balances			1,148,326.	33	1,114,786.
							Form 990 (2022

Pa	rt XI Reconciliation of Net Assets		20070		aye
	Check if Schedule O contains a response or note to any line in this Part XI				
		Ī			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3.	239,	507.
2	Total expenses (must equal Part IX, column (A), line 25)	2		238,	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>		173 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			353.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		22,	500.
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	•	102,0	126.
Pa	rt XII Financial Statements and Reporting				2200
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	l x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			91
	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 X	
	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:	200.0,			I.e.
	X Separate basis 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	audit	8.440	Bland Lottle at	
	review, or compilation of its financial statements and selection of an independent accountant?	addit,		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			Mark Company	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. ا	Ba	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t -	<u>u</u>	 ^ -
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	Ja udui		ь	
				rm 990	(2022)
			1 0	,	14044)

SCHEDULE A

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 organization

820 RIVER STREET, INC.

Employer identification number

Part I F	Reason for Public	Charity Status	- (All organizations mus	et complet	a thia mark	\ O== i==t==t	14-163/021
The organization	on is not a private fou	ndation because it is	: (For lines 1 through 12	st complete	e triis part.) See Instructions.	
1 Ac	church, convention of	churches or associa	tion of above to a decide	, check or	lly one box	(.)	
2 As	chool described in se	estion 470/hV4V4V	tion of churches describ	ed in sec	tion 170(b)(1)(A)(i).	
	occital or a cooperation	Cuon 170(b)(1)(A)(II)	. (Attach Schedule E (Fo	orm 990).)			
4 Am	nedical recorreb erger	ve nospital service of	rganization described in	section 1	170(b)(1)(A)(iii).	
oity	redical research organ	lization operated in o	conjunction with a hospi	tal describ	ed in sec	tion 170(b)(1)(A)(iii). En	ter the hospital's name,
	, and state,						
5 An	organization operated	for the benefit of a c	college or university own	ied or opei	rated by a	governmental unit desc	ribed in
350	CHOIT 170(B)(1)(A)(IV).	(Complete Part II.)					
6 A fe	ederal, state, or local g	overnment or govern	nmental unit described i	section	170(b)(1)(A)(v).	
/ An o	organization that norn	nally receives a subst	tantial part of its suppor	t from a go	vernment	al unit or from the gener	al public described in
	(1)(A)(VI).	(Complete Part II.)				301.01	ai pablic described ill
8 <u> </u>	ommunity trust descri	bed in section 170(b	o)(1)(A)(vi). (Complete P	art II.)			
9 An a	agricultural research o	rganization describe	d in section 170(b)(1)(A	Wix) oper:	ated in cor	iunction with a land are	nt collec-
or u	niversity or a non-land	l-grant college of agri	iculture (see instructions	n) Enter th	e name ci	ty and state of the self-	rit college
univ	ersity:			y: 2.7.00 cm	o namo, o	ty, and state of the cone	ge or
10 X And	organization that norm	nally receives (1) more	e than 33 1/3% of its su	nort from	contributi	ana mambawhis f	
activ	vities related to its exe	empt functions, subje	ect to certain exceptions	· and (0) n	ouncidadio	ons, membership tees, a	and gross receipts from t from gross investment
inco	me and unrelated bus	siness taxable income	e (less section 511 tax) f	, and (2) 110	o more tha	in 33 1/3% of its suppor	t from gross investment
See	section 509(a)(2). (C	omplete Part III)	c (icas section on reax) i	rom busin	esses acqı	lired by the organization	n after June 30, 1975.
			sively to test for public s	afat. 0			
12 🔲 An o	organization organized	and operated exclusion	sively to test for public s	alety. See	section	509(a)(4).	
more	e publicly supported o	rana operated exclus	sively for the benefit of,	to perform	the function	ons of, or to carry out th	e purposes of one or
lines	12a through 12d that	describes the time	ed in section 509(a)(1)	or section	1 509(a)(2)	. See section 509(a)(3).	. Check the box on
a 🔲 Tv	ne I A supporting or	cuescribes the type (of supporting organization	on and cor	nplete line	s 12e, 12f, and 12g.	
the	pe in A supporting org	janization operated, :	supervised, or controlled	d by its sup	ported or	ganization(s), typically b	y giving
uie	supported organizati	ion(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
	gariization. Tou must	complete Part IV, S	ections A and B.				
b L Ty _l	pe II. A supporting org	ganization supervised	d or controlled in connec	ction with i	ts support	ed organization(s), by ha	aving
COI	ntrol of management (or the supporting org	ianization vested in the s	same perso	ons that co	ontrol or manage the su	oported
Oig	gariization(s). You mus	st complete Part IV,	Sections A and C.				
с Тур	pe III functionally inte	egrated. A supportin	ng organization operated	i in connec	tion with,	and functionally integra	ted with
	supported organization	ri(s) (see instructions	 You must complete 	Part IV. S	ections A	D and F	
u ∟ 1yp	oe III non-functionall	y integrated. A supp	porting organization ope	rated in co	nnection v	with its supported organ	ization(s)
tha	t is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	Tuirement and an attent	ivanana
req	uirement (see instruct	ions). You must cor	mplete Part IV, Section	s A and D	and Part	V	iveness
e L Che	eck this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I Type II Type III	
fund	ctionally integrated, or	r Type III non-function	nally integrated supporti	ina oraani-	ration	r type i, type ii, type iii	
f Enter the n	number of supported o	organizations	, magazina oupport	ng organiz	ation.		
	e following information		d organization(e)	• • • • • • • • • • • • • • • • • • • •			
(I) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of monetary	(vi) Amount of all
org	anization		(described on lines 1-10	Yes	ing document?	support (see instructions)	(vi) Amount of other support (see instructions)
			above (see instructions))	163	INO	11, 11 (11 11 11 11 11 11 11 11 11 11 11 11	Support (see instructions)
				ĺ			
		į					
							
Total	l		AND THE RESERVE OF THE PARTY OF THE PARTY.				

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

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

	lendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	1 Gifts, grants, contributions, and						(i) rotai
	membership fees received. (Do not include any "unusual grants.")						
	2 Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
3	***************************************						
	furnished by a governmental unit to						
	the organization without charge						
4	_				 		
5							
	by each person (other than a					projection of the second of th	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					医生活性神经病	
	column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4. ction B. Total Support						
	endar year (or fiscal year beginning in)					THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	
7	Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
8	Gross income from interest,						
Ĭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			.			
	business is regularly carried on			į			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, e	tc. (see instruction	ns)				
3	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth or fifth tay yo	ar as a soction 50	12	
	O'Galiization, theth this nox and etan i	noro			as a section 50	T(C)(3)	
ec	tion C. Computation of Public	Support Perc	entage				
4	Public support percentage for 2022 (line	e 6, column (f), div	ided by line 11, co	olumn (f))		14	%
5 e-	Public support percentage from 2021 S	chedule A, Part II,	line 14		Г		
	of the want test - 2022. If the Old	janization did not	Check the box on	ling 13 and ling 14	in 22 1/20/	re, check this box a	
	organization qualifies as	a publicly suppor	ted organization				
	The organization qualing	so as a publiciv su	DDOMed organizati	On .			
	and the same and the sactors	inu-circumstances	test, check this h	ox and ston horo	Evalois is Dod 1/1	how the organization	on
	and on our istances test.	The organization	dualities as a nubl	icly supported area	anization		
- 1	10% -facts-and-circumstances test - 2	facts and oir	ization did not che	eck a box on line 1:	3, 16a, 16b, or 17a	a, and line 15 is 10%	6 or
	The state of garnzation meets the	iacis-and-circumst	lances test, check	this how and etan	horo Evolein in t	3-4301	
(rigariization meets the facts-and-circlim	stances took The	araani				
	organization meets the facts-and-circum Private foundation. If the organization of	stances test. The i	Organization qualif	ice se a publich ou	والمستسيسين		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	below, please comp	Diete Fart II.)				
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(=) 2000	(0.T.)
	Gifts, grants, contributions, and		(2) 23:0	(0) 2020	(u) 2021	(e) 2022	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")		450,050.	540,000.	1271905.	926,426.	2100201
2	Gross receipts from admissions,			310,000.	12/1703.	920,420.	3188381.
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	3666340.	3516848.	3337928.	2202420	2126020	15040500
3	Gross receipts from activities that	3000340.	3310040.	3337920.	2283439.	3136238.	15940793.
·	are not an unrelated trade or bus-						
	iness under section 513						
4	***************************************						
4	Tax revenues levied for the organ-		į				
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	3666340.	3966898.	3877928.	3555344.	4062664.	19129174.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)		f. 27 (17)				19129174.
Sec	tion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	3666340.	3966898.	3877928.	3555344.	4062664	19129174.
10a	Gross income from interest,					1002004.	T J T Z J T / G •
	dividends, payments received on securities loans, rents, royalties,				1		
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses			ĺ			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	6,940.	22 204	10 000	06 550		
13	assets (Explain in Part VI.)	3673280.	23,294.	19,038.		125,077.	200,921.
	Total support. (Add lines 9, 10c, 11, and 12.)		3990192.	3896966.	3581916.	4187741.	<u> 19330095.</u>
1-7	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ear as a section 50°	1(c)(3) organizatior	٦,
Sec	check this box and stop heretion C. Computation of Public	Support Dave					
10 1	Public support percentage for 2022 (lin	ie 8, column (f), div	rided by line 13, co	·lumn (f))		15	98.96 %
Sect	Public support percentage from 2021 Strong Computation of Invest	Schedule A, Part III	, line 15	<u></u>		16	99.47 %
	tion D. Computation of Invest						
1/	nvestment income percentage for 202	2 (line 10c, column	n (f), divided by line	9 13, column (f))		17	.00 %
10 i	nvestment income percentage from 20	021 Schedule A, Pa	art III, line 17			18	%
т9а (33 1/3% support tests - 2022. If the c	organization did not	t check the box on	line 14, and line 1	5 is more than 33	1/3%, and line 17	is not
r	nore than 33 1/3%, check this box and	stop here. The or	rganization qualifie	s as a publicly sur	ported organization	าก	X
b 3	33 1/3% support tests - 2021. If the c	organization did not	t check a box on lir	ne 14 or line 19a, a	and line 16 is more	than 33 1/3%, an	d
- 1	ne 18 is not more than 33 1/3%, check	k this box and stop	here. The organiz	zation qualifies as	a publicly supporte	ed organization	
20 F	Private foundation. If the organization	did not check a bo	ox on line 14, 19a,	or 19b, check this	box and see instru	uctions	

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.)

Ye<u>s</u> No 2 3a 3b 3с 4a 4b 4c 5a 5b 5¢ 6 7 8 9a 9b 9c 10a 10b

	Supporting Organizations (continued)	rage 3
4	1 Has the organization accepted a gift or contribution from accepted to the contribution from accepted to th	Yes No
	and a second a girl of contribution from any of the following persons?	
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	The below, the governing body of a supported organization?	11a
	b A family member of a person described on line 11a above?	11b
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
S	detail in Part VI. ection B. Type I Supporting Organizations	11c
=	couldn'b. Type i Supporting Organizations	
	1. Did the annual of the second of the secon	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 and but the control of the governing body.	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	effectively operated, supervised, or controlled the organization's activities. If the agree of the organization of the organiz	
	The second wild wild conditions of restrictions if any applied to cuch powers during the	1
2	and the organization operate for the period of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "You " overlain in	
	rail vi now providing such benefit carried out the purposes of the supported organization(s) that operated	
5	Substitised, Of CONTrolled the supporting organization	2
-	ection C. Type II Supporting Organizations	
1	Wars a majority of the	Yes No
	of the state of th	
	of 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	
Se	the supported organization(s). ction D. All Type III Supporting Organizations	1
1	Did the organization provide to each of its surround.	Yes No
	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	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
	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	
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 0, shows a line of the relationship with the supported organization (s).	2
	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 and its investment an	
	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 tay year?	
	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.	
Sec	ction E. Type III Functionally Integrated Supporting Organizations	3
1	Check the box next to the method that the organization and the distribution is a second of the control of the c	
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.	s).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Described Park VI.	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	nstructions).
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how those supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations and explain how the supported organizations are supported organizations.	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported areas in the control of th	
	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.	2a
	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 asset is a superior of the organization's position that its asset is a superior of the organization of th	
	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.	2b
а	Did the organization have the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as already as the power to regularly oppoint as all as all as	
	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?	
b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of discrete in the control of the organization exercise as substantial dorse of the organization of th	3a
-	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
000005	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Schedule A (Form 990) 2022

1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust o	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist comple	te Sections A through E.	,
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
a	Average monthly value of securities	1a	The state of the s	
b	Average monthly cash balances	1b		
<u>c</u>	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		
88	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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-functional		ed Type III supporting organ	ization (see

Schedule A (Form 990) 2022

instructions).

Pa	art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued	11 103/021 Page /
Sec	tion D - Distributions		(oonanaca)	Current Year
_1	Amounts paid to supported organizations to accomplish ex	cempt purposes	-	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity		2	
_3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - g	provide 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 organization is responsive		
	(provide details in Part VI). See instructions.		8	
_9	Distributable amount for 2022 from Section C, line 6		9	
<u>10</u>	Line 8 amount divided by line 9 amount		10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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			
	From 2017			
	From 2018			
	From 2019			
d	From 2020			
	From 2021			
	Total of lines 3a through 3e	00-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
<u> </u>	Carryover from 2017 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	Manuar S. 1882 - 1882 - 1888 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882		
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions.			
U	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in 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			
	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2022)

820 RIVER STREET, INC. 14-1637021 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

820 RIVER STREET, INC.

14-1637021

Part	Contributers		14-1637021
	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WARREN AND WASHINGTON COUNTIES (ABLE GRANT) 1340 STATE ROUTE 9 LAKE GEORGE, NY 12845	_ \$82,500.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	YMCA 465 NEW KARNER ROAD ALBANY, NY 12207	\$\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HEALTHY ALLIANCE 160 CENTRAL AVENUE ALBANY, NY 12206	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF GLENS FALLS 42 RIDGE STREET GLENS FALLS, NY 12801	\$37,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OASAS 1450 WESTERN AVENUE ALBANY, NY 12203	\$18,870.	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	OASAS 1450 WESTERN AVENUE ALBANY, NY 12203	\$5,437.	Person X Payroll
223452 11-15-2	23		Schedule B (Form 990) (2022)

RIV01501

Employer identification number

820	RIVER	STREET,	INC.

14-1637021

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
7	OASAS 1450 WESTERN AVENUE ALBANY, NY 12203	\$\$,75,763.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Complete Part II for noncash contributions.
a) o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
)).	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- -		\$	Person Payroll Noncash Complete Part II for

Employer identification number

820 RIVER STREET, INC.

14-1637021

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	2 2007081
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15-22		 \$	

Schedule B (Form 990) (2022) Name of organization Employer identification number 820 RIVER STREET, INC. 14-1637021 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

RIV01501

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

820 RIVER STREET, INC.

Employer identification number 14-1637021

P	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	Complete II the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's ϵ	exclusive legal control?	Vos N
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
lan-	impermissible private benefit?		
Fa	Complete if the org	anization answered "Yes" on Form 990.	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation of	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		The second disability
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total agreement and the state of the state o		
С	Number of conservation easements on a certified historic struc	advisor in all calls of the Co	
ď	Number of conservation easements included in (c) acquired aff	ter July 25 2006, and not on a	2c
	The first of the contract of t		
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated but be	
	year	assa, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation ease	mont in located	
5	Does the organization have a written policy regarding the perio	iment is located	
	violations, and enforcement of the conservation easements it h	1.0	
6	Staff and volunteer hours devoted to monitoring inspection by	nolds?	Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring inspecting bandling	am af statestan .	
	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 0/d/ above		
	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(h)(4)(B)(i)
9			Yes No
·	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. Till Organizations Maintaining Collections of A	ort Uistonia al Turco	
ATT 1880 No. 121 A		art, nistorical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
ıa	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furth	erance of public service.
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasu	ires, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
_HA	For Paperwork Reduction Act Notice, see the Instructions fo	or Form 990.	
20005			Schedule D (Form 990) 2022

232051 09-01-22

ASS 6000	nedule D (Form 990) 2022 820 RIV art III Organizations Maintaining	VER STREET,	INO	C . storical Tr	easures,	or Othe	er Similar	14-16 Assets	370	21	Page 2
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following th	nat make s	significant u	se of its	(CON	tinued	1)
	collection items (check all that apply):				ŭ		J 5				
	a Public exhibition		d _	Loan or ex	change pro	gram					
	b Scholarly research		е								
	c Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	in how	they further t	he organiza	tion's exe	mpt purpos	e in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, i	historical trea	isures, or of	her similar	r assets				
	to be sold to raise funds rather than to be m	naintained as part of	the ora	anization's co	ollection?			[Yes	Γ	No
	Escrow and Custodial Arrar	ngements. _{Comp}	lete if tl	he organizatio	on answered	d "Yes" or	Form 990,	Part IV, I	ine 9, c	or	
	reperted an amount of Folin 990, Fa	art A, III le Z I.							•		
1:	a Is the organization an agent, trustee, custoo	dian or other intermed	diary fo	r contribution	is or other a	ssets not	included				
	on Form 990, Part X?		•••••						Yes		No
	o If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
	- Devlanta ()								Amou	nt	
	Beginning balance						1c				
	Additions during the year			******************			1d				
f	bisinbutions during the year						16				
28							. 1f	·			
	gament include an amount off	orm 990, Part X, line	21, for	escrow or cu	ustodial acc	ount liabil	ity?		Yes		No
Pa	If "Yes," explain the arrangement in Part XIII	if the avanting if	kplanati	on has been	provided or	Part XIII					
<u> </u>	irt V Endowment Funds. Complete	(a) Current year	swered	Driana							
1a	Beginning of year balance	(a) Ourrent year	(D)	Prior year	(c) Two ye	ars back	(d) Three year	ars back	(e) Fοι	ir years	s back
b	Contributions										
c	A.L										
d											
e	6.1			···							
•											
f	Administrative expenses										··
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year and balance	lina 1		L			i			
а	Board designated or quasi-endowment	en year end balance	%	g, column (a)) neid as:						
b	Permanent endowment	%									
С		<u></u> /0 %									
	The percentages on lines 2a, 2b, and 2c show	· -									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion the	at are held an	d administs	rad fau thu	_				
	organization by:			are mora an	u auministe	red for title	7		1	Yes	Ma
	(i) Unrelated organizations								0-0	res	No
	(ii) Helated organizations								3a(i)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	chedule B?					3a(ii)		
	Describe in Fait All the intended uses of the	Organization's endou	vment f	unds.					_3b_		
Pai	T VI Land, Buildings, and Equipme	ent.				· · · · · · · · · · · · · · · · · · ·					
	Complete if the organization answered	l "Yes" on Form 990,	Part IV	/, line 11a. Se	e Form 990), Part X. li	ne 10.				
	Description of property	(a) Cost or ot basis (investm	her	(b) Cost of basis (c	or other	(c) Ac	cumulated reciation	(0	d) Bool	value)
1a	Land				5,841.	300	- Juliani		2.0	5,84	11
b						1 5	4000				
С	Buildings		Į.	1,577	7,905.1	ר. ב	47 445	1 - 1	31	۱ ۲.	
•	Buildings Leasehold improvements			1,577 241		<u> </u>	<u>42,335</u> 77.329			5,57	
d	Buildings Leasehold improvements Equipment			241	.,422.	3	77,329		-135	5,90	7.
d <u>e</u>	Buildings			241 361 239	,422. ,827.	3 2 1	77,329 49,723 38,727	•	-135 112)7.)4.

Schedule D (Form 990) 2022

(A) File is	(b) Book value
(1) Federal income taxes	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,)	
2. Liability for uncertain tay positions. In But VIII.	

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

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, lin 1 Total revenue, gains, and other support per audited financial statements			1	3,262,007.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		•	3,202,007
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	22,500.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	1 1			
e Add lines 2a through 2d			2e	22,500.
3 Subtract line 2e from line 1			3	3,239,507
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••	***************************************		0,233,307
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	3,239,507
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With I	xpenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, lin		-		
1 Total expenses and losses per audited financial statements			1	3,238,334.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************			-,,
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1		••••••	3	3,238,334.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************	•••••		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18			5	3,238,334.
Part VIII Supplemental Information				
Part XIII Supplemental Information.			-	······································
			Part X.	line 2: Part XI
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	d 2b; Part V, line 4;	Part X,	line 2; Part XI,

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 14-1637021

820 RIVER STREET, INC.	14-1637021
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
ALCOHOL ABUSE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS INCLUDING INTENSIVE RESIDENTIAL PROGRAMS, W	HICH PROVIDE
AN IN-PATIENT TREATMENT FOR ALCOHOL AND SUBSTANCE ABUSE. A	LTAMONT HOUSE
WHICH PROVIDES A 28 DAY ALCOHOL ABUSE TREATMENT PROGRAM. A	LTAMONT HOUSE
PROGRAMS AND INTENSIVE RESIDENTIAL PROGRAMS WERE CLOSED EF	FECTIVE
DECEMBER 31, 2014.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 65,61	1.
DISCONTINUED PROGRAMS THAT WERE PART OF "OTHER PROGRAMS" II	N PRIOR YEARS
EXPENSES \$ 86,360. INCLUDING GRANTS OF \$ 0. REVENUE \$ ().
FORM 990, PART VI, SECTION B, LINE 11B:	
THE RETURN IS REVIEWED BY MANAGEMENT AND THE ORGANIZATION'S	OFFICERS PRIOR
TO FILING. A COPY IS PROVIDED TO THE BOARD MEMBERS AT A SU	JBSEQUENT MEETING
OR BEFORE.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PHYSICIAN AND OTHER CONSULTING FEES:	<u> </u>
PROGRAM SERVICE EXPENSES	361,983.
MANAGEMENT AND GENERAL EXPENSES	89,993.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2022

OMB No. 1545-0047

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

Open to Public Inspection

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

Employer identification number 14-1637021

820 RIVER Name of the organization

Part I

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

INC.

STREET

Direct controlling entity 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. End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled å × × × × Yes Direct controlling entity status (if section Public charity 501(c)(3)) LINE 10 LINE 10 LINE 10 LINE 7 Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) NEW YORK NEW YORK VEW YORK NEW YORK AFFLICTED WITH ALCOHOLISM COUNSELING, EDUCATION AND RAISE FUNDS TO SUPPORT SERVICES FOR HOMELESS ROGRAMS/LOW INCOMNE Primary activity PROVIDE RENTALS TO PRAINING TO THOSE COMMUNITY SERVICE 9 CHARITIES VESTA COMMUNITY HOUSING DEVELOPMENT BOARD, -06-1599802THE FATHER PETER G YOUNG, JR, FOUNDATION, ALTAMONT PROGRAM, INC. - 14-1708881 INC. - 14-1635262, 428 DUANE AVE, Name, address, and EIN of related organization INC - 22-3207792, 428 DUANE AVE, PETER YOUNG SHELTER SERVICES 12304 12304 12304 12304 SCHENECTADY, NY SCHENECTADY, NY SCHENECTADY, NY SCHENECTADY, NY 428 DUANE AVE **428 DUANE AVE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

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820 RIVER STREET, INC. Schedule R (Form 990) 2022

14-1637021

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.

Primary activity design of total share of total state of country feature and to the country feature and to the country feature and the country feature	(a)	(q)	(c)	(p)	(e)	(£)	(6)	(£)	(5)	9	3
Sections 512-514) Sections 512-514) Sections 512-514) No K-1 (Form 1065)	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,		Share of end-of-year	Disproportionate allocations?	Code V-UBI	General or managing	Percentage ownership
			country)		sections 512-514)		assets		K-1 (Form 1065)	Yes	
						-					
	mak was a series as 2										

The state of the s								
	(Q)	(၁)	(g)	(e)	€		Ξ	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity S entity (C corp., S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)						Yes No

Schedule R (Form 990) 2022

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

Note: Complete mile in any entity is listed in Parts II, III, of this schedule.					X o X	Ž
During the tax year, did the organization engage in any of the following transactions	with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		3	2
t from a con				<u>1</u>		×
Gift, grant, or capital contribution to related organization(s)				4		×
Gift, grant, or capital contribution from related organization(s)				<u> </u>	×	
				2 2	×	
Loans or loan guarantees by related organization(s)				4	×	
				2	1	
Dividends from related organization(s)				+		×
Sale of assets to related organization(s)				-		×
				=		×
Exchange of assets with related organization(s)				F	T	×
Lease of facilities, equipment, or other assets to related organization(s)				-		×
foolition continues and the state of the sta						
Edase of radiintes, equipitient, of outer assets from related organization(s)				¥	×	
Performance of services or membership or fundraising solicitations for related organization(s)	zation(s)			=		×
Performance of services or membership or fundraising solicitations by related organization(s)	zation(s)			ᄩ		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)u			1n		X
Sharing of paid employees with related organization(s)				10	X	
Heimbursement paid to related organization(s) for expenses				4		×
Heimbursement paid by related organization(s) for expenses				4		×
				1		>
Other transfer of cash or property from related organization(s)				<u> </u>		∢⋈
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	o must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction tvoe (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) ALTAMONT PROGRAM, INC.	H	138,040.				
VESTA COMMUNITY HOUSING DEVELOPMENT BOARD INC.	Ģ	200 000				
FATHER PETER G YOUNG, JR, FOUNDATION,	1	• / 00 / 007				
	C	167,992.				
			Sched	Schedule R (Form 990) 2022	990) 2	2022

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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.

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner; ownership of Schedule K-1 partner; ownership of Schedule K-1 partner; ownership of Schedule K-1 partner; of Schedule K-1 partne	24 C C C C C C C C C C				Schedule R (Form 900) 2022
Disproportionate allocations?					
Share of Share of total end-of-year assets					
(e) Ara all Ara all partners sec. 501(c)(3) 0193.7					
micile Predominant income related, unrelated, excluded from tax under sections 512-514)					
(b) (b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					
(a) Name, address, and EIN of entity					