

SEO CPA Group LTD  
3596 Maple Ave Ste B  
Zanesville, OH 43701

Riverview International Center, Inc  
552 Riverview Dr. Apt B  
Columbus, OH 43202  
| | | | | | | | | | | | | | | | | | | | | |

**SEO CPA Group LTD  
3596 Maple Ave Ste B  
Zanesville, OH 43701  
740-868-1100**

**Client Copy**

November 14, 2023

**CONFIDENTIAL**

Riverview International Center, Inc  
552 Riverview Dr. Apt B  
Columbus, OH 43202

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

SEO CPA Group LTD

**SEO CPA Group LTD  
3596 Maple Ave Ste B  
Zanesville, OH 43701  
740-868-1100**

**Client Copy**

November 13, 2023

**CONFIDENTIAL**

Riverview International Center, Inc  
552 Riverview Dr. Apt B  
Columbus, OH 43202

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you

Client Copy

Very truly yours,

SEO CPA Group LTD

Accepted By: Emelia Sheedy

Date: Nov 13, 2023

## Filing Instructions

Client Copy

Riverview International Center, Inc

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

**Date Due:** November 15, 2023

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

SEO CPA Group LTD  
3596 Maple Ave Ste B  
Zanesville, OH 43701

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning , and ending

\*\*-\*\*\*5666

RIVERVIEW INTERNATIONAL CENTER, INC

Net Asset / Fund Balance at Beginning of Year 119,529

Revenue

Contributions 294,273
Program service revenue
Investment income 0
Capital gain / loss
Fundraising / Gaming:
Gross revenue
Direct expenses 4,921
Net income -4,921
Other income 4,042

Total revenue 293,394

Expenses

Program services 168,744
Management and general 84,474
Fundraising 12,887

Total expenses 266,105

Excess / (deficit) 27,289

Changes -9,064

Net Asset / Fund Balance at End of Year 137,754

Reconciliation of Revenue

Total revenue per financial statements
Less:
Unrealized gains
Donated services
Recoveries
Other
Plus:
Investment expenses
Other
Total revenue per return 293,394

Reconciliation of Expenses

Total expenses per financial statements
Less:
Donated services
Prior year adjustments
Losses
Other
Plus:
Investment expenses
Other
Total expenses per return 266,105

Balance Sheet

Table with 4 columns: Description, Beginning, Ending, Differences. Rows include Assets (122,147 to 147,511), Liabilities (2,618 to 9,757), and Net assets (119,529 to 137,754) with a difference of 18,225.

Miscellaneous Information

Amended return
Return / extended due date 11/15/23
Failure to file penalty

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

**Client Copy**

OMB No. 1545-0047

**2022**

For calendar year 2022, or fiscal year beginning . . . . . 2022, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of filer

RIVERVIEW INTERNATIONAL CENTER, INC 47-5455666

EIN or SSN

Name and title of officer or person subject to tax **EMELIA SHEELEY  
EXECUTIVE DIRECTOR**

**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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> 293,394
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize SEO CPA GROUP LTD to enter my PIN 10419 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Emelia Sheeley Date 11/13/23

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31988951896

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 HEATHER DOLEN, CPA Date 11/13/23

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:
C Name of organization: RIVERVIEW INTERNATIONAL CENTER, INC
D Employer identification number: \*\* - \*\*\* 5666
E Telephone number: 614-427-3368
F Name and address of principal officer: MAZEN RASOUL, 552 RIVERVIEW DR APT B, COLUMBUS OH 43202
I Tax-exempt status: [X] 501(c)(3)
J Website: RIVERVIEWINTERNATIONALCENTER.ORG
K Form of organization: [X] Corporation
L Year of formation: 2015
M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... THE RIVERVIEW INTERNATIONAL CENTER EMPOWERS OUR NEW AMERICAN NEIGHBORS BY SUPPORTING INDIVIDUALS, STRENGTHENING FAMILIES, AND NURTURING COMMUNITY. 2 Check this box [ ] if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer EMELIA SHEELEY, EXECUTIVE DIRECTOR
Paid Preparer Use Only: Print/Type preparer's name HEATHER DOLEN, CPA; Preparer's signature HEATHER DOLEN, CPA; Firm's name SEO CPA GROUP LTD; Firm's address 3596 MAPLE AVE STE B, ZANESVILLE, OH 43701; Firm's EIN \*\* - \*\*\* 9096; Phone no. 740-868-1100

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No



Client Copy

Part III Statement of Program Service Accomplishments

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 RIVERVIEW INTERNATIONAL CENTER EMPOWERS OUR NEW AMERICAN NEIGHBORS BY SUPPORTING INDIVIDUALS, STRENGTHENING FAMILIES, AND NURTURING COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 95,688 including grants of \$ 6,200 ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 53,474 including grants of \$ ) (Revenue \$ ) WORKFORCE DEVELOPMENT: PREPARE OUR NEW AMERICAN NEIGHBORS TO ENTER THE WORKFORCE, ASSIST THEM IN MAINTAINING LONG TERM, LIVING-WAGE EMPLOYMENT, AND ACCOMODATE THE SPECIFIC NEEDS OF SECONDARY HOUSEHOLD WAGE EARNERS, WHO ARE PRIMARILY WOMEN. ALSO HELP THOSE NEW AMERICANS WITH MORE U.S. WORK EXPERIENCE MOVE INTO HIGHER-LEVEL CAREER PATHWAYS. SERVICES INCLUDE: INDIVIDUAL CAREER COUNSELING, RESUME AND COVER LETTER WRITING AND TRAINING, DIGITAL LITERACY SKILLS CLASS, MOCK INTERVIEWS, LANGUAGE ASSISTANCE AT JOB INTERVIEWS, ACCESS TO HIGHER EDUCATION, EDUCATION EQUIVALENCY APPLICATIONS, TRANSPORTATION TO JOB INTERVIEWS, BUS TRAINING, HELP COMPLETING APPLICATIONS AND ONBOARDING PAPERWORK, AND JOB REFERRALS TO TRUSTED EMPLOYERS.

4c (Code: ) (Expenses \$ 19,582 including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 168,744

Client Copy

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 numbered questions regarding organizational requirements and schedules.

Client Copy

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Client Copy

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a, b, c, etc.) containing questions about employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions. Includes columns for 'Yes', 'No', and numerical answers.

Client Copy

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No checkboxes. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No checkboxes. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- List of disclosure questions 17-20 regarding state filing requirements, public inspection of forms, and availability of governing documents.

Client Copy

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

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Client Copy

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values shown: 79,785.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Client Copy

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.



Client Copy

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

Client Copy

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Client Copy

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 293,394; Line 2: Total expenses 266,105; Line 3: Revenue less expenses 27,289; Line 4: Net assets at beginning 119,529; Line 5: Net unrealized gains; Line 6: Donated services; Line 7: Investment expenses; Line 8: Prior period adjustments -7,565; Line 9: Other changes -1,499; Line 10: Net assets at end 137,754.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (Yes checked). Row 2b: Financial statements audited (No checked). Row 2c: Committee oversight (No). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Client Copy

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization RIVERVIEW INTERNATIONAL CENTER, INC Employer identification number \*\* - \*\*\* 5666

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

Client Copy

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 110(b)(1)(A)(v) (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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Client Copy

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 100.00%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 100.00%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) %. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 %.

- 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X].
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ].

Client Copy

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Client Copy

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and benefit.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support and relationship.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b regarding Integral Part Test and Parent of Supported Organizations.



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations****Client Copy**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Client Copy

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

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2022, and (iii) Distributable Amount for 2022.

Client Copy

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for supplemental information.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Client Copy**  
MB No. 1545-1047  
**2022**

Name of the organization <u>RIVERVIEW INTERNATIONAL CENTER, INC</u>	Employer identification number <u>**-***5666</u>
--	---

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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).

Name of organization

RIVERVIEW INTERNATIONAL CENTER, INC

Employer identification number

\*\*-\*\*\*5666

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANKLIN COUNTY BOARD OF COMMISSIONERS 373 SOUTH HIGH STREET, 26TH FLOOR COLUMBUS OH 43215	\$ 36,244	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE CITY OF COLUMBUS COLUMBUS PUBLIC HEALTH 90 WEST BROAD STREET COLUMBUS OH 43215	\$ 20,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BRUCE AND LISA BERNAND 6700 RIVERRUN LANE DELAWARE OH 43015	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CINDY & STEVE MUSSER 6740 WORTHINGTON GALENA ROAD WORTHINGTON OH 43085	\$ 6,340	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF CENTRAL OHIO 215 N FRONT ST SUITE 600 COLUMBUS OH 43215	\$ 38,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELCOME FUND 701 8TH ST NW STE 800 WASHINGTON DC 20001	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERVIEW INTERNATIONAL CENTER, INC

Employer identification number

\*\*-\*\*\*5666

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VANGUARD CHARITABLE ANONYMOUS DONOR 2670 WARWICK AVENUE WARWICK RI 02889	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

RIVERVIEW INTERNATIONAL CENTER, INC

\*\*-\*\*\*5666

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and required amounts for revenue and assets.

Client Copy

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



Client Copy

Part VII Investments – Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and Total.

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

Client Copy

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A PRIVATE, NON-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NONE OF THE ORGANIZATION'S PRESENT OR ANTICIPATED FUTURE ACTIVITIES ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THAT REQUIRES THE DISCLOSURE OF UNCERTAIN TAX POSITIONS. THERE HAVE BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE FINANCIAL STATEMENTS IN RELATION TO UNCERTAIN TAX POSITIONS. ADDITIONALLY, NO TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY

Client Copy

Part XIII Supplemental Information (continued)

POSSIBLE THAT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE DURING THE NEXT 12 MONTHS. THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS.

THE ORGANIZATION'S FEDERAL INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

RIVERVIEW INTERNATIONAL CENTER, INC

Employer identification number

\*\*-\*\*\*5666

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

Client Copy

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility .....	<b>13a</b>	%
b An outside facility .....	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c If "Yes," enter name and address of the third party:

Name .....

Address .....

- 16 Gaming manager information:
 

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

Director/officer      Employee      Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**  
**Open to Public  
Inspection**

Name of the organization

RIVERVIEW INTERNATIONAL CENTER, INC

Employer identification number

\*\*-\*\*\*5666

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 NEIGHBOR RELIEF	4	200			
2 BETTER TOGETHER	20	6,000			
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANT RECIPIENTS ARE SELECTED VIA AN APPLICATION PROCESS. THE ORGANIZATION

MAINTAINS SPREADSHEETS THAT INCLUDE APPLICANT IDENTIFICATION INFORMATION,

WHETHER THEY WERE APPROVED FOR A GRANT, THE DATE AND AMOUNT AWARDED, AND

THE PURPOSE OF THE GRANT. FOR RECIPIENTS OF FOOD HELP GRANTS, THE

ORGANIZATION MAINTAINS RECEIPTS FOR THE GOODS PURCHASED. FOR RECIPIENTS OF

RENT HELP GRANTS, THE ORGANIZATION MAINTAINS THE NAME AND ADDRESS OF

LANDLORDS, AS WELL AS COPIES OF CHECKS WRITTEN DIRECTLY TO LANDLORDS.



Client Copy

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2022**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

RIVERVIEW INTERNATIONAL CENTER, INC

Employer identification number

\*\*-\*\*\*5666

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

COMMUNITY CARE ADVOCACY: EMPOWER OUR NEW AMERICAN NEIGHBORS TO ACQUIRE BENEFITS, ACCESS BETTER HEALTHCARE, ENROLL IN SCHOOL, GROW IN RELATIONSHIPS WITH STAFF, VOLUNTEERS, AND OTHER NEW AMERICANS, INCREASE CULTURAL COMPETENCY BY ANSWERING ANY QUESTIONS ABOUT LIFE IN THE U.S., DECIPHER COMMUNICATIONS AND MAIL, AND RECEIVE REFERRALS AND HELP DURING LIFE CRISES. RIVERVIEW INTERNATIONAL CENTER (RIC) IS WELL-POSITIONED TO IMPLEMENT ACCESS, INTERVENTION, AND STABILIZATION FOR PEOPLE IN CRISIS, BECAUSE RIC PROVIDES LIFE-CHANGING, ESSENTIAL SERVICES FOR NEW AMERICANS IN THE NEIGHBORHOOD WHERE THEY LIVE. OUR OFFICE IS LOCATED IN AN APARTMENT ON RIVERVIEW DRIVE, WITH MOST OF OUR CLIENTS WALKING TO RECEIVE SERVICES. NEARLY ALL OF OUR CLIENTS HAVE COME TO US BY WORD OF MOUTH, WHICH SHOWS THAT RIC HAS A HIGH LEVEL OF TRUST AND RAPPORT IN THE COMMUNITY.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

EDUCATIONAL PROGRAMMING: IMPROVE ENGLISH SPEAKING, LISTENING, READING, AND WRITING SKILLS THROUGH ADULT ENGLISH CLASSES. WE COLLABORATE WITH COLUMBUS NON-PROFIT THE GODMAN GUILD ASSOCIATION TO OFFER FOUR BEGINNER CLASSES FOR ADULTS PER WEEK (TOTALING 12 HOURS). WE ALSO HAVE TWO RIVERVIEW VOLUNTEER-LED CLASSES THAT MEET WEEKLY, AS WELL AS A PARTNERSHIP WITH MYPROJECT USA TO OFFER A WEEKLY ENGLISH CLASS FOR MEN FROM AFGHANISTAN. ADDITIONALLY, OUR OFFICE STAFF ASSIST COMMUNITY MEMBERS TO ENROLL IN ENGLISH CLASSES FROM OUTSIDE OF OUR CENTER, AT COLUMBUS STATE, COLUMBUS LIBRARIES, AND ONLINE. EACH OF THESE PROGRAMS ADDRESSES THE CRITICAL NEED OF NEWLY ARRIVED IMMIGRANTS AND REFUGEES TO LEARN ENGLISH. BOTH GODMAN GUILD AND MYPROJECT

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

RIVERVIEW INTERNATIONAL CENTER, INC

\*\*-\*\*\*5666

USA PROVIDE THEIR OWN STAFF AND MATERIALS FOR THE CLASSES THEY LEAD, AND THE RIC PROVIDES MATERIALS AND SUPPORT FOR OUR VOLUNTEER-LED CLASSES. COSTS ARE LEARNING MATERIALS (BOOKS, FLASH CARDS, ETC.) AND SUPPLIES (PENCILS, NOTEBOOKS, WHITE BOARDS, ETC.).

EDUCATIONAL PROGRAMMING FOR CHILDREN IS ALSO OFFERED THROUGHOUT THE YEAR. WHEN SCHOOL IS IN SESSION, HOMEWORK HELP IS OFFERED THREE EVENINGS PER WEEK. DURING SUMMER BREAK, READING PROGRAMS, FIELD TRIPS, AND CRAFT AND SCIENCE FAIRS SUPPLEMENT LEARNING FOR CHILDREN FROM PRESCHOOL THROUGH 12TH GRADE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARY FOR THE EXECUTIVE DIRECTOR AND ALL STAFF WAS DETERMINED BY A BOARD COMMISSIONED HUMAN RESOURCES TASK FORCE WHO RESEARCHED COMPARABLE SALARIES AND BENEFITS PACKAGES FOR ALL STAFF.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SALARY FOR THE EXECUTIVE DIRECTOR AND ALL STAFF WAS DETERMINED BY A BOARD COMMISSIONED HUMAN RESOURCES TASK FORCE WHO RESEARCHED COMPARABLE SALARIES AND BENEFITS PACKAGES FOR ALL STAFF.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS MADE AVAILABLE VIA ANOTHER WEBSITE OR UPON REQUEST.

Name of the organization

Employer identification number

RIVERVIEW INTERNATIONAL CENTER, INC

\*\* - \*\*\* 5666

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CASH TO ACCRUAL BASIS ADJUSTMENT \$ -1,499

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION

FOR THE YEAR ENDED DECEMBER 31, 2022, THE ORGANIZATION OBTAINED REVIEWED FINANCIAL STATEMENTS WHICH WERE PREPARED ON THE ACCRUAL BASIS AND THEREFORE THE 990 WAS PREPARED ON THE ACCRUAL BASIS FOR CONSISTENCY. PRIOR TO THAT, FINANCIALS WERE MAINTAINED ON THE CASH BASIS.

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

Name

Taxpayer Identification Number

RIVERVIEW INTERNATIONAL CENTER, INC

\*\*-\*\*\*5666

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	211,882	277,976	66,094
	2. Membership dues and assessments			
	3. Government contributions and grants	40,447	16,297	-24,150
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		-4,921	-4,921
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		4,042	4,042
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>252,329</b>	<b>293,394</b>	<b>41,065</b>
<b>Expenses</b>	13. Grants and similar amounts paid	10,643	6,200	-4,443
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	36,523	79,785	43,262
	16. Salaries, other compensation, and employee benefits	62,542	119,486	56,944
	17. Professional fundraising fees			
	18. Other professional fees	1,400	4,579	3,179
	19. Occupancy, rent, utilities, and maintenance	9,968	14,765	4,797
	20. Depreciation and Depletion			
	21. Other expenses	18,403	41,290	22,887
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>139,479</b>	<b>266,105</b>	<b>126,626</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>112,850</b>	<b>27,289</b>	<b>-85,561</b>
<b>Other Information</b>	24. Total exempt revenue	252,329	293,394	41,065
	25. Total unrelated revenue			
	26. Total excludable revenue		4,042	4,042
	27. Total assets	122,147	147,511	25,364
	28. Total liabilities	2,618	9,757	7,139
	29. Retained earnings	119,529	137,754	18,225
	30. Number of voting members of governing body	12	11	
	31. Number of independent voting members of governing body	10	9	
	32. Number of employees	0	8	
	33. Number of volunteers	110	150	

Form **990****Tax Return History****2022**

Name

RIVERVIEW INTERNATIONAL CENTER, INC

Employer Identification Number

\*\*-\*\*\*5666

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....			203,147	252,329	294,273	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....			-519		-4,921	
Gaming revenue (income/loss) .....						
Other revenue .....					4,042	
<b>Total revenue</b> .....			202,628	252,329	293,394	
Grants and similar amounts paid .....			67,040	10,643	6,200	
Benefits paid to or for members .....						
Compensation of officers, etc. ....				36,523	79,785	
Other compensation .....			93,024	62,542	119,486	
Professional fees .....				1,400	4,579	
Occupancy costs .....			10,149	9,968	14,765	
Depreciation and depletion .....						
Other expenses .....			9,948	18,403	41,290	
<b>Total expenses</b> .....			180,161	139,479	266,105	
<b>Excess or (Deficit)</b> .....			22,467	112,850	27,289	
Total exempt revenue .....			202,628	252,329	293,394	
Total unrelated revenue .....						
Total excludable revenue .....					4,042	
Total Assets .....			40,408	122,147	147,511	
Total Liabilities .....			800	2,618	9,757	
Net Fund Balances .....			39,608	119,529	137,754	

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 453	\$ 453	\$	\$
	800	800		
	350	50		300
TOTAL	\$ <u>1,603</u>	\$ <u>1,303</u>	\$ <u>0</u>	\$ <u>300</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 225	\$	\$ 40	\$ 185
TOTAL	\$ <u>225</u>	\$ <u>0</u>	\$ <u>40</u>	\$ <u>185</u>

10419 Riverview International Center, Inc

\*\*\_\*\*\*5666

FYE: 12/31/2022

## Federal Statements

### Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 16,297
IN-KIND GIFTS	22,962
DONATIONS	208,265
REACHING RIVERVIEW CASH CONTRIBUTION	46,749
TOTAL	<u>\$ 294,273</u>

### Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
REACHING RIVERVIEW	\$
ROOM RENT	4,042
TOTAL	<u>\$ 4,042</u>

**Reaching Riverview**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ <u>719</u>
TOTAL	\$ <u><u>719</u></u>