# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning 07/01 , 2020, and ending 06/30, 20 21 C Name of organization D Employer identification number B Check if applicable RIVER VALLEY CHILD DEVELOPMENT SERVICES 55-0706025 Address chance Doing business as Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number 611 SEVENTH AVENUE 300 (304) 523-3417 City or town, state or province, country, and ZIP or foreign postal code Final return/ Amended return Application pending HUNTINGTON, WV 25701 G Gross receipts \$ 16,903,801. Name and address of principal officer: CANDICE MULLINS H(a) Is this a group return for Yes Х 611 SEVENTH AVENUE SUITE 300, HUNTINGTON, WV 25701 H(b) Are all subordinates included? Yes X | 501(c)(3) Tax-exempt status: 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions Website: WWW.RVCDS.ORG H(c) Group exemption number Form of organization: X Corporation Trust L Year of formation: 1971 M State of legal domicile: Association Other > WV Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY SERVICES AND SUPPORT TO CHILDREN, FAMILIES, AND THE EARLY CHILDHOOD COMMUNITY. Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12. 3 Activities & <u>12.</u> 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a). 115. 5 Total number of volunteers (estimate if necessary) 13. 6 0. |7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h)......... 9,830,882. 15,294,244. 9 1,262,539. 1,184,135. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . . . . . . . . . . . 23,236 17,514. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . . . . . 26,853. 307,386. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 11,065,106.  $16,881,\overline{683}$ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 862,053. 6,613,779. 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . . . . . 15 6,483,284. 7,377,250. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,706,393. 2,969,400. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,051,730. 16,960,429.Revenue less expenses. Subtract line 18 from line 12. . . . . . . . 13,376. -78,746.P Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,438,085. 6,974,645. Total liabilities (Part X, line 26)...... 21 2,103,971. 4,610,962. Net assets or fund balances. Subtract line 21 from line 20. 2,334,114. 2,363,683. 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid WADE S C NEWELL CPA WADE S C NEWELL self-employed P01051041 Preparer Firm's name SOMERVILLE & COMPANY, P.L.L.C. Firm's EIN ▶ 55-0372924 Use Only Firm's address ▶501 5TH AVENUE HUNTINGTON, WV 25701 304-525-0301 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

### Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.goviForm8868 for the latest information.

OMB No. 1545-0047

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

Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed).							
All corporati	ons required to file an income tax return other form 7004 to request an extension of time to	er than For	m 990-T (including 1120-	C filers), partnerships,	REM	IICs, and trusts				
	axpayer identification nu	mber	(TIN)							
Type or print	nf									
File by the	RIVER VALLEY CHILD DEVELOPMEN			55-070602	5					
due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 611 SEVENTH AVENUE									
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.	HUNTINGTON, WV 25701	r a roreign ac	aress, see mandenons.							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)		0 1				
Application		Return	Application			Return				
Is For		Code	Is For			Code				
Form 990 or	Form 990-EZ	01	Form 990-T (corporation	1)		07				
Form 990-BI		02	Form 1041-A			08				
Form 4720	(individual)	03	Form 4720 (other than	individual)		09				
Form 990-PI		04	Form 5227			10				
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T	(trust other than above)	06	Form 8870			12				
<ul><li>If the orga</li><li>If this is for the whole</li></ul>	e No. ► 304 523-3417  anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box ►	business in our digit Gro If it is for pa	up Exemption Number (G	EN)						
	st an automatic 6-month extension of time u		05/16 ,2022	, to file the exempt	orga	nization return				
<b>▶</b> □	organization named above. The extension is calendar year 20 or tax year beginning 07/0		ganization's return for:							
c	ax year entered in line 1 is for less than 12 m hange in accounting period		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	1					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the te	ntative tax, less any						
	undable credits. See instructions.				3a \$	0.				
	application is for Forms 990-PF, 990-T,		•	ndable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0										
	e due. Subtract line 3b from line 3a. Include		ent with this form, if requ	ired, by using EFTPS						
	onic Federal Tax Payment System). See instru				3c \$					
	are going to make an electronic funds withdrawa	II (direct deb	it) with this Form 8868, see	Form 8453-EO and Form	8879	)-EO for payment				
instructions.			~~ <b>***</b> ***							
For Privacy A	ct and Paperwork Reduction Act Notice, see inst	ructions.			Form	8868 (Rev. 1-2020)				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	X
~	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		.,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_5	1	_^
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ĺ		
	"Yes," complete Schedule D, Part I		1	v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 6		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•	t -	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.0		
	VII, VIII, IX, or X as applicable.		İ	
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			!
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
0	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
i.	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	l		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		_X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.0		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>-''-</del>		•••
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-	
	If "Yes," complete Schedule G, Part III	19	1	Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		$\neg \neg$	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Par	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	~~		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			]
	employees? If "Yes," complete Schedule J	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24.		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<del>  -</del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
25.0	or IV, and Part V, line 1	34		X
oo a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				$\Box$
	Check if Schedule O contains a response or note to any line in this Part V	<sub>i</sub>	· · · ·	لل
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   297		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	
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	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Pag
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	N
	The state of the experience with the state of the state o	_		
		15		ŀ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	? <u>2b</u>	<u> </u>	L
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b annual.	]		
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. <u>3a</u>	<del> </del>	L
	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 hark account as a signature or other authority over	. <u>3b</u>	Ĺ	L
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, [	1	1
	b If "Yes," enter the name of the foreign country	. <u>4a</u>	$\perp$	_
	See Instructions for filing requirements for FigCEN Form 14.4 D	-	1 1	
1	b Did any taxable party notify the organization that it was a via a many time during the tax year?	₹).	1 1	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the same	, <u>5a</u>	$\vdash$	
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are asserted.	? <b>5b</b>		_ :
6	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 doductible and the greater than \$100,000, and did the	. <u>5c</u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	∍		
	b If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	. 6a		2
	gifts were not tax deductible?	r	[	
7	Organizations that may receive deductible contributions under section 170(c).	. 6b		_
	The title organization receive a payment in excess of \$75 mode made		1	
	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the results.	; ] [	- 1	
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispense of transitions.	. <u>7a</u>	_	_}
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7b		
	required to file Form 8282?	1 1	- 1	
		. <u>7c</u>		χ
•		_		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual presents with the present of the pre	7e		X
17	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplance, as at the organization file Form 8899 as required?	7f		X
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  Sponsoring organizations maintaining donor advised funds. Did not be a form 1098-C?.	7g		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?	1 1	1	
	Sponsoring organizations maintaining donor advised funds.	8	L	X
a	the sponsoring organization make any tayable diet-ib-ti-	1 1	1	
b		9a		X
	Section 501(c)(7) organizations. Enter:	9b		X
a	Initiation fees and capital contributions included on Port VIII. For 40	1 1		
	The first of the f	1 1		
		1 1		
ì	Gross income from members or shareholders	1 1		
)	TOTAL OUTCOME SUBTRESS (I) O NOT POT OMOUNTS AND A COMPANY OF THE	1 1		
		, ,	-	
		[ [	- 1	
)		12a		
	is the digariization licensed to issue qualified health plane in the state of		_	
	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.  Enter the amount of reserves the organization is seen.	13a		
	Enter the amount of reserves the organization is a wind in the organization must report on Schedule O.		$\top$	
	Enter the amount of reserves on hand			
			- 1	
	If "Yes," has it filed a Form 720 to report these payments of filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report these payments of the filed a Form 720 to report the filed a For	14a	X	
	Is the organization subject to the section 4000 this area in No., provide an explanation on Schedule O	14b	$\neg$	_
	excess parachute pour ax (a) in section 4900 tax on payment(s) of more than \$1,000,000 in remuneration as			_
	oxioos paracridge payments) during the vees	1	1	
	If "Yes," see instructions and file Form 4720.	15	X	
	If "Yes," see instructions and file Form 4720. Schedulo N	15	X	_
	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	X	_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		х
_	Did the organization have members or stockholders?	F		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
	The governing body?,	8a	Х	l
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 00		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	
	on bit onotes (The obstront brogatotic information about policios hot required by the internal residues	Out	Yes	No
40-	Did the association have level about the bounders as officers 2	10a		Х
	Did the organization have local chapters, branches, or affiliates?	.04		
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	106		
Section	on C. Disclosure	16b		Щ.,
17	List the states with which a copy of this Form 990 is required to be filed ► WV.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website   X Upon request  Other (explain on Schedule O)	(Sec	tion 5	U1(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est r	olicy.
	and financial statements available to the public during the tax year.		- ,	- , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record RAREN LYZENGA 611 SEVENTH AVENUE HUNTINGTON, WV 25701	s 🕨		

raitvii	Independent Contractors	Trustees, K	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O contains a response or n	nte to any line in	n thie	Dort VII				$\overline{}$

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 (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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Position  Average hours per week (list any hours for related organizations below dotted line)  (C) Position  (do not check more than or box, unless person is both officer and a director/trust employee officer and a director/trust employee or lindividual frustee or director		an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) SUSAN BRODOF	40.00									
EXECUTIVE DIRECTOR	0.			х				96 600	•	
(2) KAREN LYZENGA	40.00		$\vdash$	^	-		_	86,620.		
FINANCE DIRECTOR	0.			х		i		10,215.	0	•
(3) KERRI WADE	1.00		$\dashv$		$\dashv$		_	10,213.	0.	
PRESIDENT & BOARD MEMBER	0.	Х		х		ľ		0.	ο.	•
(4) MARSHA DAWSON	1.00		-+		$\dashv$			· · · · · · · · · · · · · · · · · · ·		0.
VICE PRESIDENT & BOARD MEMBER	. 0.	Х	ļ	Х	- 1	H		0.		•
(5) PAMELA SCAGGS	1.00		-				_	<del></del>	0.	
SECRETARY & BOARD MEMBER	0.	Х		x	ĺ	1		0.	1.0	0
(6) CATHY LAWSON	1.00		1	_			- †	<del></del>		
TREASURER & BOARD MEMBER	0.	Х		х	1	Į		0.	0.	0
(7) LORA WELLS	1.00		_	$\dashv$	$\dashv$					0.
BOARD MEMBER	0.	х			ł	]		0.	0.	0
(8) SHIRLEY BIRCHFIELD	1.00		$\top$	7	$\dashv$		$\neg \dagger$			
BOARD MEMBER	0.	х			- 1			0.1	0.	0
(9) DEBORAH CHAPMAN	1.00			1			$\dashv$			
BOARD MEMBER	0.	x						0.	0.	0.
(10) SHERRONE HORNBUCKLE	1.00			十	T					
BOARD MEMBER	0.	x					1	0.	0.	0.
(11) SARAH DICK	1.00	_ †	_	$\top$	$\dashv$	$\dashv$	+		<del></del>	
BOARD MEMBER	0.	X						0.	0.1	0
(12) DEBORAH LOCKWOOD	1.00	_ +		$\top$	7		$\neg +$			
BOARD MEMBER	0.	х	-			1		0.	0.1	0.
(13) MARIANNA FOOTO-LINZ	1.00	_ †		$\top$	T	$\dashv$	十		·	
BOARD MEMBER	0.	х				ł		0.	0.	0.
(14) MINDY THORNTON	1.00		$\top$	T	寸	$\neg \uparrow$	$\top$		<del>`</del>	
BOARD MEMBER	0.	х				1		0.	0.	0.

Form 990 (2020)

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	related	Individual trustee or director	T 5 1	ें।			7	the	organizations		compensa
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Total from continuation sheets to Part VII, Seci- Total (add lines 1b and 1c)  Total number of individuals (including but not lime reportable compensation from the organization.)  Did the organization list any former officer, employee on line 1a? If "Yes," complete Schedule.  For any individual listed on line 1a, is the sun organization and related organizations greate individual.  Did any person listed on line 1a receive or accomplete services rendered to the organization? If "Yes," tion B. Independent Contractors  Complete this table for your five highest compensation from the organization. Report component.	director, J for such n of reporer than scrue complete insated indepensation	or trindivides \$150,0	ed a uster uster common of the second common of the	ppen from for :	key satio	emple	oye d com elation	96,835.  ved more than \$1  ee, or highest of the compensation of the compensation of service	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	4 5 tax	) 2 2 X

### 55-0706025 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . (A) Total revenue (8) Related or exempt (D) Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . . . . . . 1a 1b Fundraising events . . . . . . . . . . . . 1¢ Related organizations . . . . . . . 1d Government grants (contributions) . . 1e 15,162,607. All other contributions, gifts, grants, and similar amounts not included above . 1f 131,637 g Noncash contributions included in Total. Add lines 1a-1f . . . . . . . 15,294,244. Business Code Program Service Revenue TRAINING, CONNECTIONS, AND RESOUCES-FEE 324410 59,436. 59,436 BIRTH TO THREE PROGRAM-FEES 624410 839,855 839,855 FOOD PROGRAM-DAYCARE 624410 259,964 259,964 CHILD DEVELOPMENT PROGRAM-TUITION & DAYO 624410 103,284 103,284 All other program service revenue . . . . . 1,262,539 Investment income (including dividends, interest, and other similar amounts). . . . . . . . . . . . . . . . . . ▶ 13,668. 13,668 Income from investment of tax-exempt bond proceeds . > Ō 0 (i) Real (ii) Personal 6a Gross rents . . . . 6a 20,750. 0. 0. 0. b Less: rental expenses 6b c Rental income or (loss) 6c 20,750. Net rental income or (loss). . 20,750 20,750. (ii) Other (i) Securities Gross amount from sales of assets other than inventory 25,964. Less: cost or other basis Revenue 22,118. and sales expenses . . 3,846. c Gain or (loss) . . . . 7c 3,846. d Net gain or (loss) . . . . . . . . . . 3,846. 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . 0. 8b c Net income or (loss) from fundraising events. $\blacktriangleright$ 0. from 9a Gross income gaming activities. See Part IV, line 19 . . . . 9a Ο. 9b C Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances . . . . . . . 10a Less: cost of goods sold . . . . . . . . . 10b 0. Net income or (loss) from sales of inventory. Ο. liscellaneous Revenue Business Code MISCELLANEOUS 624410 187 187 COVID RELIEF CREDIT 624410 100,584. 100,584. REIMB TDC CREDIT 624410 185,865. 185,865.

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12

All other revenue . . . . . . . . . . . . . . . .

Total revenue. See instructions . . . . . . . . . . . . . . . . . .

38,264.

286,636.

16,881,683.

1,549,175

# 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								
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)				
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations			30000					
	and domestic governments. See Part IV, line 21	6,353,679.	6,353,679.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	260,100.	260,100.						
3	Grants and other assistance to foreign	T							
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	0.							
	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,				<u> </u>				
	trustees, and key employees	141,560.	77,858.	63,702.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	5,572,534.	4,992,643.	579,891.					
8	Pension plan accruals and contributions (include				<del></del>				
	section 401(k) and 403(b) employer contributions)	232,450.	205,778.	26,672.					
9	Other employee benefits	1,036,307.	972,380.	63,927.	· .				
10	Payroll taxes	394,399.	351,744.	42,655.					
11	Fees for services (nonemployees):								
а	Management	0.							
	Legal	0.							
	Accounting	55,050.		55,050.					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.			<u> </u>				
f	Investment management fees	0.							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.).	496,404.	442,880.	53,524.					
12	Advertising and promotion	43,656.	43,656.						
13	Office expenses	356,606.	318,078.	38,528.					
14	Information technology	0.							
15	Royalties	0.							
16	Occupancy	882,023.	778,336.	103,687.					
17	Travel	0.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
	Conferences, conventions, and meetings	88,386.	86,560.	1,826.					
20	Interest	26,737.		26,737.					
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	72,613.	66,621.	5,992.					
23	Insurance	47,324.	43,487.	3,837.					
24	Other expenses. Itemize expenses not covered		T		<del></del>				
	above (List miscellaneous expenses on line 24e. If		İ						
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
	SIGNIFICANT ASSET DIVERSION	91,700.		91,700.					
_	PROGRAM SUPPLIES	682,064.	648,264.	33,800.					
-	FOOD MAINTENANCE	11,113.	11,113.						
d.	REPAIRS, MAINTENANCE	79,344.	72,627.	6,717.					
	All other expenses	36,380.	23,692.	12,688.					
25	Total functional expenses. Add lines 1 through 24e	16,960,429.	15,749,496.	1,210,933.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs				-				
	from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)	0.							
ASL					Form <b>990</b> (2020)				

### Part X Balance Sheet

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,981,170.	1	392,121
2	Savings and temporary cash investments	7,794.	2	21,195
3	Pledges and grants receivable, net	512,944.	3	4,811,163
4	Accounts receivable, net	169,776.	4	98,265
5	Loans and other receivables from any current or former officer, director,	<u> </u>		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined		1	<del></del>
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
2 7	Notes and loans receivable, net	0.	7	0
7 8 0	Inventories for sale or use	0.	8	
ξ g	Prepaid expenses and deferred charges	258,577.	9	191,799
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,349,614.			
1 1	Less: accumulated depreciation	728,533.	100	686,680
11	Investments - publicly traded securities	767,006.		761,371
12	Investments - other securities. See Part IV, line 11		<u></u>	0
13	Investments - program-related. See Part IV, line 11.			0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	12,285.		12,051
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,438,085.	15 16	6,974,645
17	Accounts payable and accrued expenses.	958,236.	17	3,847,268
18	Grants payable	0.	18	0,047,200
19	Deferred revenue.	1,145,735.	19	763,694
20		0.	20	0
21	Tax-exempt bond liabilities	0.		0
1	Loans and other payables to any current or former officer, director,	0.	21	
1 22	trustee, key employee, creator or founder, substantial contributor, or 35%			
22		0.		0
1 22	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
25	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0		^
26		0. 2,103,971.		0
	Total liabilities. Add lines 17 through 25	2,103,971.	26	4,610,962
ĝ	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27		2 246 250		2 252 262
28	Net assets without donor restrictions	2,246,259.	27	2,250,260
20	Net assets with donor restrictions.	87,855.	28	113,423
	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.			<del></del>
31	Retained earnings, endowment, accumulated income, or other funds	···	30	<del></del>
27 28 29 30 31 32	Total net assets or fund balances	2 224 114	31	2 262 622
33	Total liabilities and not see sto/fund halonses	2,334,114.	32	2,363,683
133	Total liabilities and net assets/fund balances	4,438,085.	33	6,974,645

Form **990** (2020)

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Form 990 (2020)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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 Inspection

Name of the organization RIVER VALLEY CHILD DEVELOPMENT SERVICES Employer identification number

RI	VER	VALLEY CHILD DEVEL	OPMENT SERVI	CES			55-07060	25					
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instruction	S.					
The	orga	anization is not a private fou	ndation because if	t is: (For lines 1 throu	gh 12, ch	neck only	one box.)						
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii)	). (Attach Schedule E	(Form 9	90 or 990	)-EZ).)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the					
		hospital's name, city, and s	tate:										
5		An organization operated	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). (0											
6	Ш	A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(	b)(1)(A)(v).						
7	X	An organization that norma		•	pport fr	om a go	vernmental unit or fro	om the general public					
	_	described in section 170(b)		•									
8	$\square$	A community trust describe											
9		An agricultural research or				· · · ·		-					
		or university or a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the i	name, city, and state o	f the college or					
		university:				-		<u>.</u>					
10		An organization that norma receipts from activities rela support from gross investn acquired by the organization	ted to its exempt f nent income and u n after June 30, 1	functions, subject to c nrelated business tax 975. See <mark>section 509</mark>	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more than s section 511 tax) from a Part III.)	1 331/3 % of its					
11	$\vdash$	An organization organized	•	•	_								
12	L	An organization organized		-									
		of one or more publicly su											
		Check the box in lines 12a t						<del>-</del>					
а			·	*	_		• • • • • • • • • • • • • • • • • • • •						
		the supported organization				ajority of	the directors or truste	es of the					
		supporting organization. `	• • • • • • • • • • • • • • • • • • •	•									
b		_ Type II. A supporting org											
		control or management of			the sam	e persor	is that control or man	age the supported					
_		organization(s). You must	-	•									
С	<u>L</u>	Type III functionally integ						lly integrated with,					
		its supported organization		· ·									
d	_	☐ Type III non-functionally											
		that is not functionally inte						an attentiveness					
е	Г	requirement (see instruct  Check this box if the orga						I. Tuno III					
	L	functionally integrated, or					- · · · · · · · · · · · · · · · · · · ·	і, туре ііі					
f	En	ter the number of supported			porting t	nyanizai	ion,						
g		ovide the following information			· · · · ·								
		ame of supported organization	(ii) EIN		(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
		-		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see					
				above (see instructions))	Yes	ment?	instructions)	instructions)					
(A)													
(B)													
(C)													
(D)	<u>.</u>												
(E)													
Tota	al												

age 2

Schedule A (Form 990 or 990-EZ) 2020						Pa
Part II Support Schedule for Organ (Complete only if you checked Part III. If the organization fails	the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						<u> </u>

Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,267,788.	9,921,910.	10,663,853.	9,830,882.	15,294,244.	53,978,677.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	8,267,788.	9,921,910.	10,663,853.	9,830,882.	15,294,244.	53,978,677.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					: -	0.		
6	Public support. Subtract line 5 from line 4						53,978,677.		
Sec	tion B. Total Support				•••				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	8,267,788.	9,921,910.	10,663,853.	9,830,882.	15,294,244.	53,978,677.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,641.	14,764.	19,074.	36,712.	17,512.	103,703.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1				12,903.	286,636.	299,539.		
11	Total support. Add lines 7 through 10						54,381,919.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	5,612,451.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u>.</u>		, third, fourth,	or fifth tax yea	ır as a section	501(e)(3) · · · ▶ ☐		
	tion C. Computation of Public Sup					<del></del>			
14	Public support percentage for 2020 (lin		_				99.26%		
15	Public support percentage from 2019						99.76 <b>%</b>		
	<ul> <li>33 1/3% support test - 2020. 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</li></ul>								
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	١		▶ 🔲		
17a	10%-facts-and-circumstances test - 2	1020. If the org	anization did no	t check a box	on line 13, 16a	a, or 16b, and lie	ne 14 is		
	10% or more, and if the organization								
<b>L</b>	Part VI how the organization meets organization	<b></b> .					▶ □		
D	b 10%-facts-and-circumstances test - 2019. 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								
18	organization						▶ □		
. •	instructions					CHECK UIS DOX	ano see		

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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.)

Sec	tion A. Public Support		-	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees				1			
	received. (Do not include any "unusual grants.")						]	
2	Gross receipts from admissions, merchandise		<del>                                     </del>			<u> </u>	<del></del>	
	sold or services performed, or facilities							
	furnished in any activity that is related to the	]						
	organization's tax-exempt purpose	Ī						
3	Gross receipts from activities that are not an		1	<del> </del>		· · · · · · · · · · · · · · · · · · ·		
_	unrelated trade or business under section 513 .						•	
4	Tax revenues levied for the	-	<del>                                     </del>					
•	organization's benefit and either paid to							
	or expended on its behalf	[						
5	The value of services or facilities		<del> </del>	<del>                                     </del>				
,	furnished by a governmental unit to the						]	
	· ·						•	
e	organization without charge		<del>                                     </del>		<del></del>			
6		<del> </del>	<del>                                     </del>			_		
7 a	Amounts included on lines 1, 2, and 3	İ						
h	received from disqualified persons Amounts included on lines 2 and 3		<u> </u>				<u> </u>	
	received from other than disqualified		1					
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	<del></del>						
	Add lines 7a and 7b	<u> </u>						
8	Public support. (Subtract line 7c from			1		ļ		
Sec	tion B. Total Support		<u> </u>	<u> </u>	<u>.</u>	<u></u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(6) 2020	(6 Total	
9	Amounts from line 6	(4) 2010	(6) 2017	(6) 2010	(0) 2019	(e) 2020	(f) Total	
_	Gross income from interest, dividends.		<u> </u>					
	payments received on securities loans,							
	rents, royalties, and income from similar							
h	Uprelated business tayable income (loss	<del></del>	-					
·	Unrelated business taxable income (less				l			
	section 511 taxes) from businesses							
_	acquired after June 30, 1975	<del></del>					-	
	Add lines 10a and 10b	<u> </u>						
11	Net income from unrelated business	I						
	activities not included in line 10b, whether	1						
	or not the business is regularly carried on.	·					- · -	
12	Other income. Do not include gain or	I	ĺ					
	loss from the sale of capital assets	I						
40	(Explain in Part VI.)	<del>-</del>						
13	Total support. (Add lines 9, 10c, 11,	l						
4.4	and 12.)							
14	First 5 years. If the Form 990 is for							
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percenta	<u> </u>	<del></del>		<del> </del>	▶	
15	Public support percentage for 2020 (line 8			mn /f\\		45	0/	
16	Public support percentage from 2019 Sche					15	<u>%</u>	
$\overline{}$	ion D. Computation of Investmen	t Income Pero	centage		<u> </u>	16	%	
17	Investment income percentage for 2020 (lin			13 column (f))	•	17	%	
18						18		
19 a	8 Investment income percentage from 2019 Schedule A, Part III, line 17							
	17 is not more than 331/3%, check this							
b	331/3% support tests - 2019. If the orga							
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization of							
JSA 0F122				<u></u>		chedule A (Form 9		
32122	1.000 8360RH P123		V 20-7.21	9	834-00	-	•	

### Part IV Supporting Organizations

(Complete only if you checked a box in 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	g Organizations
---------------------------	-----------------

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
Check here if the organization satisfied the Integral Part Test as a qua instructions. All other Type III non-functionally integrated supporting or the state of the stat	lifying trust on ganizations r	Nov. 20, 1970 ( <i>expla</i> nust complete Sectio	in in <b>Part VI</b> ). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u>.</u>	
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 or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	***	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		•	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2	<del></del>	
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	_   †		1
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting	organization
(see instructions).	, 0	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)				
Sect	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish e			1	<u></u>		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4	·		
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
	Total annual distributions. Add lines 1 through 6.			7	<u>-</u>		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.		<u>.                                    </u>	8			
9	Distributable amount for 2020 from Section C, line 6			9			
_10	Line 8 amount divided by line 9 amount			10	<u>,</u>		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020		
	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
_3	Excess distributions carryover, if any, to 2020		·				
a_	From 2015						
b	From 2016		· · · · · · · · · · · · · · · · · · ·				
	From 2017	•					
<u>d</u>							
e	From 2019						
f	Total of lines 3a through 3e						
<u>g</u> _	Applied to underdistributions of prior years			_			
<u></u>	Applied to 2020 distributable amount			_			
<u> </u>	Carryover from 2015 not applied (see instructions)		·				
<del></del> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$			_	·		
a	Applied to underdistributions of prior years  Applied to 2020 distributable amount	<del></del>	<del></del>				
	Remainder. Subtract lines 4a and 4b from line 4.		<del></del>	_			
5	Remaining underdistributions for years prior to 2020, if			$\dashv$			
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.			İ			
6	Remaining underdistributions for 2020. Subtract lines 3h	· ,	······································	_			
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j			-	· ,		
•	and 4c.						
-8	Breakdown of line 7:	·		$\dashv$			
	Excess from 2016			$\dashv$	<u> </u>		
a_	Excess from 2017			$\dashv$			
	Excess from 2018		_		<del></del>		
d	Excess from 2019		-	$\dashv$			
e	Excess from 2020		•	$\dashv$			
	ENOUGO HOIR EVEV						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 8

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

SCHEDULE A, PART II -	OTHER INCO	)ME		=	ATTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME				12,903.	286,636.	299,539.
TOTALS				12,903.	286,636.	299,539.

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. - ----

Employer identification number

**2020** 

OMB No. 1545-0047

RIVER VALLEY CHILD	55-0706025								
Organization type (check o	ne):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated	4947(a)(1) nonexempt charitable trust <b>not</b> 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	a private foundation							
	501(c)(3) taxable private foundation								
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule. See							
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 or 990-EZ), 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.									
contributor, during contributions total during the year fo <b>General Rule</b> app	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	at isn't covered by the General Rule and/or the Special Rules	doesn't file Schedule B (Form 990							

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

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2020)

JSA

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Employer identification number 55-0706025

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_	WV DEPT. OF HEALTH AND HUMAN RESOURCES  350 CAPITAL STREET, ROOM 730  CHARLESTON, WV 25301	- \$15,086,261. -	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 contribution			
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- - - -	Person Payroll 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 contribution			
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization RIVER VALLEY CHILD DEVELOPMENT SERVICES

Employer Identification number 55-0706025

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	 \$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	<b>\$</b>				
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	<b>\$</b>				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	<b></b>   <b>\$</b>				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	<b>=</b>   \$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	   \$				
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)			

Employer identification number

55-0706025

Part III	Exclusively religious, charitable, etc.	. contributions to o	roanizations desc	cribed in section 501(c)(7), (8), or				
	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 information once. See instructions.) ▶\$							
	Use duplicate copies of Part III if additional space is needed.							
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
			<del></del>					
		-	<del></del> -					
			<u> </u>					
		(e) Transi	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Palatio	nship of transferor to transferee				
	Transferee s traine, address, and ZIF + 4			rising of transferor to transferee				
				·				
				-				
		-						
(a) No.				<u> </u>				
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
		<del></del>						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Rela			tionship of transferor to transferee				
	Transieree's frame, address, ar	IU 217 + 4	Relatio	namp or transferor to transferee				
			<del></del> -					
			<del></del>					
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
			<u></u>					
	(e) Transfer of gift							
	Transferee's name, address, ar	Polotio	nship of transferor to transferee					
	Transieree a frame, address, ar	10 211 14	Relatio	nsinp of transferor to transferee				
		<del></del>						
(a) No.								
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
			<u> </u>					
	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
		(e) Transfer of gift						
	Transferee's name, address, ar	10 ZIP + 4	Relatio	nship of transferor to transferee				
			<del> </del>	<u> </u>				

### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number RIVER VALLEY CHILD DEVELOPMENT SERVICES 55-0706025

Pa		Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answ	rered "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during ye	· · · · · · · · · · · · · · · · · · ·	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and or	donor advisors in writing that the assets hel	
	funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the	benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (for ex	xample, recreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ments	2b
C	Number of conservation easements on a cert	tified historic structure included in (a)	2c
d	Number of conservation easements included	in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Registe	ər	2d
3	Number of conservation easements modified		minated by the organization during the
	tax year ▶	_	
4	Number of states where property subject to o	conservation easement is located >	
5	Does the organization have a written police	y regarding the periodic monitoring, inspe	ction, handling of
	violations, and enforcement of the conservation	on easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the	text of the footnote to the organization's finar	ncial statements that describes the
	organization's accounting for conservation ea		
Pa	art III Organizations Maintaining Collec		er Similar Assets.
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und	er FASB ASC 958, not to report in its rever	nue statement and balance sheet works
	If the organization elected, as permitted und of art, historical treasures, or other similar service, provide in Part XIII the text of the foot	assets held for public exhibition, education	n, or research in furtherance of public
ь	If the organization elected, as permitted und		
IJ	art, historical treasures, or other similar asse provide the following amounts relating to thes	its held for public exhibition, education, or re	
	(i) Revenue included on Form 990, Part VIII,		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works		
_	following amounts required to be reported un		. 2000.0 ioi ililanodi gang provide tile
а	Revenue included on Form 990, Part VIII, line	1	
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

36,307.

62,788.

686,680.

c Leasehold improvements......
d Equipment........

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

339,614.

26,269

375,921.

89,057.

Page

	Complete if the organization answer  (a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book value	Cost or end-of-year marke	
) Financi	al derivatives			
) Closely	held equity interests			
Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
_(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) , 🕨	·		
art VIII		- d IIVII F 000	Don't N. Han 44 a Con Form 000	Dod V line 40
	Complete if the organization answer		•	
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
1)				
1) 2)		1		
3)		-		
i)		1		
5)		1		
6)				
7)				
B)				
9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨	•		
Part IX	Other Assets.			
	Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a)	Description		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
B)				
9)				
	umn (b) must equal Form 990, Part X, col. (E	3) line 15.)	<u></u>	
art X	Other Liabilities.			
	Complete if the organization answer	ed "Yes" on Form 990	), Part IV, line 11e or 11f. See Forr	n 990, Part X,
	line 25.			
		ription of liability		(b) Book value
<u> </u>	ral income taxes			
2)				
3)				
4)			-	
5)				<del></del>
6)		<del>-</del>		
7)				
8)				
9)	/h)	F 1		
	nn (b) must equal Form 990, Part X, col. (B) line 2			
	or uncertain tax positions. In Part XIII, provide t	he text of the footnote to	<del>-</del>	
Liability f	•	D 400 740 Observe to 15	the init of the francis be- be	:- D V''' '
Liability f	's liability for uncertain tax positions under FAS	B ASC 740. Check here if		
Liability for ganization A 1270 1.000	•	B ASC 740. Check here if V 20-7.21		ed in Part XIII . hedule D (Form 990)

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.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	17,011,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
6	Add lines 2a through 2d	2e	129,794.
3	Subtract line 2e from line 1	3	16,881,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	16 001 600
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,881,683.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	16,960,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,960,429.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	16 060 430
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	16,960,429.
Provide	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation	line 4; Part X, line
SEE	PAGE 5		
-			
			<del></del>

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS

CODIFICATION (ASC) TOPIC 740, INCOME TAXES, RELATING TO UNRECOGNIZED TAX

BENEFITS. THIS STANDARD REQUIRES AN ENTITY TO RECOGNIZE A LIABILITY

FOR TAX POSITIONS WHEN THERE IS A 50% OR GREATER LIKELIHOOD THAT THE

POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION IS

LIABLE FOR TAXES TO THE EXTENT OF ANY UNRELATED BUSINESS INCOME AS

DEFINED BY IRS REGULATIONS. THE ORGANIZATION BELIEVES THAT IT HAS NOT

ENGAGED IN ANY UNRELATED BUSINESS INCOME AS DEFINED BY IRS REGULATIONS

AND THAT IT IS MORE LIKELY THAN NOT THAT THIS POSITION WOULD BE SUSTAINED

UPON EXAMINATION. AS SUCH, THERE WERE NO LIABILITIES RECORDED FOR

UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021 AND 2020.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

orm ago.	0 for the latest information.
► Attach to Form	www.irs.gov/Form990
	Soto
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OMB No. 1545-0047	Open to Public Inspection
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ş TIERED REIMBURSEMENT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number × 55-0706025 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash (e) Amount of non-grant cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 4,024,591 (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table . . . General Information on Grants and Assistance (b) EIN RIVER VALLEY CHILD DEVELOPMENT SERVICES 1 (a) Name and address of organization or government VARIOUS VARIOUS, WV 25701 (1) SEE SCHEDULE ATTACHED Name of the organization Part II Part 1 12  $\overline{0}$ ପ୍ର (4) 9 9 8 9 (10) (11)C

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

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Schedule I (Form 990) 2020

Page 2

Schedule I (Form 990) (2020)

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NUTRIT	1 NUTRITIOUS MEAL REIMBURSEMENT PROGRAM	55.	260,100.		FMV	
2						
m						
4	10-7-14					
ro.						
တ						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	de the information re	quired in Part I,	line 2, Part III, o	solumn (b); and any o	ther additional

PT I, LINE 2

THERE IS A WRITTEN PROCEDURE FOR EACH GRANT AWARD THAT INCLUDES AN

APPLICATION TO SUBSTANTIATE THE ELIGIBILITY AND AMOUNT. EACH GRANT IS

MONITORED BY THE PROGRAM FUNDING THE GRANT.

A LITTLE PEOPLE PLACE A MOTHERS TOUCH CC&LC		ON DIXE	Address Line 1	Address Line 2	City	State Zip
A MOTHERS TOUCH CC&LC	24,739.15	83-0452228	728 1/2 29TH ST		PARKERSBURG	WV 26101
	23,800.00	46-5638999	177 Campbell Creek Drive		CHARLESTON	WV 25306
A PLACE TO GROW CHILDRENS CENT	37,040.00	55-0745736	PO BOX 1582		OAK HILL	WV 25901
ADVENTURE ACADEMY (EPISODE 6)	7,150.00	82-4955817	231 SHAWNEE ESTATES		WINFIELD	WV 25213
ADVENTURE TIME CHILD DEVELOPME	37,092.00	75-3066504	1311 PINEVIEW DR	STE 102	MORGANTOWN	WV 26505
ALPHABEST EDUCATION	8,000.00	20-2042559	5980 KINNEY ROAD		LEWISVILLE	NC 27023
AMPLIFY CHILDREN'S ACADEMY	22,500.00	47-3087390	10,000 COOMBS FARM DRIVE		MORGANTOWN	WV 26508
ASBURY'S LITTLE ANGELS	21,000.00	55-0396081	110 W. NORTH STREET		CHARLES TOWN	WV 25414
BECKYS FAMILY DAYCARE	6,000.00	33-1084077	1133 46TH ST		PARKERSBURG	WV 26105
BIBLE CENTER CHURCH	19,500.00	55-0458932	100 BIBLE CENTER DR		CHARLESTON	WV 25314
BREAM CENTER FOR CHILD DEVELOP	27,500.00	55-0436695	PO BOX 6127		CHARLESTON	WV 25362
BRIGHT BEGINNINGS	94,057.88	55-0661130	204 E. MAIN ST		HARRISVILLE	WV 26362
BRIGHT HORIZONS CHILDRENS CENT	19,000.00	04-2949680	2 WELLS AVE		NEWTON	MA 02459
BRIGHT START II LLC	6,000.00	27-0976743	208 E. 10TH STREET		RANSON	WV 25438
BRIGHT START LEARNING CENTER L	21,000.00	51-0586693	208 E. 10TH AVENUE		RANSOM	WV 25438
BUILDING BLOCK CHILD DEVELOPME	5,000.00	55-0721096	532 PARKERSBURG RD		SPENCER	
BULLFROGS & BUTTERFLIES DAYCAR	16,500.00	55-0655873	306 RAGLAND RD		BECKLEY	WV 25801
BULLOCKS BUSY BEES 2	19,500.00	81-3676453	130 GOSLING MARSH RD		MARTINSBURG	WV 25404
BULLOCKS BUSY BEES LLC	6,240.00	04-3841329	235 HUTTONS VIREO DR		MARTINSBURG	WV 25405
BUMBLE BEAR CORNER CCC	30,584.00	27-2105285	303 COLUMBIA STREET		FAIRMONT	WV 26554
BURR RABBIT CDC	21,000.00	47-5598239	150 COMMUNITY LANE		WHITE SULPHUR SPRING	WV 24986
BUSY BEE CHILD CARE SOUTH	21,000.00	20-1673809	5342 TABLER STATION RD		INWOOD	WV 25428
BUSY BEE'S CHILD CARE CENTER I	21,000.00	20-0226291	600 NEW RIVER DRIVE		BECKLEY	WV 25801
BUTTERFLIES AND BULLFROGS DCC	22,500.00	81-3880156	4174 HEDGESVILLE RD		HEDGESVILLE	WV 25427
CAMP APPALACHIA	6,000.00	11-3735247	6496 TEAYS VALLEY ROAD		SCOTT DEPOT	WV 25560
CATAMOUNT CHILDREN CTR INC	21,000.00	20-5014373	PO BOX 1384		KEYSER	
CHARLESTON CHILD CARE AND LEAR	17,000.00	55-0735017	1701 STH AVE		CHARLESTON	
CHILD DEV. ACADEMY AT MARSHALL	9,550.00	55-0683361	ONE JOHN MARSHALL DRIVE		HUNTINGTON	
CHILD DEVELOPMENT CTR OF CENTRAL WV	39,500.00	55-0653070	20 CAMDEN AVENUE		BUCKHANNON	
CHILDREN FIRST CDC	16,500.00	54-1825504	P.O. BOX 344		KEARNEYSVILLE	WV 25430
CHILDRENS PLACE INC.	46,300.00	31-1015200	625 RICHMOND STREET		HUNTINGTON	WV 25702
CHRISSYS IN HOME CHILDCARE	6,000.00	84-2737768	636 MOUNTAIN DRIVE		PENNSBORO	
CHRIST CHURCH UNITED METHODIST	22,500.00	55-0357020	1221 QUARRIER ST		CHARLESTON	
CITY OF BUCKHANNON STOCKERT YO	15,000.00	55-6000152	79 EAST MAIN STREET		BUCKHANNON	
COMMUNITY RESOURCES INC	12,000.00	55-0661130	1037 MARKET STREET		PARKERSBURG	
CONCORD UNIVERSITY CDC	21,000.00	55-0769622	PO BOX 1000 D-142		ATHENS	WV 24712
COOKIES-N-MILK CHILD CARE CENT	12,000.00	84-2107409	340 EDMOND ROAD	SUITE A	KEARNEYSVILLE	
COUNTRY KIDS DAY CARE	27,000.00	13-4231804	3171 1/2 W. DUPONT AVE		BELLE	
COVENANT CHRISTIAN SCHOOL	22,500.00	55-0641746	802 GREENBAG ROAD		MORGANTOWN	
COZY COUCH FDC	6,000.00	20-4843482	14 SOPWITH WAY		MARTINSBURG	WV 25401
CREATIVE LEARNING CENTER	42,936.00	26-0685862	3322 PENNSYLVANIA AVE		CHARLESTON	
CROSS LANES CHILD CARE & LEARN	22,500.00	20-5964863	5453 BIG TYLER ROAD		CHARLESTON	WV 25313
CROSS LANES YMCA CDC	7,500.00	55-0357058	5113 ROCKY FORK ROAD		CROSS LANES	WV 25177
CROSS ROADS UMC	38,482.00	55-0701969	3146 SALTWELL ROAD		HUNTINGTON	WV 25705
CUBBY'S CHILD CARE CENTER	47,838.02	55-0665352	801 GENESIS BLVD		BRIDGEPORT	WV 26330

47-2197461       413 HIG         84-3979446       130         84-3979446       130         39-2071937       140         51-0500572       2400         83-0740008       16         84-1816197       138         55-0660897       1878         84-1816197       138         55-0660897       1878         55-0771235       260         55-0333627       1338         55-033627       138         55-044888       260         55-062057       284         55-062057       284         55-062057       284         55-062057       284         81-4708845       9         81-4708845       9         81-4708845       9         81-4708845       1108         82-066171       1108         55-06537029       1400         47-4154319       4394 R P         55-0732101       130         55-0732101       130         55-0732104       100         47-4682081       385 W         55-0718646       55-0718646         55-0718646       55-0718646	HURRICANE WV 25526 ELKINS WV 26241	CHARLES TOWN WV 25414	CHARLESTON WV 25301	NO NO	≩	^M\ 	<b>§</b>	^^	<b>&gt;</b>	MORGANTOWN WV 26508	SPENCER WV 25276		HUNTINGTON WV 25701	<b>≫</b>	SOUTH CHARLESTON WV 25303	W	HURRICANE WV 25526			LE WV	FAIRMONT WV 26554	INWOOD WV 25428	ST ALBANS WV 25177	SOUTH CHARLESTON WV 25303	<b>M</b>	<b>A</b>	<b>*</b>	RAVENSWOOD WV 26164	HINTINGTON WY	HUNTINGTON WV	VIENNA WV 26105	<b>X</b>	AW	<b>M</b>	CLARKSBURG WV 26301	CHARLES TOWN WV 25414	KINGWOOD WV 26537	WHEELING WV 26003	HARPERS FERRY WV 25425	KEARNEYSVILLE WV 25430	WHEELING WV 26003	NITRO WV 25143
47-2197461 84-4404040 84-3979446 39-2071937 51-0500572 83-0740008 16-1710615 55-0660897 84-1816197 55-0730204 55-0730204 55-06171 55-0732101 55-0732101 55-0732101 55-0732101 55-0732101 55-0732101 55-0732101 55-0732101		#128																											4394 PI FASANT VIEW BOAF													
	413 HIGH SCHOOL AVENUE 102 GRANT STREET	130 AUGUSTINE AVE	1400 QUARRIER ST	2400 JOHNSTOWN RD	2319 SOUTH FAYETTE ST	817 30TH STREET	1660 8TH AVENUE	116 ELLEN LN	1338 ENSLOW BLVD.	1878 FAIRCHANCE RD	811 MADISON AVENUE	PO BOX 168	1135 FIFTH AVE	2635 MAIN STREET	508 2ND AVE.	2606 NATIONAL ROAD	2848 PUTNAM AVE	810 WILKIE DR	1200 FLEDDERJOHN RD	<b>70 FRIENDS R FUN DRIVE</b>	13 OPAL DRIVE	1544 MIDDLEWAY PIKE	423 C STREET	509 C STREET	PO BOX 242	700 WHEELING AVE	5407 MACCORKLE AVE	1108 GALLATIN STREET	ATTN: LORNA ADKINS	4394 R PLEASANT VIEW ROAD	1800 GRAND CENTRAL AVE	931 MINERAL ROAD	PO BOX 2157	1989 STATE ROAD 55	PO BOX 688	179 BUTLER STREET	106 EAST HIGH ST	2130 FAIRMONT PIKE ROAD	385 WASHINGTON STREET	437 BORDER RD	161 EDGINGTON LANE	PO BOX 339
7,550.00 24,000.00 10,000.00 27,500.00 27,500.00 27,500.00 21,000.00 21,000.00 21,000.00 21,000.00 21,000.00 22,500.00 22,500.00 23,378.00 23,300.00 23,300.00 23,000.00 23,000.00 23,000.00 23,000.00 23,000.00 23,000.00 21,000.00 21,000.00 22,500.00 23,000.00	7,550.00 47-2197461 24,000.00 84-4404040		27,500.00 39-2071937	22,500.00 51-0500572						21,000.00 55-0765645	9,300.00 55-0721096	15,000.00 55-0771235			13,000.00 55-0538977		25,350.00 55-0602057	23,000.00 55-0695788	23,000.00 47-3381382	43,700.00 55-0673268	21,000.00 47-2089185			10,000.00 81-4708845								11,250.00 45-4196701			11,703.00 55-0486791	5,000.00 81-5275967	8,500.00 82-2063104	9,000.00 47-4682081	6,500.00 55-0765882	9,000.00 55-0718646	9,500.00 55-0753678	
	CUTIE PATOOTIES DAY CARES R US #4	DIAMOND TOTS CC LLC	DISCOVERY KINGDOM CHILDCARE LL	DISCOVERY TREE	DREAMLAND LC & DC INC	EARLY EDUCATION STATION INC.	EBENEZER COMMUNITY OUTREACH CE	ELLEN LANE LEARNING CENTER	ENSLOW PARK PRESBYTERIAN CHURC	FAIR PLAY LLC	FAIRPLAIN PATCH PRESCHOOL	FAYETTE CO. STARTING POINTS	FIFTH AVE BAPTIST NURSERY & PR	FIRST BAPTIST ACADEMY INC	FIRST PRESBYTERIAN CDC	FLORENCE CRITTENTON PROGRAMS	FORREST BURDETTE COM	FORT HILL CHILD DEVELOPMENT CE	FRIENDLY FACES DAYCARE	FRIENDS R FUN CDC	FRITZS RUGRATZ LLC	FUTURE BLOSSOMS EL CTR	GATEWAY CHRISTIAN EDUCATION CE	GEE GEES HEAVENLY HANDS CCC LL	GINGERBREAD HOUSE DAY CARE FAC	GLEN DALE CDC	GOOD SHEPHERD CHILD DEV. CENTE	GOOD SHEPHERD FAMILY DAY CARE	GREATER BELNET CHRISTIAN SCHO	GROWING PLACES DAY CARE TOO	GROWING SEASONS CDC LLC	HANDS OF PRIDE	HAPPY HEARTS PRESCHOOL LLC	HARDY COUNTY CHILD CARE CENTER	HARRISON COUNTY YMCA	HELPING HANDS 2	HERE WE GROW DAY CARE	HIGHER HILLS CHILDRENS CENTER	HILLSIDE CHILD CARE & DEV. CEN	HIS LITTLE LAMBS CCC	HOLY FAMILY CHILD CARE DEV CEN	HOGING OF TOTAL ATIMISE A TOTAL

KEARNEYSVILLE WV 25431	PRINCENTON WV 24740	GRAFTON WV 26354	GRAFTON WV 26354	PETERSBURG WV 26847	SISSONVILLE WV 25320	RONCEVERTE WV 24970	HEDGESVILLE WV 25427	HURRICANE WV 25526	BUCKHANNON WV 26201	KEYSER WV 26726	FARMINGTON WV 26571		GERRARDSTOWN WV 25420	MORGANTOWN WV 26501	KINGWOOD WV 26537	WILLIAMSON WV 25661	FALLING WATERS WV 25419	POINT PLEASANT WV 25550	BRUCETON MILLS WV 26525	HUNTINGTON WV 25755	RUPERT WV 25984	BARBOURSVILLE WV 25504	FOLLANSBEE WV 26037	HINTON WV 25951	MORGANTOWN WV 26505	HUNTINGTON WV 25701	BRIDGEPORT WV 26330	NN	ELKVIEW WV 25071	۸۸	MORGANTOWN WV 26505	UNION WV 24983		<b>&amp;</b>	<b>≥</b>	≫	NUTTER FORT WV 26301	DAVIS WV 26260	BUCKHANNON WV 26201	CHARLESTON WV 25304	HURRICANE WV 25526	SMITHERS WV 25186	DUNBAR WV 25064	CHARIFSTON WV 25387	
																												SUITE 102							BOX 160				SUITE 201		SUITE 201				
250 MURALL DR	213 E. Reynolds Avenue	142 BLUEVILLE DR	4172 GEORGE WASHINGTON HWY	26 SOUTH MAIN ST SUITE 4	1975 KELMONT LN	1389 MAPLEWOOD AVENUE	PO BOX 154	2660 MAIN ST	PO BOX 686	550 SOUTH MAIN STREET	P.O. BOX 118	3135 WASHINGTON BLVD	154 MCGILL DRIVE	428 MISSISSIPPI ST.	50 EAGLE LANE	212 EAST 2ND AVENUE	7844 WILLIAMSPORT PIKE	201 HIGH ST.	7226 OLD ROUTE 73	ONE JOHN MARSHALL DRIVE	PO BOX 634	6618 CLARK DR	2758 ELDERSVILLE RD	301 SUMMERS ST	3414 COLLINS FERRY RD	4170 MT UNION RD	65 LUCY LANE	3398 UNIVERSITY AVENUE	4928 ELK RIVER RD SOUTH	2400 KNOBLEY ROAD	1200 JD ANDERSON DR	60 SHANKLIN AVE	1002 S DAVIS AVENUE	302 SCOTT AVE	300 WEDGEWOOD DRIVE	4615 MacCorkle Avenue	401 WV AVE	PO BOX 304	26 N. KANAWHA ST	308 20TH ST SE	1101 HOSPITAL DRIVE	PO BOX 652	1236 OHIO AVENUE	543 RREAM ST	OAS BACAIN SI.
55-0695712	82-4869304	46-5394576	85-3134063	85-2484315	55-0724084	82-2807091	46-3260838	55-0760177	04-3691562	82-0696661	45-5545417	84-3393104	80-0655326	03-0614237	82-0631478	55-0767435	27-3224229	55-0727102	47-2856411	55-0683361	82-4290027	82-2464140	84-4119002	83-1327911	45-4808223	46-1962394	55-0735707	46-4412811	81-5440694	20-4808735	23-7441353	31-0894639	82-0951059	55-0629055	45-5291369	55-0642201	55-0553887	27-2383258	55-6026584	31-1035932	27-0245062	236-02-4973	84-2222546	61,706,367	7057057-10
47,060.00	6,000.00				12,300.00	00.000,6	27,576.00		9,000.00	22,000.00	8,500.00	11,550.00	6,000.00	17,500.00	8,500.00	11,350.00	6,000.00	9,000.00	6,000.00		9,000.00	6,000.00	6,000.00	6,000.00	10,536.00		5,250.00		17,580.00		6,000.00	9,624.00	21,000.00	18,500.00	9,000.00	14,500.00	16,414.00	9,000.00	8,500.00	10,000.00				10 800 00	10,000.00
LITTLE EAGLE CHILD CARE CENTER	LITTLE EXPLORERS CHILDCARE, LLC	LITTLE FEET DAYCARE & PRESCHOO	LITTLE FEET EXTENDED CARE	LITTLE HONEYBEES DAYCARE	LITTLE KIDS DAY CARE CENTER	LITTLE LEARNERS EDC	LITTLE LEARNER'S VILLAGE LLC	LITTLE LIFE PRESCHOOL, INC	LITTLE ONES PLACE CHRISTIAN CC	LITTLE PEOPLE'S DAYCARE	LITTLE RASCALS CC LLC	LITTLE SPROUTS CHILD CARE CENT	LITTLE STARS DAYCARE	LITTLE TIKES CCC LLC	LITTLES DAYCARE	LIVING WATER CHILD CARE CENTER	LOLLIPOP LANE PRESCHOOL	MAGIC YEARS DAYCARE CENTER, IN	MAMA'S LITTLE HELPERS LLC	MARSHALL UNIVERSITY RESEARCH CORP	MARVEL CENTER INC.	MEL'S ANGELS	MIMIS DAYCARE	MINI MIRACLES CC LLC	MINI MOUNTAINEERS- SITE 3	MINNIES PLAYHOUSE LLC	MISS LUCYS FAMILY CHILDCARE FA	MOMENTS OF JOY INFANT AND CHIL	MOMMA BEAR'S CHILDCARE, INC.	MOMMYS HELPERS CHILD CARE	MON KIDS CHILD DEV CENTER	MONROE EARLY CHILDHOOD ASSOCIA	MONTESSORI EARLY LEARNING CTR	MORGANTOWN EARLY LEARNING FACILITY	MORGANTOWN MONTESSORI INC.	MORRIS ENRICHMENT CENTER	MOTHER GOOSE LAND SITE 1	MOUNT LAUREL LC, INC.	MOUNTAIN CAP OF WV INC, A CDC	MOUNTAINEER MONTESSORI SCHOOL,	MY FAMILY PRESCHOOLS AND CCC	NANCY EMELINES DAY CARE	NEW BEGINNING LEARNING ACAD OF DUNBAR	NEW DECIMAINS LEADING ACADEMA	NEW BEGINNING LEAKINING ACADEINT

NICHOLAS COUNTY EMPOWERMENT CO	17,500.00	55-0771235	PO BOX 168		RICHWOOD	WV 26261
NOAH'S ARK CHILDCARE & LEARNING CENTER	9,500.00	90-0624619	1308 STEENROD AVE.		WHEELING	WV 26003
OAKHURST FIRST PRESBYTERIAN CD	14,224.00	55-0538977	508 2ND AVE		SOUTH CHARLESTON	WV 25303
OUR LADY OF FATIMA CHILDCARE	9,000.00	55-0392772	535 NORWAY AVE		HUNTINGTON	WV 25705
PARKER'S PLAYHOUSE & CC	5,500.00	47-3965592	431 HIGHLAND AVENUE		WILLIAMSTOWN	WV 26187
PARKERSBURG YMCA	26,250.00	55-0357059	1800 30TH STREET		PARKERSBURG	WV 26104
PATHWAY CHILDCARE CENTER LLC	6,000.00	85-3557613	301 N MILDRED ST STE 1		CHARLES TOWN	WV 25414
PEA RIGDE DAYCARE INC.	11,850.00	55-0675833	2 MARY HILL LANE		HUNTINGTON	WV 25705
PEACE OF MIND CHILDCARE	6,101.00	80-0521435	808 DIVISION ST		PARKERSBURG	WV 26101
PEAS IN A POD CC LRN CTR	9,500.00	85-3305786	231 HOFFMAN AVE		WESTON	WV 26452
PEEPS PLACE CHILD CARE CENTER	14,208.00	02-0708838	515 BROADWAY AVE		CLARKSBURG	
PLACE OF GRACE LLC.	6,000.00	26-1079003	199 OLD CHEAT ROAD		MORGANTOWN	WV 26508
PLAYMATES	106,020.00	55-0742839	3603 PIEDMONT ROAD		HUNTINGTON	
PLAYWORKS CHILD DEVELOPMENT CE	9,500.00	20-2086883	4783 DENTS RUN ROAD		MORGANTOWN	WV 26501
PLEASANT DAY SCHOOLS	9,500.00	20-5965863	1315 AIRPORT ROAD		MORGANTOWN	
PLEASANTS COUNTY CCC LLC	6,000.00	84-3640559	1138 PIKE RD.		ST MARYS	WV 26170
PRECIOUS ANGELS ELC	11,250.00	84-3019808	14 HIGHLAND AVE		PARKERSBURG	WV 26104
PRECIOUS CARGO EARLY LEARNING	10,000.00	27-2267038	P.O. BOX 8056		NUTTER FORT	wv 26302
PRECIOUS MEMORIES KID CARE	12,800.00	45-4211254	1112 RIPLEY RD		RIPLEY	
PRINCETON HEALTH AND FITNESS C	9,500.00	55-0694209	321 12TH ST EXT.		PRINCETON	WV 24740
RAPID DEVELOPMENTS	6,000.00	55-0745736	PO BOX 1582		OAK HILL	WV 25901
RIDGE KIDS ACADEMY	11,850.00	55-0641797	5945 E. PEA RIDGE RD.		HUNTINGTON	WV 25705
RISING STARS CC I LLC	27,000.00	38-3876342	1509 S. KANAWHA ST.		BECKLEY	WV 25801
RIVESVILLE HEART JUNCTION	10,844.00	06-1767318	PO BOX 31		RIVESVILLE	WV 26588
ROANE COUNTY PATCH, INC.	38,000.00	55-0721096	811 MADISON AVENUE		SPENCER	
ROBBINS NEST CHILD CARE CENTER	11,016.00	55-0746464	49 ROBBINS NEST LANE		NOTTUS	WV 26601
SARAH'S HEART CHILD CARE INC.	18,500.00	65-1265421	P.O. BOX 820		HURRICANE	
SCHOOL DAYS CC LLC	9,500.00	55-0769147	15932 SENECA TRAIL		BUCKEYE	
SHEPHERDSTOWN DAY CARE CENTER	5,276.00	55-0539244	PO BOX 388		SHEPHERDSTOWN	
SIKORA MONTESSORI SCHOOL LLC	9,000.00	26-2865478	2108 LUMBER AVENUE		WHEELING	WV 26003
SMALL WORLD DAYCARE LLC	9,500.00	46-0666710	PO BOX 1460		FORT ASHBY	WV 26719
SO SOCIAL	7,150.00	46-3762750	529 6TH AVENUE		HUNTINGTON	WV 25701
SOLID ROCK DAYCARE LLC	8,500.00	82-0972447	1200 SOUTH PIERPOINT RD		MORGANTOWN	
ST JOSEPH PRESCHOOL	11,850.00	55-0725929	1326 6TH AVE		HUNTINGTON	
ST JOSEPH THE WORKER PRESCHOOL	6,000.00	55-0434404	151 MICHAEL WAY		WEIRTON	-
STACYS WEE CARE	6,000.00	45-3834118	19 POPPY LANE		CHESTER	
STEP AHEAD PRESCHOOL.INC	9,500.00	35-2337494	418 STRIBLING RD		MARTINSBURG	WV 25403
STEP BY STEP CHILD CARE	9,000.00	47-4309316	PO BOX 557		RIPLEY	WV 25271
STEPPING STONES ACADEMY	20,550.00	47-1394270	201 CHASE DRIVE		HURRICANE	WV 25526
STORYBOOK DAYCARE LLC	9,500.00	46-3822603	3441 UNIVERSITY AVENUE		STAR CITY	WV 26505
STORYBOOK UNIVERSITY LLC	9,000.00	84-2077091	3461 UNIVERSITY AVE	SUITE 101	STAR CITY	WV 26505
SUNBEAM CHILD CARE CENTER LLC	11,300.00	30-0855019	1654 MARY LOU RETTON DRIVE		FAIRMONT	WV 26554
SUNCREST CHILD CARE & EARLY LE	6,000.00	55-0393632	479 VAN VOORHIS ROAD		MORGANTOWN	
TEAYS VALLEY CHILD DEVELOPMENT	14,682.00	11-3735247	6442 TEAYS VALLEY RD		SCOTT DEPOT	
THE CHILDRENS ACADEMY LLC	10,988.00	01-0730728	3404 MAIN STREET		WEIRTON	
THE GIGGLE FACTORY	6,000.00	81-1722976	17 BERKELEY LN		BERKELEY SPRINGS	WV 25411

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THE HILL'S KID CONNECTION		769	415 E 51H 51	BELLE	
THE HURLEY'S DAYCARE	6,000.00 84-4323531		196 BARKER STREET	PRINCETON	
THE IMAGINATION STATION CDC LC	22,030.00 26-3628778		1905 GLADSTONE STREET	PARKERSBURG	WV 26101
THE KID CONNECTION INC	9,500.00 55-0748735	735	1031 STAFFORD DRIVE	PRINCETON	WV 24740
THE LEARNING TREE HOUSE	9,500.00 42-1598637		390 SOUTH WICKHAM AVE	PRINCETON	WV 24740
THE LITTLE PLACE	8,500.00 55-0596495	495	P.O. BOX 219	PETERSBURG	WV 26847
THE PLACE FOR KIDS	6,000.00 55-0695906	906	201 TEMPLEVIEW DR	BECKLEY	WV 25801
THE RESORT AT CAMP GLADE	21,000.00 26-1224616	616	255 RESORT DRIVE	DANIELS	WV 25832
THE SHACK NEIGHBORHOOD HOUSE I	9,500.00 55-0631216	216	PO BOX 600	PURSGLOVE	WV 26546
THE WEE TRAIN CHRISTIAN DAY CA	9,000.00 55-0668057	057	PO BOX 36	JUNIOR	WV 26275
TINKER TOTS CHILDCARE	8,500.00 84-3649514	514	PO BOX 1774	OCEANA	WV 24870
TINY TOTS DAY CARE CENTER LLC	6,076.00 55-0772424	424	PO BOX 616	FRANKLIN	WV 26807
TINY TOTS VILLAGE, INC.	9,500.00 45-3215153	153	1890 MIDDLEWAY PIKE	<b>BUNKER HILL</b>	WV 25413
TONYA LANTZ INC. T/A KINDER CENTER	9,000.00 03-0515228	228	PO BOX 460	RIDGELEY	WV 26753
TOP TOTS ENRICHMENT CENTER	11,850.00 65-1171791	791	318 THOMPSON ROAD	CULLODEN	WV 25510
TOTALLY KIDS LLC	11,050.00 82-1035732	732	651 STRATTON STREET	LOGAN	WV 25601
TRI COUNTY YMCA	8,000.00 55-0702900	006	PO BOX 737	SCOTT DEPOT	WV 25580
TRI-COUNTY YMCA-GW ELEMENTARY	34,500.00 55-0702900	006	PO BOX 737	SCOTT DEPOT	WV 25560
TRINITY ACADEMY & DAYCARE	10,000.00 45-5577682	682	722 31ST STREET	HUNTINGTON	WV 25702
TRINITY CHRISTIAN SCHOOL	9,500.00 30-0637587	587	200 TRINITY WAY	MORGANTOWN	WV 26505
UNION MISSION PRESCHOOL & CHIL	9,500.00 55-6000896	968	700 SOUTH PARK ROAD	CHARLESTON	WV 25304
VALLEY VIEW DAYCARE LLC	9,000.00 47-2862767	191	687 DEPOT ST	ROMINEY	WV 26757
VIENNA CHILD CARE CENTER	5,729.00 55-0700330	330	804 21ST ST	VIENNA	WV 26105
VIENNA LEARNING CENTER	11,250.00 84-3843895	895	804 21ST STREET	VIENNA	WV 26105
VILLAGE SQUARE LLC	12,000.00 20-8560229	229	815 W KING STREET	MARTINSBURG	WV 25401
WATCH ME GROW CC AND LC LLC	12,970.00 84-2838548	548	45 ELM STREET	GLENVILLE	WV 26351
WE R ENTERPRISES INC	6,000.00 46-0772591		9903 MOUNTAINEER HWY	IAEGAR	WV 24844
WEE DISCIPLES CHRISTIAN ACADEM	9,500.00 27-2609806	908	114 POOR FARM ROAD	KEARNEYSVILLE	WV 25430
WEE TOTS NURSERY INC.	9,000.00 55-0539637	637	115 VIVA CT.	BLUEFIELD	WV 24701
WEIRTON HEIGHTS DAY CARE	9,000.00 55-0781416	416	1471 COVE ROAD	WEIRTON	WV 26062
WESTMINSTER PRESCHOOL	9,000.00 55-0381612	612	PO BOX 1258	BLUEFIELD	WV 24701
WINFIELD CHILD DEVELOPMENT CENTER	12,350.00 55-0616759	759	12902 WINFIELD RD	WINFIELD	WV 25213
WONDERLAND LEARNING AND CHILD	10,152.00 55-0740467	467	811 EAST MAIN STREET	MANNINGTON	WV 26582
WV EARLY LEARNING ACADEMY	14,500.00 81-4151057	057	1400 QUARRIER STREET	CHARLESTON	WV 25301
YMCA OF KANAWHA VALLEY	15,000.00 55-0357058	058	100 YMCA DR	CHARLESTON	WV 25311
YOSTS CHILD DEVELOPMENT CENTER	9,500.00 84-2848022		2007 PROFESSIONAL CT.	MARTINSBURG	WV 25401
YOUNG HEARTS LLC	22,500.00 37-1769424		409 ST. ANDREWS DRIVE	MORGANTOWN	WV 26508
YOUTH HEALTH SERVICES	11,540.00 55-066-5150	150	971 HARRISON AVE	ELKINS	WV 26241
YWCA MEL WOLFE CHILD DEVELOPME	8,416.00 55-0357060		1426 KANAWHA BLVD EAST	CHARLESTON	WV 25301
YWCA OF CHARLESTON	14,000.00 55-0357060		1426 KANAWHA BLVD., EAST	CHARLESTON	WV 25301
ZION CHILD DEVELOPMENT CENTER	21,824.00 27-2794180		1720 5TH AVE	CHARLESTON	WV 25362

4,024,590.32

### **SCHEDULE O** (Form 990 or 990-EZ)

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

RIVER VALLEY CHILD DEVELOPMENT SERVICES

Employer identification number 55-0706025

PT VI, LINE 11B

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 PRIOR TO FILING.

PT VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY BOARD MEMBERS AND EMPLOYEES OF THE ORGANIZATION.

PT VI, LINE 15A

A COMMITTEE OF THE BOARD OF DIRECTORS.

PT VI, LINE 15B

REVIEWS THE COMPENSATION AND PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DIRECTOR OF BUSINESS AND FINANCE. THE COMMITTEE REVIEWS INFORMATION CONCERNING COMPARABLE SALARIES AND PERFORMANCE, THEN MAKES A RECOMMENDATION FOR SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR. THE FULL BOARD REVIEWS THE RECOMMENDATIONS AND VOTES ON THEM.

PT VI, LINE 19

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST.

CHILD DEVELOPMENT PROGRAM

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES GRANTS EXPENSES REVENUE DESCRIPTION 209,894. 275,781. 259,964. FOOD PROGRAM

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

Schedule O (Form 990 or 990-EZ) (2020)

103,284.

ATTACHMENT 1

440,014.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Employer identification number Name of the organization 55-0706025 RIVER VALLEY CHILD DEVELOPMENT SERVICES ATTACHMENT 1 (CONT'D) FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES GRANTS EXPENSES REVENUE DESCRIPTION 209,894. 715,795. 363,248. TOTALS

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