



**Suttle &  
Stalnaker** | Certified  
Public  
Accountants

A Professional Limited Liability Company

River Valley Child Development  
Services, Inc.  
2021 5th Avenue West  
Huntington, WV 25704

Enclosed are the original and one copy of the 2023 Exempt  
Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance  
with the filing instructions. The copy should be retained  
for your files.

*Suttle & Stalnaker, PLLC*

Suttle & Stalnaker, PLLC

The Virginia Center  
1411 Virginia Street, East  
Suite 100  
Charleston, WV 25301  
MAIN (304) 343-4126  
FAX (304) 343-8008

The Rivers Office Park  
200 Star Avenue  
Suite 220  
Parkersburg, WV 26101  
MAIN (304) 485-6584  
FAX (304) 485-0971

Suncrest Towne Centre  
453 Suncrest Towne Centre Drive  
Suite 201  
Morgantown, WV 26505  
MAIN (304) 554-3371  
FAX (304) 554-3410

The Somerville Building  
501 5th Avenue  
Suite 1  
Huntington, WV 25701  
MAIN (304) 525-0301  
FAX (304) 522-1569

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared for	River Valley Child Development Services, Inc. 2021 5th Avenue West Huntington, WV 25704
Prepared by	Suttle & Stalnaker, PLLC 501 5th Avenue, Suite 1 Huntington, WV 25701
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**Name of filer **RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**EIN or SSN  
**\*\*-\*\*\*6025**Name and title of officer or person subject to tax **CANDICE MULLINS  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>34,701,822.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize SUTTLE & STALNAKER, PLLC to enter my PIN 34126  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

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

55008734126

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 05/12/25

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

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

Form **8879-TE** (2023)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**RIVER VALLEY CHILD DEVELOPMENT SERVICES, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2021 5TH AVENUE WEST**City or town, state or province, country, and ZIP or foreign postal code  
**HUNTINGTON, WV 25704****F** Name and address of principal officer: **CANDICE MULLINS**  
**SAME AS C ABOVE****D** Employer identification number**\*\* - \*\*\*6025****E** Telephone number  
**304-523-3417****G** Gross receipts \$ **35,274,992.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.RVCD.S.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1971****M** State of legal domicile: **WV****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE QUALITY SERVICES AND SUPPORT TO CHILDREN, FAMILIES, AND THE EARLY CHILDHOOD COMMUNITY.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>191</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>14</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>27,657,450.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>1,431,073.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>581,033.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>270,754.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>29,940,310.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>15,076,764.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>9,128,829.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>4,843,587.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>29,049,180.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>891,130.</b>
	<b>20</b>	Total assets (Part X, line 16) <b>23,669,061.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>19,763,829.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>3,905,232.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>CANDICE MULLINS, EXECUTIVE DIRECTOR</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>WADE NEWELL, CPA</b>	<b>WADE NEWELL, CPA</b>	<b>05/12/25</b>		<b>P01051041</b>
Preparer Use Only	Firm's name	Firm's EIN	Phone no. (304) 525-0301		
	<b>SUTTLE &amp; STALNAKER, PLLC</b>	<b>** - ***8163</b>			
	Firm's address	<b>501 5TH AVENUE, SUITE 1</b> <b>HUNTINGTON, WV 25701</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.

Form 990 (2023)

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**Part III** Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
**TO PROVIDE QUALITY SERVICES AND SUPPORT TO CHILDREN, FAMILIES, AND THE  
EARLY CHILDHOOD COMMUNITY**
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ **7,573,845.** including grants of \$ **170,871.**) (Revenue \$ )  
**CHILD CARE RESOURCE AND REFERRAL (CCR&R): RVCDS OVERSEES THREE  
CHILDCARE RESOURCE AND REFERRAL (R&R) PROGRAMS THAT WORK WITH FAMILIES,  
CHILDCARE PROVIDERS, AND COMMUNITY ORGANIZATIONS TO PROMOTE QUALITY  
CHILDCARE SERVICES IN DESIGNATED REGIONS. FOR FAMILIES, THE R&R  
PROGRAMS PROVIDE CHILDCARE REFERRALS, INFORMATION ON FINDING QUALITY  
CHILDCARE, AND HELP DETERMINE IF FAMILIES ARE ELIGIBLE FOR SUBSIDIZED  
CARE. FOR CHILDCARE PROVIDERS, THE R&R'S ASSIST INDIVIDUALS WHO WANT  
TO BECOME FAMILY CHILDCARE PROVIDERS, AND OFFER CHILDCARE PROVIDERS  
ACCESS TO TRAINING, TECHNICAL ASSISTANCE, AND COACHING. THESE PROGRAMS  
ARE FUNDED BY WV DEPARTMENT OF HUMAN SERVICES.**
- 4b (Code: ) (Expenses \$ **23,140,892.** including grants of \$ **18,810,451.**) (Revenue \$ **96,542.**)  
**WV EARLY CHILDHOOD TRAINING CONNECTIONS AND RESOURCES (WVECTCR): A  
STATEWIDE PROGRAM DESIGNED TO PROVIDE PROFESSIONAL DEVELOPMENT  
OPPORTUNITIES FOR THE EARLY CARE AND EDUCATION COMMUNITY. THROUGH AN  
EXTENSIVE NETWORK OF INFORMATION, TRAINING AND TECHNICAL ASSISTANCE,  
RESOURCES, AND COLLABORATION, WVECTCR STRIVES TO IMPROVE THE QUALITY OF  
EARLY EDUCATION SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. THIS  
PROGRAM IS FUNDED BY WV DEPARTMENT OF HEALTH AND WV DEPARTMENT OF HUMAN  
SERVICES.**
- 4c (Code: ) (Expenses \$ **1,101,317.** including grants of \$ **0.**) (Revenue \$ **875,268.**)  
**WV BIRTH TO THREE (WVBTT) REGIONAL ADMINISTRATIVE UNITS (RAU'S): RVCDS  
OVERSEES TWO RAU'S FOR THE WVBTT PROGRAM. WV BTT IS A STATEWIDE SYSTEM  
OF SUPPORTS FOR CHILDREN UNDER AGE THREE, AND THEIR FAMILIES, WHO HAVE  
OR ARE AT RISK OR HAVING DEVELOPMENTAL DELAYS. THE RAU SERVES AS THE  
SINGLE ENTRY POINT TO THESE SERVICES AND WORKS TO FACILITATE ACCESS TO  
THE SUPPORTS AND SERVICES NEEDED. THESE PROGRAMS ARE FUNDED BY WV  
DEPARTMENT OF HEALTH AND BILLING FEES FOR SERVICE.**
- 4d Other program services (Describe on Schedule O.)  
(Expenses \$ **352,725.** including grants of \$ **234,247.**) (Revenue \$ **1,640,543.**)
- 4e Total program service expenses **32,168,779.**

Form 990 (2023)

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Form 990 (2023)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Form 990 (2023)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<b>X</b>
<b>b</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	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<b>26</b>	<b>X</b>
<b>27</b> 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	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<b>X</b>
<b>33</b> 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	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<b>X</b>
<b>37</b> 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	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<b>38</b>	<b>X</b>

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>4</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 191		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	10	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	10	
<b>2</b> 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?	<b>2</b>		<b>X</b>
<b>3</b> 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?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**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-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records  
**COREY DORSEY - (304) 523-3417**  
**2021 5TH AVENUE WEST, HUNTINGTON, WV 25704**

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CANDICE MULLINS EXECUTIVE DIRECTOR	40.00			X				97,544.	0.	0.
(2) COREY DORSEY DIRECTOR OF FINANCE	40.00			X				68,990.	0.	0.
(3) KAREN LYZENGA FINANCE DIRECTOR	40.00			X				25,109.	0.	0.
(4) PAMELA SCAGGS CHAIRPERSON	1.00	X		X				0.	0.	0.
(5) CATHY LAWSON TREASURER	1.00	X		X				0.	0.	0.
(6) LORA WELLS BOARD MEMBER	1.00	X						0.	0.	0.
(7) SHIRLEY BIRCHFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(8) DEBORAH CHAPMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) SARAH DICK VICE CHAIRPERSON	1.00	X						0.	0.	0.
(10) DEBORAH LOCKWOOD BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARIANNA FOOTO-LINZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) ZELIDETH RIVAS BOARD MEMBER	1.00	X						0.	0.	0.
(13) SHANE RANDOLPH BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....								191,643.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								191,643.	0.	0.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIGIT3, 1102 3RD AVE. SUITE 108, HUNTINGTON, WV 25701		129,683.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	31,713,465.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	49,580.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> BIRTH TO THREE PROGRAM-FEES	<b>Business Code</b>	624110	875,268.	875,268.		
	<b>b</b> FOOD PROGRAM-DAYCARE		624110	295,549.	295,549.		
	<b>c</b> TRAINING, CONNECTIONS, AND RESOUR		611710	96,542.	96,542.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,267,359.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			304,099.			304,099.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
			595,495.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	573,170.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	22,325.				
	<b>d</b> Net gain or (loss) .....			22,325.			22,325.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	611710	1,344,994.	1,344,994.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			1,344,994.			
<b>12 Total revenue.</b> See instructions .....				34,701,822.	2,612,353.	0.	326,424.

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**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,215,569.	19,215,569.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	191,643.	105,404.	86,239.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,052,324.	6,557,268.	495,056.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,888.	285,097.	24,791.	
<b>9</b> Other employee benefits	1,670,327.	1,582,056.	88,271.	
<b>10</b> Payroll taxes	520,477.	478,839.	41,638.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	46,121.	46,121.		
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	477,783.	277,054.	200,729.	
<b>12</b> Advertising and promotion	441.	441.		
<b>13</b> Office expenses	731,957.	730,544.	1,413.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,105,974.	920,613.	185,361.	
<b>17</b> Travel	255,744.	235,685.	20,059.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	753,654.	753,654.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	60,341.	38,533.	21,808.	
<b>23</b> Insurance	69,785.	66,120.	3,665.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES AND EQUIPMENT</b>	322,838.	306,372.	16,466.	
<b>b</b> <b>RESOURCE MATERIALS</b>	315,293.	315,293.		
<b>c</b> <b>REPAIRS, MAINTENANCE</b>	285,316.	249,419.	35,897.	
<b>d</b> <b>OTHER EXPENSES</b>	40,439.	4,697.	35,742.	
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	33,425,914.	32,168,779.	1,257,135.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Form 990 (2023)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,724,058.	<b>1</b>	1,567,964.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,083,481.	<b>3</b>	2,606,320.
	<b>4</b> Accounts receivable, net .....	98,877.	<b>4</b>	131,338.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	186,508.	<b>9</b>	155,682.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,439,557.		
	<b>b</b> Less: accumulated depreciation .....	1,863,253.		
	<b>11</b> Investments - publicly traded securities .....	636,645.	<b>10c</b>	576,304.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	915,680.	<b>11</b>	2,435,599.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,023,812.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,669,061.	<b>15</b>	2,383,892.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,669,061.	<b>16</b>	9,857,099.
	<b>18</b> Grants payable .....	1,509,044.	<b>17</b>	1,424,672.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....	15,239,382.	<b>19</b>	717,427.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> 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 .....	3,015,403.	<b>24</b>	2,436,846.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	19,763,829.	<b>25</b>	4,578,945.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		3,893,204.	<b>26</b>	5,264,626.
<b>28</b> Net assets with donor restrictions .....		12,028.	<b>27</b>	13,528.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>28</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>29</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>30</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		3,905,232.	<b>31</b>	5,278,154.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		23,669,061.	<b>32</b>	9,857,099.

Form **990** (2023)

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,701,822.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,425,914.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,275,908.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,905,232.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	97,014.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,278,154.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Employer identification number  
**\*\*-\*\*\*6025**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,830,882.	15,294,244.	30,849,100.	27,657,450.	31,763,048.	115,394,724.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,830,882.	15,294,244.	30,849,100.	27,657,450.	31,763,048.	115,394,724.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						115,394,724.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9,830,882.	15,294,244.	30,849,100.	27,657,450.	31,763,048.	115,394,724.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	36,712.	17,512.	44,709.	605,208.	304,099.	1,008,240.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	12,903.	266,636.	187,801.		1,344,994.	1,812,334.
<b>11 Total support.</b> Add lines 7 through 10						118,215,298.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 6,622,133.	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b> 97.61 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b> 98.75 %

**16a 33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**17a 10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

**b 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990) 2023

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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 B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.

Employer identification number

\*\*-\*\*\*6025

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)



Name of organization <b>RIVER VALLEY CHILD DEVELOPMENT SERVICES, INC.</b>	Employer identification number <b>** - ***6025</b>
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**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 CAPITOL STREET, ROOM 730 CHARLESTON, WV 25301	\$ 31,713,468.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

\*\*-\*\*\*6025

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____	\$ _____	_____

Name of organization <b>RIVER VALLEY CHILD DEVELOPMENT SERVICES, INC.</b>	Employer identification number <b>** - *** 6025</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Employer identification number  
**\*\*-\*\*\*6025**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule D (Form 990) 2023

\*\*-\*\*\*6025 Page **3**

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSET	2,296,880.
(2) RENT DEPOSIT	20,408.
(3) HRA/FSA COLLATERAL DEPOSIT	2,551.
(4) CAPTIVE INSURANCE SHARE CAPITAL	20,000.
(5) CAPTIVE INSURANCE COLLATERAL DEPOSIT	44,053.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,383,892.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,436,846.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,436,846.

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

Schedule D (Form 990) 2023

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule D (Form 990) 2023

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**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.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	34,798,836.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	97,014.
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	97,014.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	34,701,822.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	34,701,822.

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

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

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	33,425,914.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	33,425,914.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	33,425,914.

**Part XIII Supplemental Information**

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

**PART X, 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, 2024 AND 2023.

[illegible]



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

**Employer identification number**  
**\*\* - \*\*\* 6025**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A LITTLE PEOPLE PLACE 728 1/2 29TH ST PARKERSBURG, WV 26101	** - *** 2228		49,190.	0.			TIERED REIMBURSEMENT
A PLACE TO GROW CHILDRENS CENTER PO BOX 1582 OAK HILL, WV 25901	** - *** 5736		53,953.	0.			TIERED REIMBURSEMENT
ABBAGAIL MABIN 44 ROBIN LANE MORGANTOWN, WV 26508	*** - ** - 4591		6,000.	0.			TIERED REIMBURSEMENT
ADRIEN GIBBS 111 SUMMERSET DR SCOTT DEPOT, WV 25560	*** - ** - 3114		8,400.	0.			TIERED REIMBURSEMENT
ADVENTURE TIME CHILD DEVELOPMENT CTR - 1311 PINEVIEW DR - MORGANTOWN, WV 26508	** - *** 6504		34,190.	0.			TIERED REIMBURSEMENT
AIMEE GWINN 2910 RITTER DR SHADY SPRING, WV 25918	*** - ** - 8368		5,835.	0.			TIERED REIMBURSEMENT

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

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

**Schedule I (Form 990) 2023**

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXA CHEYENNE EVANS 10 ROLLING OAKS ESTATES ST ALBANS, WV 25177	***-**-6346		6,000.	0.			TIERED REIMBURSEMENT
ALEXANDER PETTIS 1176 SABRATON AVE MORGANTOWN, WV 26505	***-**-8047		6,000.	0.			TIERED REIMBURSEMENT
ALEXANDRIA SAMUELSON 2334 SUNRISE LANE FAIRMONT, WV 26554	***-**-3598		6,000.	0.			TIERED REIMBURSEMENT
ALEXIS B CHAPMAN 101 CEDAR COURT SOUTH POINT, OH 45680	***-**-1329		6,000.	0.			TIERED REIMBURSEMENT
ALEXUS F ROHRBAUGH 19 WATERMELON DR MAYSVILLE, WV 26833	***-**-3073		6,000.	0.			TIERED REIMBURSEMENT
ALIXANDRA SAFFLE 193 SARATOGA DRIVE BUCKHANNON, WV 26201	***-**-9863		6,000.	0.			TIERED REIMBURSEMENT
ALLISON ZOE SCHNEIDER PO BOX 381 THOMAS, WV 26292	***-**-8420		6,000.	0.			TIERED REIMBURSEMENT
ALPHABEST EDUCATION 5980 KINNEY ROAD LEWISVILLE, NC 27023	**-*2559		137,440.	0.			TIERED REIMBURSEMENT
ALYSSA NEWBOLD 6350 BENEDUM DRIVE SHINNSTON, WV 26431	***-**-2785		6,150.	0.			TIERED REIMBURSEMENT

Schedule I (Form 990)

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALYSSA YAIDER 1410 MILLER RD RIDGELEY, WV 26753	***-**-8314		6,000.	0.			TIERED REIMBURSEMENT
AMANDA BLATT 195 MIDDLE GRAVE CREEK ROAD MOUNDSVILLE, WV 26041	***-**-4057		6,100.	0.			TIERED REIMBURSEMENT
AMANDA HARVEY 324 WEST LIBERTY ST CHARLES TOWN, WV 25414	***-**-4111		6,000.	0.			TIERED REIMBURSEMENT
AMANDA RAE KENT PO BOX 1334 CEREDO, WV 25507	***-**-1144		5,200.	0.			TIERED REIMBURSEMENT
AMBER DAWN KELLY 4340 ALTIZER AVE HUNTINGTON, WV 25705	***-**-1361		7,500.	0.			TIERED REIMBURSEMENT
AMBERLEE JENKINS 67 TRUCKERS RUN LANE HEDGESVILLE, WV 25427	***-**-1647		6,000.	0.			TIERED REIMBURSEMENT
AMPLIFY CHILDREN'S ACADEMY 10,000 COOMBS FARM DRIVE MORGANTOWN, WV 26508	**-***7390		19,300.	0.			TIERED REIMBURSEMENT
AMY DAY 204 HOLLEY CT BARBOURSVILLE, WV 25504	***-**-7137		7,750.	0.			TIERED REIMBURSEMENT
AMY LYNN WHITESIDE 3026 OLIVE AVE BELLE, WV 25015	***-**-5059		6,000.	0.			TIERED REIMBURSEMENT

**Schedule I (Form 990)**

**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDREA STEPTOE 447 PARK ST MORGANTOWN, WV 26501	***-**-1868		6,000.	0.			TIERED REIMBURSEMENT
ANDREW M CRUDUP 103 RALEIGH PLACE WESTOVER, WV 26501	***-**-7848		6,000.	0.			TIERED REIMBURSEMENT
ANGELA DAWN BETOR 102 PONY CIRCLE MARTINSBURG, WV 25405	***-**-7026		6,000.	0.			TIERED REIMBURSEMENT
ANGELA JOHNSON 558 BROADWAY RD THOMAS, WV 26292	***-**-7294		5,360.	0.			TIERED REIMBURSEMENT
ANGELA LOUISE TAFT 3340 W 5TH AVE BELLE, WV 25015	***-**-5516		6,000.	0.			TIERED REIMBURSEMENT
ANGELA PUGH 145 SCOTT ACRES SCOTT DEPOT, WV 25560	***-**-0253		6,000.	0.			TIERED REIMBURSEMENT
APRIL WILSON 135 SOUTH RANDOLPH AVE. ELKINS, WV 26241	***-**-9102		5,120.	0.			TIERED REIMBURSEMENT
ARICA D FISHER 1971 KELMONT LANE SISSONVILLE, WV 25320	***-**-9724		6,000.	0.			TIERED REIMBURSEMENT
ASBURY'S LITTLE ANGELS 110 W. NORTH STREET CHARLES TOWN, WV 25414	** - ***6081		15,300.	0.			TIERED REIMBURSEMENT

**Schedule I (Form 990)**

**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLEY BRAXTON NICHOLAS 79 DOW ST BUNKER HILL, WV 25413	***-**-4241		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY CORNELL 8246 COPLEY RD WESTON, WV 24452	***-**-6311		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY HIGGINBOTHAM 22 LA RUE LANE HURRICANE, WV 25526	***-**-8466		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY MICHELLE WILCOXON 683 TRACE CREEK RD SALT ROCK, WV 25559	***-**-1702		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY REDMAN 32 HUCKLEBERRY LANE MORGANTOWN, WV 26508	***-**-9413		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY SADLER GOMEZ 503 DINALI DR MARTINSBURG, WV 25403	***-**-3816		10,960.	0.			TIERED REIMBURSEMENT
ASHLEY SIBURT 35 SUMMERS ST INWOOD, WV 25428	***-**-7060		6,000.	0.			TIERED REIMBURSEMENT
ASHLEY WILLIAMSON 2958 HUGHES ST HUNTINGTON, WV 25704	***-**-8220		6,000.	0.			TIERED REIMBURSEMENT
AUNTIES PLACE ONE 172 SUNLITE DRIVE CHARLES TOWN, WV 25414	**-*0733		5,120.	0.			TIERED REIMBURSEMENT

Schedule I (Form 990)

**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTUMN MILLER 1812 UPPER PATTERSON CREEK RD KEYSER, WV 26726	***-**-6457		6,620.	0.			TIERED REIMBURSEMENT
BARBARA PRESLEY 3099 PAW PAW CREEK ROAD RIVESVILLE, WV 26588	***-**-0595		6,000.	0.			TIERED REIMBURSEMENT
BENJAMIN MERCER 117 ELM DRIVE FAIRMONT, WV 26554	***-**-8186		6,000.	0.			TIERED REIMBURSEMENT
BETHANY FAIRBANKS 52 AUSTIN JAY DRIVE MASONTOWN, WV 26542	***-**-1889		6,000.	0.			TIERED REIMBURSEMENT
BIBLE CENTER PRESCHOOL 1111 OAKHURST DRIVE CHARLESTON, WV 25314	**-***8932		19,300.	0.			TIERED REIMBURSEMENT
BOBBIE JO KISER KNOWLES 620 BICKNAL FLATS ROAD ROCK, WV 24747	***-**-5467		6,100.	0.			TIERED REIMBURSEMENT
BRADFORD CHILD CARE SERVICES INC 1370 WASHINGTON PIKE SUITE 100 BRIDGEVILLE, PA 15017	**-***2692		29,500.	0.			TIERED REIMBURSEMENT
BRANDY DANIELLE SHRADER 158 RABBIT RD PRINCETON, WV 24739	***-**-4786		6,000.	0.			TIERED REIMBURSEMENT
BRANDY PICKENS 1019 WILKIE DR CHARLESTON, WV 25314	***-**-6311		6,750.	0.			TIERED REIMBURSEMENT

**Schedule I (Form 990)**

**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAM CENTER FOR CHILD DEVELOPMENT PO BOX 6127 CHARLESTON, WV 25362	**_***6695		19,300.	0.			TIERED REIMBURSEMENT
BRENDA F FISHER 1581 GRAPEVINE RD SISSONVILLE, WV 25320	***_**-7082		6,000.	0.			TIERED REIMBURSEMENT
BRIANA WARNER 104 MARVIN CAYNOR RD ELLAMORE, WV 26267	***_**-1927		6,000.	0.			TIERED REIMBURSEMENT
BRIGHT BEGINNINGS CHILD CARE 1037 MARKET STREET PARKERSBURG, WV 26101	**_***1130		33,900.	0.			TIERED REIMBURSEMENT
BRIGHT BEGINNINGS DAYCARE AND PRESCHOOL - 22 MORAN CIRCLE - WHITE HALL, WV 26554	**_***4715		34,190.	0.			TIERED REIMBURSEMENT
BRIGHT HORIZONS CHILDRENS CENTERS LLC - 2 WELLS AVE - NEWTON, MA 25266	**_***9680		96,380.	0.			TIERED REIMBURSEMENT
BRIGHT START LEARNING CENTER LLC 208 E. 10TH AVENUE RANSON, WV 25438	**_***6693		15,300.	0.			TIERED REIMBURSEMENT
BRITNEY WILLIAMSON 325 DILLION BRANCH RD GENOA, WV 25571	***_**-3393		7,000.	0.			TIERED REIMBURSEMENT
BRITTANY BURKHARDT PO BOX 207 LONDON, WV 25126	***_**-9912		5,600.	0.			TIERED REIMBURSEMENT

Schedule I (Form 990)

**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRYANNA GUM 19 CAMELOT MOBILE HOME PARK FAIRMONT, WV 26554	**-***9843		6,000.	0.			TIERED REIMBURSEMENT
BULLFROGS & BUTTERFLIES DAY CARE INC - 306 RAGLAND RD - BECKLEY, WV 25801	**-***5873		19,300.	0.			TIERED REIMBURSEMENT
BULLOCKS BUSY BEES 2 130 GOSLING MARSH RD MARTINSBURG, WV 25404	**-***6453		15,800.	0.			TIERED REIMBURSEMENT
BULLOCK'S BUSY BEES ACADEMY 2 5801 WILLIAMSPORT PIKE MORGANTOWN, WV 25404	**-***0075		16,124.	0.			TIERED REIMBURSEMENT
BUMBLE BEAR CORNER CCC 303 COLUMBIA STREET FAIRMONT, WV 26554	**-***5285		24,190.	0.			TIERED REIMBURSEMENT
BUSY BEE CHILD CARE LLC 5342 TABLER STATION RD INWOOD, WV 25428	**-***3809		15,300.	0.			TIERED REIMBURSEMENT
BUSY BEE'S CHILD CARE CENTER INC. 600 NEW RIVER DRIVE BECKLEY, WV 25801	**-***6291		15,300.	0.			TIERED REIMBURSEMENT
BUTTERFLIES AND BULLFROGS DCC 4174 HEDGESVILLE RD HEDGESVILLE, WV 25427	**-***0156		19,300.	0.			TIERED REIMBURSEMENT
CABELL COUNTY BOARD OF EDUCATION 2850 5TH AVE HUNTINGTON, WV 25702	**-***0306		85,900.	0.			TIERED REIMBURSEMENT

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**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLA JEAN RINEHART 106 WAGON WHEEL RD JANE LEW, WV 26378	***-**-7009		6,000.	0.			TIERED REIMBURSEMENT
CAROL FISCHER 2105 HARVEY RD HUNTINGTON, WV 25704	***-**-3896		6,000.	0.			TIERED REIMBURSEMENT
CAROL N DERRINGTON 926 GLEN WAY SOUTH CHARLESTON, WV 25309	***-**-4664		6,000.	0.			TIERED REIMBURSEMENT
CAROLYN SHREVE 803 WESTWOOD CT FAIRMONT, WV 26554	***-**-3841		6,000.	0.			TIERED REIMBURSEMENT
CARRIE BENNETT 20 OAK PARK AVE WHEELING, WV 26003	***-**-0601		6,000.	0.			TIERED REIMBURSEMENT
CARTES HOLDING COMPANY LLC 177 CAMPBELLSL CREEK DRIVE CHARLESTON, WV 25306	**-***8999		15,300.	0.			TIERED REIMBURSEMENT
CASSIE FORREST 2042 MCKINLEY AVE ST. ALBANS, WV 25177	***-**-3387		6,000.	0.			TIERED REIMBURSEMENT
CATAMOUNT CHILDRENS CTR INC PO BOX 1384 KEYSER, WV 26726	**-***4373		19,300.	0.			TIERED REIMBURSEMENT
CATHY HILL 4619 STEEL RIDGE RD RED HOUSE, WV 25168	***-**-2887		6,000.	0.			TIERED REIMBURSEMENT

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**RIVER VALLEY CHILD DEVELOPMENT  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELSEA FRESHWATER 226 CHESTNUT ST WHEELING, WV 26003	***-**-0226		6,000.	0.			TIERED REIMBURSEMENT
CHELSEA MCCOURT 204 COURT AVE WESTON, WV 26542	***-**-7023		6,000.	0.			TIERED REIMBURSEMENT
CHEYENNE WAGEMAN 5168 BROWNS CREEK RD ST ALBANS, WV 25177	***-**-0957		6,000.	0.			TIERED REIMBURSEMENT
CHILD DEV. ACADEMY AT MARSHALL UNIV. - ONE JOHN MARSHALL DRIVE - HUNTINGTON, WV 25755	**-***3361		50,440.	0.			TIERED REIMBURSEMENT
CHILD DEVELOPMENT CTR OF CENTRAL WV - 20 CAMDEN AVENUE - BUCKHANNON, WV 26201	**-***3070		19,300.	0.			TIERED REIMBURSEMENT
CHILDREN FIRST CDC 95 CHILDRENS WAY KEARNEYSVILLE, WV 25430	**-***5504		19,300.	0.			TIERED REIMBURSEMENT
CHILDREN'S HOME SOCIETY WV 1422 KANAWHA BLVD E. CHARLESTON, WV 25301	**-***0199		17,180.	0.			TIERED REIMBURSEMENT
CHILDRENS PALACE LLC 175 W DUPONT AVE BELLE, WV 25015	**-***7276		15,300.	0.			TIERED REIMBURSEMENT
CHILDRENS PLACE 625 RICHMOND STREET HUNTINGTON, WV 25702	**-***5200		20,050.	0.			TIERED REIMBURSEMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIS LEMLEY 42 DENNITT DRIVE CHARLESTON, WV 25313	***-**-6703		6,000.	0.			TIERED REIMBURSEMENT
CHRIST CHURCH UNITED METHODIST 1221 QUARRIER ST CHARLESTON, WV 25301	** -***7020		19,300.	0.			TIERED REIMBURSEMENT
CHRISTINA BOGGS 2602 ADAMS AVE HUNTINGTON, WV 25704	***-**-8424		6,500.	0.			TIERED REIMBURSEMENT
CHRISTINE SQUIRES 224 RIDGELEY RD MORGANTOWN, WV 26505	***-**-2114		6,000.	0.			TIERED REIMBURSEMENT
CHRISTOPHER PETTREY 204 CHARTER ST CLARKSBURG, WV 26301	***-**-5854		6,000.	0.			TIERED REIMBURSEMENT
CINDY PRUNTY 112 FARIS AVE BRIDGEPORT, WV 26330	***-**-3300		6,000.	0.			TIERED REIMBURSEMENT
CITY OF BUCKHANNON STOCKERT YOUTH CTR - 79 EAST MAIN STREET - BUCKHANNON, WV 26201	** -***0152		15,300.	0.			TIERED REIMBURSEMENT
CONCETTA MATTHEY PO BOX 165 HEPZIBAH, WV 26369	** -***3661		6,116.	0.			TIERED REIMBURSEMENT
CONCORD UNIVERSITY CDC PO BOX 1000 D-142 ATHENS, WV 24712	** -***9622		15,300.	0.			TIERED REIMBURSEMENT

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COOKIES-N-MILK CHILD CARE CENTER LLC - 340 EDMOND ROAD - KEARNEYSVILLE, WV 25430	** - ***7409		19,300.	0.			TIERED REIMBURSEMENT
COURTNEY DIAL 209 FOREST LANE OAK HILL, WV 25901	*** - ** - 7802		6,500.	0.			TIERED REIMBURSEMENT
COURTNEY RIFFLE 228 RANDOLPH AVE ELKINS, WV 26241	*** - ** - 9475		6,120.	0.			TIERED REIMBURSEMENT
COVENANT CHRISTIAN SCHOOL 802 GREENBAG ROAD MORGANTOWN, WV 26508	** - ***1746		19,300.	0.			TIERED REIMBURSEMENT
CRANBERRY BAPTIST CHURCH DAYCARE CTR - 201 CRANBERRY DR - BECKLEY, WV 25801	** - ***9031		15,300.	0.			TIERED REIMBURSEMENT
CREATIVE LEARNING CENTER 3322 PENNSYLVANIA AVE CHARLESTON, WV 25302	** - ***5862		83,190.	0.			TIERED REIMBURSEMENT
CROSS ROADS UMC 3146 SALTWELL ROAD HUNTINGTON, WV 25705	** - ***1969		35,940.	0.			TIERED REIMBURSEMENT
CRYSTAL BILBREY 314 CENTRAL AVE APT 2 OAKHILL, WV 25901	*** - ** - 2468		7,500.	0.			TIERED REIMBURSEMENT
CRYSTAL TOWNS PO BOX 342 GYPSY, WV 26361	*** - ** - 3958		15,800.	0.			TIERED REIMBURSEMENT

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CUBBY'S CHILD CARE CENTER 801 GENESIS BLVD BRIDGEPORT, WV 26330	**_***5352		53,490.	0.			TIERED REIMBURSEMENT
DANISE WHITLOCK 4885 UPPER PATTERSON CR ROAD BURLINGTON, WV 26710	***_**-0180		6,000.	0.			TIERED REIMBURSEMENT
DASHAWN ERICA JONES 166 BOWERY ST APT 3A FROSTBURG, MD 21532	***_**-0353		6,000.	0.			TIERED REIMBURSEMENT
DAVIS MEMORIAL PRESBYTERIAN CHURCH 450 RANDOLPH AVE ELKINS, WV 26241	**_***8032		17,180.	0.			TIERED REIMBURSEMENT
DAWNYIELLE DOWNES 8368 SUMMIT POINT RD CHARLES TOWN, WV 25414	**_***7087		7,300.	0.			TIERED REIMBURSEMENT
DAYLE SLAGLE 296 1ST ST INWOOD, WV 25428	***_**-8585		6,000.	0.			TIERED REIMBURSEMENT
DEBRA HENDRICKSON 27 DELLVIEW WAY PETERSBURG, WV 26487	***_**-1258		21,150.	0.			TIERED REIMBURSEMENT
DESTINY'S LEARN AND LOVE 613 WINCHESTER AVE MARTINSBURG, WV 23401	**_***8061		19,300.	0.			TIERED REIMBURSEMENT
DEVIN LAUER 4023 ARVILLA RD FRIENDLY, WV 26146	***_**-8928		6,000.	0.			TIERED REIMBURSEMENT

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DIAMOND TOTS CC LLC 130 AUGUSTINE AVE CHARLES TOWN, WV 25414	** - ***9446		5,120.	0.			TIERED REIMBURSEMENT
DIANNA PIERSON 675 BURL RD SUMMERSVILLE, WV 26651	*** - ** -4291		5,500.	0.			TIERED REIMBURSEMENT
DISCOVER AND PLAY CHILD CARE LLC 1340 ELMWOOD AVE CHARLESTON, WV 25301	** - ***7367		6,523.	0.			TIERED REIMBURSEMENT
DISCOVERY KINGDOM CHILDCARE LLC 1400 QUARRIER ST CHARLESTON, WV 25301	** - ***1937		19,300.	0.			TIERED REIMBURSEMENT
DISCOVERY TREE 2400 JOHNSTOWN RD HUNTINGTON, WV 25701	** - ***0572		21,585.	0.			TIERED REIMBURSEMENT
DOMINIQUE DEAVERS 709 PEARL DRIVE APT C CHARLESTON, WV 25311	*** - ** -4408		6,000.	0.			TIERED REIMBURSEMENT
DONNA KEENEY 142 KING DRIVE EVANS, WV 25241	*** - ** -7617		8,300.	0.			TIERED REIMBURSEMENT
DREAMLAND DEVELOPMENT 5453 BIG TYLER ROAD CHARLESTON, WV 25313	** - ***4863		19,300.	0.			TIERED REIMBURSEMENT
DREAMLAND DEVELOPMENT LLC 1315 AIRPORT ROAD MORGANTOWN, WV 26505	** - ***5863		19,300.	0.			TIERED REIMBURSEMENT

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DREAMLAND LC & DC INC 2319 SOUTH FAYETTE ST BECKLEY, WV 25801	**-***0008		19,300.	0.			TIERED REIMBURSEMENT
DUPONT EMPLOYEES RECREATION CLUB INC - 8480 DUPONT ROAD - WASHINGTON, WV 26181	**-***2176		19,300.	0.			TIERED REIMBURSEMENT
EARLY EDUCATION STATION INC. 817 30TH STREET POINT PLEASANT, WV 25550	**-***0615		100,880.	0.			TIERED REIMBURSEMENT
EBENEZER COMMUNITY OUTREACH CENTER INC. - 1660 8TH AVENUE - HUNTINGTON, WV 25703	**-***0897		16,050.	0.			TIERED REIMBURSEMENT
ELISABETH SIMS 89 DANA DR WAYNE, WV 25570	***-**-3597		6,000.	0.			TIERED REIMBURSEMENT
ELIZABETH BOWMAN 1234 PAULA RD CHARLESTON, WV 25314	***-**-5492		6,000.	0.			TIERED REIMBURSEMENT
ELIZABETH CROSS 171 GALLIHUGH LANE HARPERS FERRY, WV 25425	***-**-0210		6,000.	0.			TIERED REIMBURSEMENT
ELIZABETH POLING 35 PRIVATE RD 617 PROCTORVILLE, OH 45669	***-**-0046		7,600.	0.			TIERED REIMBURSEMENT
ELIZABETH STEELE 488 ROSALIND ROAD HUNTINGTON, WV 25705	***-**-9092		6,000.	0.			TIERED REIMBURSEMENT

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ELKINS EDUCATIONAL INSTITUTE 1002 S DAVIS AVENUE ELKINS, WV 26241	**_***1059		15,300.	0.			TIERED REIMBURSEMENT
ELKINS-RANDOLPH CO YMCA 400 DAVIS AVENUE ELKINS, WV 26241	**_***6877		17,180.	0.			TIERED REIMBURSEMENT
EMILY CRADDOCK 148 FAWN LANE PRINCETON, WV 24739	***_**-3813		6,000.	0.			TIERED REIMBURSEMENT
EMILY NEFF 453 18TH ST DUNBAR, WV 25064	***_**-1288		5,200.	0.			TIERED REIMBURSEMENT
EMILY REED 41 COTTAGE LANE HURRICANE, WV 25526	***_**-3199		6,000.	0.			TIERED REIMBURSEMENT
EMMA LOUISE SHAFFER 3704 CAMBRIDGE DR HURRICANE, WV 25526	***_**-7661		6,000.	0.			TIERED REIMBURSEMENT
ENSLOW PARK PRESBYTERIAN CHURCH 1338 ENSLOW BLVD. HUNTINGTON, WV 25701	**_***3627		16,050.	0.			TIERED REIMBURSEMENT
ERICA SEREBOUR 145 RUBENS CIRCLE MARTINSBURG, WV 25403	***_**-8493		5,205.	0.			TIERED REIMBURSEMENT
ERIKA BLANKENSHIP 270 DUNNS ROAD FLAT TOP, WV 25841	***_**-8066		6,000.	0.			TIERED REIMBURSEMENT

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ERIN BORCHERS 204 WALKER DRIVE HURRICANE, WV 25526	***-**-9603		6,000.	0.			TIERED REIMBURSEMENT
EVA CONCEPCION MARTINEZ BRIZUELA 177 RANSON ESTATES CIRCLE RANSON, WV 25438	***-**-9660		6,000.	0.			TIERED REIMBURSEMENT
FAYETTE CO. STARTING POINTS PO BOX 168 RICHWOOD, WV 26261	**-***1235		28,300.	0.			TIERED REIMBURSEMENT
FELICIA GROSS 2236 GUTHRIE CT HUNTINGTON, WV 25703	***-**-1876		6,000.	0.			TIERED REIMBURSEMENT
FIFTH AVE BAPTIST NURSERY & PRESCHOOL - 1135 FIFTH AVE - HUNTINGTON, WV 25705	**-***0130		21,050.	0.			TIERED REIMBURSEMENT
FIRST BAPTIST ACADEMY INC 2635 MAIN STREET HURRICANE, WV 25526	**-***9962		20,050.	0.			TIERED REIMBURSEMENT
FIRST PRESBYTERIAN CDC 456 SPRUCE STREET MORGANTOWN, WV 26505	**-***5728		19,300.	0.			TIERED REIMBURSEMENT
FIRST PRESBYTERIAN CHURCH 16 LEON SULLIVAN WAY CHARLESTON, WV 25301	**-***6972		19,300.	0.			TIERED REIMBURSEMENT
FLORENCE CRITTENTON PROGRAMS 2606 NATIONAL ROAD WHEELING, WV 26003	**-***5158		51,540.	0.			TIERED REIMBURSEMENT

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FORREST BURDETTE COM 2848 PUTNAM AVE HURRICANE, WV 25526	** - ***2057		23,797.	0.			TIERED REIMBURSEMENT
FORT HILL CHILD DEVELOPMENT CENTER 810 WILKIE DR CHARLESTON, WV 25314	** - ***5788		35,857.	0.			TIERED REIMBURSEMENT
FRIENDLY FACES DAYCARE 1200 FLEDDERJOHN RD CHARLESTON, WV 25314	** - ***1382		19,300.	0.			TIERED REIMBURSEMENT
FRIENDS R FUN CDC 70 FRIENDS R FUN DRIVE SUMMERSVILLE, WV 26651	** - ***3268		48,190.	0.			TIERED REIMBURSEMENT
FRITZS RUGRATZ LLC 57 MOUNTAIN PARK DR FAIRMONT, WV 26554	** - ***9185		15,300.	0.			TIERED REIMBURSEMENT
FUTURE BLOSSOMS EL CTR 1544 MIDDLEWAY PIKE INWOOD, WV 25428	** - ***2719		15,300.	0.			TIERED REIMBURSEMENT
GABRIELLE AMMONS 125 LOVES HILL EXT WAYNESBURG, PA 15370	*** - ** - 7744		6,000.	0.			TIERED REIMBURSEMENT
GAGE HARRISON 4410 AUBURN RD HUNTINGTON, WV 25704	*** - ** - 1525		6,000.	0.			TIERED REIMBURSEMENT
GATEWAY CHRISTIAN EDUCATION CENTER 423 C STREET ST ALBANS, WV 25177	** - ***4888		35,857.	0.			TIERED REIMBURSEMENT

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GETZEMANI MUNOZ 906 CHARLES ST MORGANTOWN, WV 26501	***-**-6834		6,000.	0.			TIERED REIMBURSEMENT
GLEN DALE CDC 700 WHEELING AVE GLEN DALE, WV 26038	** -***1759		19,300.	0.			TIERED REIMBURSEMENT
GOOD SHEPHERD CHILD DEV. CENTER 5407 MACCORKLE AVE CHARLESTON, WV 25304	** -***1256		15,300.	0.			TIERED REIMBURSEMENT
GOOD SHEPHERD FAMILY DAY CARE 1108 GALLATIN STREET RAVENSWOOD, WV 26164	** -***6171		15,300.	0.			TIERED REIMBURSEMENT
GRACE GOSPEL CHURCH 1111 ADAMS AVE HUNTINGTON, WV 25704	** -***2429		15,300.	0.			TIERED REIMBURSEMENT
GRACIE MCDONALD 175 GENERAL DR LAHMANSVILLE, WV 26731	***-**-9915		6,000.	0.			TIERED REIMBURSEMENT
GREEN RIVER ACADEMY 722 MAIN ST EAST WHITE SULPHUR SPRINGS, WV 24986	** -***0436		32,700.	0.			TIERED REIMBURSEMENT
GROWING PLACES DAY CARE FACILITY ATTN: LORNA ADKINS HUNTINGTON, WV 25701	** -***8557		5,960.	0.			TIERED REIMBURSEMENT
GROWING SEASONS CDC LLC 1800 GRAND CENTRAL AVE VIENNA, WV 26105	** -***8772		15,300.	0.			TIERED REIMBURSEMENT

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HALEY HEREFORD 3639 CHASE ST HUNTINGTON, WV 25704	***-**-9038		7,000.	0.			TIERED REIMBURSEMENT
HANDS ON DAYCARE 2393 SISSONVILLE DRIVE CHARLESTON, WV 25387	** -***7353		60,857.	0.			TIERED REIMBURSEMENT
HANNAH LYNN FIELDS 2515 MYERS AVE DUNBAR, WV 25064	***-**-3077		6,000.	0.			TIERED REIMBURSEMENT
HANNAH R ADKINS 27 PATRICK DRIVE HUNTINGTON, WV 25701	***-**-2431		6,000.	0.			TIERED REIMBURSEMENT
HAPPY HEARTS PRESCHOOL LLC PO BOX 2157 MARTINSBURG, WV 25401	** -***3844		15,300.	0.			TIERED REIMBURSEMENT
HARDY COUNTY CHILD CARE CENTER 1989 STATE ROAD 55 MOOREFIELD, WV 26836	** -***2101		34,190.	0.			TIERED REIMBURSEMENT
HARRISON COUNTY YMCA PO BOX 688 CLARKSBURG, WV 26301	** -***6791		36,480.	0.			TIERED REIMBURSEMENT
HAYLI FLUHARTY 841 FLAGGY MEADOW MANNINGTON, WV 26582	***-**-0251		7,000.	0.			TIERED REIMBURSEMENT
HEATHER D HARTONG 46 ARLINGTON DR WHEELING, WV 26003	***-**-1884		6,000.	0.			TIERED REIMBURSEMENT

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HEATHER DAWN BAILEY 162 KEATLEY RD PRINCETON, WV 24739	***-**-8044		6,000.	0.			TIERED REIMBURSEMENT
HEATHER HORNER 35 KITSON ST WESTON, WV 26452	***-**-2296		6,000.	0.			TIERED REIMBURSEMENT
HEATHER WHITE 405 WINDWOOD RD HURRICANE, WV 25526	***-**-9967		6,000.	0.			TIERED REIMBURSEMENT
HERE WE GROW DC AND LC 106 EAST HIGH ST KINGWOOD, WV 26537	**-***3104		15,300.	0.			TIERED REIMBURSEMENT
HERITAGE CHRISTIAN SCH INC 225 NEWTON AVE BRIDGEPORT, WV 26330	**-***0658		15,300.	0.			TIERED REIMBURSEMENT
HIGH PERFORMANCE COMPUTER SERVICES LLC - 824 GREENUP AVE - ASHLAND, KY 41101	**-***0514		13,485.	0.			TIERED REIMBURSEMENT
HIGHER HILLS CHILDRENS CENTER 2130 FAIRMONT PIKE ROAD WHEELING, WV 26003	**-***2081		24,190.	0.			TIERED REIMBURSEMENT
HILLSIDE CHILD CARE & DEV. CENTER 385 WASHINGTON STREET HARPERS FERRY, WV 25425	**-***5882		34,600.	0.			TIERED REIMBURSEMENT
HIS LITTLE LAMBS CCC 437 BORDER RD KEARNEYSVILLE, WV 25430	**-***8646		15,300.	0.			TIERED REIMBURSEMENT

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HOLLY MAZE 1847 S PLEASANTS HWY ST MARYS, WV 26170	***-**-3040		7,360.	0.			TIERED REIMBURSEMENT
HOLLY MELE 140 CHATHAM RD KEYSER, WV 26726	***-**-2557		6,000.	0.			TIERED REIMBURSEMENT
HOLY FAMILY CHILDCARE DEV CENTER INC - 161 EDGINGTON LANE - WHEELING, WV 26003	**-***3678		34,190.	0.			TIERED REIMBURSEMENT
HUNNY POT CCC 31 4TH STREET MCMECHEN, WV 26040	**-***0923		15,300.	0.			TIERED REIMBURSEMENT
HUNTINGTON YMCA 935 10TH AVENUE HUNTINGTON, WV 25701	**-***7261		20,050.	0.			TIERED REIMBURSEMENT
IAWV ELEM SCH INC AND CCC 1 VALLEY DR SOUTH CHARLESTON, WV 25303	**-***4457		7,300.	0.			TIERED REIMBURSEMENT
IMAGINATION STATION 2134 WASHINGTON AVE ST ALBANS, WV 25177	**-***3198		25,857.	0.			TIERED REIMBURSEMENT
IMAGINATION STATION DAYCARE 1634 PRIDE AVE CLARKSBURG, WV 26301	**-***8336		24,190.	0.			TIERED REIMBURSEMENT
IMAGINATION STATION DC LLC 172 BLUE PRINCE ROAD BLUEFIELD, WV 24701	**-***5953		45,900.	0.			TIERED REIMBURSEMENT

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INSPIRING MINDS LEARNING & CCC PO BOX 190 CAROLINA, WV 26563	** - ***3456		49,190.	0.			TIERED REIMBURSEMENT
IT TAKES A VILLAGE 125 10TH ST BECKLEY, WV 25801	** - ***6518		5,120.	0.			TIERED REIMBURSEMENT
JACK AND JILL DAY NURSERY 12 RAUCH DR MARIETTA, OH 45750	** - ***4263		15,300.	0.			TIERED REIMBURSEMENT
JACKLINE AKINYI OMOLO 512 CHURCH ST SPENCER, WV 25276	*** - ** -2301		6,000.	0.			TIERED REIMBURSEMENT
JACQUELINE DIANE LAW 1233 COLLEGE AVE BLUEFIELD, WV 24701	*** - ** -4443		9,280.	0.			TIERED REIMBURSEMENT
JACQUELINE L BERG 1810 ELKHORN RD PETERSBURG, WV 26847	*** - ** -5485		7,750.	0.			TIERED REIMBURSEMENT
JADE CLARK 349 GILMORE ST MORGANTOWN, WV 26505	*** - ** -7057		6,000.	0.			TIERED REIMBURSEMENT
JAMES F MCDOWELL JR 116 E LIBERTY ST MARTINSBURG, WV 25404	*** - ** -0637		6,000.	0.			TIERED REIMBURSEMENT
JAMESHA BOHANNA 2663 4TH AVE HUNTINGTON, WV 25702	*** - ** -1136		6,000.	0.			TIERED REIMBURSEMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMIE R MILLS 196 COLLETT ST BEVERLY, WV 26253	***-**-2404		6,000.	0.			TIERED REIMBURSEMENT
JANA LAYTON 359 BUCKEYE RD CORE, WV 26541	***-**-0694		6,000.	0.			TIERED REIMBURSEMENT
JANEHA EVERETT 316 GREEN ST MORGANTOWN, WV 26507	***-**-2467		6,000.	0.			TIERED REIMBURSEMENT
JANEEN HENNESSY 10652 COUNTRY RD 1 CHESAPEAKE, OH 25619	***-**-0544		6,000.	0.			TIERED REIMBURSEMENT
JASMIN SETTLE 915 WEST 2ND ST CHARLESTON, WV 25302	***-**-4292		6,000.	0.			TIERED REIMBURSEMENT
JASMINE N LONGERBEAM PO BOX 886 CHARLES TOWN, WV 25414	***-**-7588		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER BENNETT 158 KELLY ST RONCEVERTE, WV 24970	***-**-2485		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER EVANS 10 SAWGRASS DR CHARLES TOWN, WV 25414	***-**-7274		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER FREEMAN 519 2ND ST W MADISON, WV 25130	***-**-8273		6,000.	0.			TIERED REIMBURSEMENT

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JENNIFER HARDY 247 PINTAL LANE KEARNEYSVILLE, WV 25430	***-**-7688		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER HELMS 28 HELMS LANE FAIRMONT, WV 26554	***-**-8693		6,500.	0.			TIERED REIMBURSEMENT
JENNIFER HOLCOMB 6435 KEENERS RIDGE ROAD STRANGE CREEK, WV 25063	***-**-8739		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER J HUNT 1127 C&O DAM ROAD DANIELS, WV 25832	***-**-5220		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER MARKLE 782 HORNBECK RD MORGANTOWN, WV 26508	***-**-9958		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER PARSONS 145 S PARK DR POINT PLEASANT, WV 25550	***-**-8457		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER REIB 547 MCCLUNG RD HURRICANE, WV 25526	***-**-9220		5,500.	0.			TIERED REIMBURSEMENT
JENNIFER SEEVERS 113 PERKINS LANE FOLLANSBEE, WV 26037	***-**-5669		6,000.	0.			TIERED REIMBURSEMENT
JENNIFER SPANGLER 109 HIDDEN VALLEY RD KENOVA, WV 25530	***-**-5905		7,450.	0.			TIERED REIMBURSEMENT

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JENNIFER WILLIAMS 101 SANDHURST COURT BLUEFIELD, WV 24701	***-**-0815		9,280.	0.			TIERED REIMBURSEMENT
JESSE ROGERS PO BOX 53 MONTGOMERY, WV 25136	***-**-8878		6,000.	0.			TIERED REIMBURSEMENT
JESSICA COTTRILL 309 COLUMBIA ST FAIRMONT, WV 26554	***-**-5418		8,100.	0.			TIERED REIMBURSEMENT
JESSICA WOLLSCHLEGER 161 SUGAR GROVE RD MORGANTOWN, WV 26501	***-**-2384		6,000.	0.			TIERED REIMBURSEMENT
JIM STRAWN AND COMPANY 119 SHERIDAN CIRCLE CHARLESTON, WV 25314	**-***1706		200,000.	0.			TIERED REIMBURSEMENT
JODI AUUIL 710 GORMAN AVE. ELKINS, WV 26241	***-**-1967		6,120.	0.			TIERED REIMBURSEMENT
JOELLE RUDDLE 34 OLD HOUSE LN MORGANTOWN, WV 26505	***-**-3297		6,000.	0.			TIERED REIMBURSEMENT
JORDAN MICHAEL BLANKENSHIP 1617 15TH ST PARKERSBURG, WV 26101	***-**-0445		6,000.	0.			TIERED REIMBURSEMENT
JOSEPH TALPAS PO BOX 566 MILL CREEK, WV 26230	***-**-0304		6,000.	0.			TIERED REIMBURSEMENT

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JOYCE HARRAH 982 HARMONY LANE SOUTH CHARLESTON, WV 25303	***-**-3693		6,000.	0.			TIERED REIMBURSEMENT
JOYFUL NOISE INC PO BOX 624 LEWISBURG, WV 24901	** -***0990		17,180.	0.			TIERED REIMBURSEMENT
JOYFUL SOUND DAYCARE 505 19TH ST PARKERSBURG, WV 26101	** -***0459		19,300.	0.			TIERED REIMBURSEMENT
JULIA HIGHTOWER 127 NELSON CT BARBOURSVILLE, WV 25504	***-**-6990		6,000.	0.			TIERED REIMBURSEMENT
JULIE BLAKE 2945 SALEM LONG RUN RD SALEM, WV 26426	***-**-3640		5,300.	0.			TIERED REIMBURSEMENT
JUNGLE JUNCTION CHILD CARE CENTER 33 STATION STREET SHINNSTON, WV 26431	** -***9960		50,990.	0.			TIERED REIMBURSEMENT
KAITLIN RUSSELL 879 CRAIGSVILLE RD APT 4 CRAIGSVILLE, WV 26205	***-**-2513		6,000.	0.			TIERED REIMBURSEMENT
KANAWHA COUNTY SCHOOLS 200 ELIZABETH ST CHARLESTON, WV 25311	** -***0337		7,300.	0.			TIERED REIMBURSEMENT
KANAWHA COUNTY SCHOOLS CEP 142 MARSHALL AVE DUNBAR, WV 25064	** -***1287		292,060.	0.			TIERED REIMBURSEMENT

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KANAWHA VALLEY ENRICHMENT CENTER 261 STAUNTON AVE SOUTH CHARLESTON, WV 25303	** - ***8884		98,490.	0.			TIERED REIMBURSEMENT
KARA LITTERAL 6198 HOWELLS MILL RD ONA, WV 25545	*** - ** - 0723		6,000.	0.			TIERED REIMBURSEMENT
KARA REASBECK 1 WOODLAND DR WHEELING, WV 26003	*** - ** - 4412		15,280.	0.			TIERED REIMBURSEMENT
KATHERINE AILOR 53 SWALLOW COURT BERKELEY SPRINGS, WV 25411	*** - ** - 4916		6,000.	0.			TIERED REIMBURSEMENT
KATHY BAKER 3404 NICKEL PLATE ROAD HUNTINGTON, WV 25702	*** - ** - 1319		11,405.	0.			TIERED REIMBURSEMENT
KATHY BARKER 460 HAPPY RETREAT LANE CHARLES TOWN, WV 25414	*** - ** - 4872		5,500.	0.			TIERED REIMBURSEMENT
KATIE DANIELS 1894 MABIE CASSITY ROAD MABIE, WV 26278	*** - ** - 6413		7,000.	0.			TIERED REIMBURSEMENT
KATLYN KEYS 352 NUZUM COURT BRIDGEPORT, WV 26330	*** - ** - 0551		7,250.	0.			TIERED REIMBURSEMENT
KAYLA MAYNARD 101 BROOKHAVEN DRIVE NITRO, WV 25143	*** - ** - 9443		6,000.	0.			TIERED REIMBURSEMENT

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KAYLA SUMMERS-MILAM 2898 RUTLEDGE RD CHARLESTON, WV 25311	***-**-3546		6,000.	0.			TIERED REIMBURSEMENT
KAYLEY COSNER 76 PIERPONT FIELDS VILLAGE MORGANTOWN, WV 26508	***-**-4865		6,000.	0.			TIERED REIMBURSEMENT
KAYTLYN MILLER 8 SANDY BEACH ROAD FAIRMONT, WV 26554	***-**-0179		6,000.	0.			TIERED REIMBURSEMENT
KELI M GILLENWATER 145 RAY DRIVE LEWISBURG, WV 24901	***-**-6423		6,000.	0.			TIERED REIMBURSEMENT
KELLI STEVENS 2319 S FAYETTE STREET BECKLEY, WV 25801	***-**-0002		6,000.	0.			TIERED REIMBURSEMENT
KELSEY AUVIL 506 WILSON ST ELKINS, WV 26241	***-**-7299		8,680.	0.			TIERED REIMBURSEMENT
KELSI BROOKE LEWIS 293 ARBOGAST LANE MORGANTOWN, WV 26508	***-**-8062		6,000.	0.			TIERED REIMBURSEMENT
KENNETH ALLEN BURNLEY II 13 ASTER DRIVE TRIADELPHIA, WV 26059	***-**-8528		6,000.	0.			TIERED REIMBURSEMENT
KID CARE CHILD DEV CENTER 5540 ELK CREEK ROAD PHILIPPI, WV 26416	**-***9949		15,300.	0.			TIERED REIMBURSEMENT

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KID CITY ENRICHMENT CENTER 111 DUTCH RD CHARLESTON, WV 25302	**-***3180		19,300.	0.			TIERED REIMBURSEMENT
KIDDIE KOLLEGE DAYCARE 4923 KENTUCKY ST SOUTH CHARLESTON, WV 25309	**-***7837		19,300.	0.			TIERED REIMBURSEMENT
KIDDY KORNER CCC INC. PO BOX 712 RIPLEY, WV 25271	**-***0612		62,017.	0.			TIERED REIMBURSEMENT
KIDDZ AT HART QUALITY CHILD CARE INC - 200 MERCER ST - PRINCETON, WV 24740	**-***9982		19,300.	0.			TIERED REIMBURSEMENT
KIDEMATICS LLC PO BOX 4566 MORGANTOWN, WV 26504	**-***1233		55,780.	0.			TIERED REIMBURSEMENT
KIDS KOUNT LLC 23 COMMONWEALTH AVENUE BUNKER HILL, WV 25413	**-***3585		15,300.	0.			TIERED REIMBURSEMENT
KIDS LEARNING CENTER PO BOX 578 PETERSTOWN, WV 24963	**-***6179		15,300.	0.			TIERED REIMBURSEMENT
KIDS OF HARMONY PRESCHOOL LLC 159 GRANBY CIRCLE BEAVER, WV 25813	**-***5615		19,300.	0.			TIERED REIMBURSEMENT
KIDS R SPECIAL INC. 1401 COUNTRY CLUB RD FAIRMONT, WV 26554	**-***1318		19,300.	0.			TIERED REIMBURSEMENT

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KID'S WORLD INCORPORATED 11507 WINCHESTER AVENUE BUNKER HILL, WV 25413	**-***4283		15,300.	0.			TIERED REIMBURSEMENT
KIDZ & COMPANY DAYCARE PO BOX 511 WILLIAMSON, WV 25561	**-***9741		16,050.	0.			TIERED REIMBURSEMENT
KIDZ COUNT CHILD CARE PO BOX 464 LOST CREEK, WV 26385	**-***8007		15,300.	0.			TIERED REIMBURSEMENT
KIDZ WORLD LEARNING CENTER 1305 37TH ST PARKERSBURG, WV 26104	**-***5688		34,190.	0.			TIERED REIMBURSEMENT
KIMBERLY MCCONIHAY 9828 HUNTINGTON RD GALLIPOLIS FERRY, WV 25515	***-**-4006		5,100.	0.			TIERED REIMBURSEMENT
KIMBERLY SEAY 937 TYRONE RD MORGANTOWN, WV 26508	***-**-0904		6,000.	0.			TIERED REIMBURSEMENT
KIMBERLY WILLIAMS 50 BLUE GRASS LANE MASONTOWN, WV 26542	***-**-1621		6,000.	0.			TIERED REIMBURSEMENT
KINDER HAUS CHILD CARE CENTER 725 FAIRMONT ROAD MORGANTOWN, WV 26501	**-***7847		48,190.	0.			TIERED REIMBURSEMENT
KINGDOM KIDS ECDC 3584 DAVIS STUART RD LEWISBURG, WV 24901	**-***2673		19,300.	0.			TIERED REIMBURSEMENT

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KINGDOM KIDS LEARNING CENTER OF ELIZABE - PO BOX 522 - ELIZABETH, WV 26143	** - ***7185		9,800.	0.			TIERED REIMBURSEMENT
KINGS AND QUEENS CHILDCARE PO BOX 176 BRUCETON MILLS, WV 26525	** - ***8340		15,300.	0.			TIERED REIMBURSEMENT
KINGS DAUGHTERS CCC 61 13TH STREET WHEELING, WV 26003	** - ***9009		50,958.	0.			TIERED REIMBURSEMENT
KINGS WAY CHRISTIAN EDUCARE PO BOX 307 NITRO, WV 25143	** - ***1299		49,190.	0.			TIERED REIMBURSEMENT
KIWANIS DAY CARE CENTER 71 WASHINGTON AVE HUNTINGTON, WV 25701	** - ***0325		35,940.	0.			TIERED REIMBURSEMENT
KREATIVE KIDZ LLP 140 BRICK STREET PRINCETON, WV 24740	** - ***3557		19,300.	0.			TIERED REIMBURSEMENT
KRISAUNDRA D WOLFE 801 HUGGINS DRIVE APT C WILLIAMSTOWN, WV 26187	*** - ** - 4554		6,000.	0.			TIERED REIMBURSEMENT
KRISTEN MIXER 207 FAIRVIEW DR ST MARYS, WV 26170	*** - ** - 6323		6,000.	0.			TIERED REIMBURSEMENT
KRISTINA PETERS 493 WICKWIRE RD. GRAFTON, WV 26354	*** - ** - 2220		8,680.	0.			TIERED REIMBURSEMENT

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KRISTY WALKER 522 MAIN STREET SUMMERSVILLE, WV 26651	***-**-3801		8,000.	0.			TIERED REIMBURSEMENT
LAINY LOUGHRY 116 WELLSLEY ST KINGWOOD, WV 26537	***-**-8755		6,000.	0.			TIERED REIMBURSEMENT
LAKESHORE ACADEMY 110 HOOTIE HOLLER LANE MOUNT STORM, WV 26739	** -***4994		19,180.	0.			TIERED REIMBURSEMENT
LASTING IMPRESSIONS CDC 1000 CLUSTER HOLLOW RD CLARKSBURG, WV 26306	** -***3509		19,300.	0.			TIERED REIMBURSEMENT
LASTING MEMORIES EARLY LEARNING LLC - 881 MID ATLANTIC PARKWAY - MARTINSBURG, WV 25427	** -***5143		15,300.	0.			TIERED REIMBURSEMENT
LAURA HOPE CLAGG 37 STONE CREEK CT MILTON, WV 25541	***-**-9443		6,000.	0.			TIERED REIMBURSEMENT
LAURA RABEL 103 CURRY AVE #4 HUNTINGTON, WV 25705	***-**-6544		7,500.	0.			TIERED REIMBURSEMENT
LAURA SCHERER 90 SAFFLOWER WAY BUNKER HILL, WV 25413	***-**-3792		5,500.	0.			TIERED REIMBURSEMENT
LAURABETH MEADE 6246 DIVISION ROAD HUNTINGTON, WV 25705	***-**-0783		7,000.	0.			TIERED REIMBURSEMENT

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LAUREN BECKER 195 SWEETS LANE FORT ASHBY, WV 26719	***-**-8351		6,000.	0.			TIERED REIMBURSEMENT
LAUREN EMILY SPHAR 1009 SUMMIT DRIVE MORGANTOWN, WV 26508	***-**-1700		6,000.	0.			TIERED REIMBURSEMENT
LEARNING BEES LLC 120 EAGLE SCHOOL RD MARTINSBURG, WV 25404	** -***1646		5,120.	0.			TIERED REIMBURSEMENT
LEARNINGLAND DC&PS LLC 830 WALNUT AVENUE FAIRMONT, WV 26554	** -***1124		38,600.	0.			TIERED REIMBURSEMENT
LESLEY PRINCE 2501 CHAPLINE ST WHEELING, WV 26003	***-**-5214		6,000.	0.			TIERED REIMBURSEMENT
LEWISBURG CCC 246 GRAND AVENUE LEWISBURG, WV 24901	** -***7296		19,300.	0.			TIERED REIMBURSEMENT
LIFE KIDS CHILD DEVELOPMENT CENTER LLC - PO BOX 31 - RIVESVILLE, WV 26588	** -***4491		22,800.	0.			TIERED REIMBURSEMENT
LIGHTHOUSE CHRISTIAN ACADEMY AND DCC - 2440 US RT. 60 - HURRICANE, WV 25526	** -***5603		15,300.	0.			TIERED REIMBURSEMENT
LIL BRITCHES CCC LLC 340 FAIR ST. LEWISBURG, WV 24901	** -***2058		15,300.	0.			TIERED REIMBURSEMENT

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LIL TOTZ CLUBHOUSE LLC 1140 JAMES RIVER TURNPIKE LOT #10 MILTON, WV 25541	**_***6487		7,680.	0.			TIERED REIMBURSEMENT
LILLIES CHILDCARE 165 HOLLAND AVE PARKERSBURG, WV 26104	**_***0169		19,300.	0.			TIERED REIMBURSEMENT
LINCOLN DAYCARE 6565 MCCLELLAN HWY SUITE 101 WEST HAMLIN, WV 25571	**_***0400		16,050.	0.			TIERED REIMBURSEMENT
LINDSAY BROWNING 456 IRISH ST SUMMERSVILLE, WV 26651	***_**-4268		7,500.	0.			TIERED REIMBURSEMENT
LINDSEY HESS PO BOX 273 IDAMAY, WV 26576	***_**-2247		7,500.	0.			TIERED REIMBURSEMENT
LINDSEY RAE SHUNK 378 LONGWOOD DRIVE BUNKER HILL, WV 25413	***_**-7644		6,000.	0.			TIERED REIMBURSEMENT
LINDSEY STOCKPOLE 26 MONROE STREET PINE GROVE, WV 26419	***_**-4929		6,000.	0.			TIERED REIMBURSEMENT
LINSEY ELIZABETH YANDOW 612 LINDEN ROAD CHARLESTON, WV 25314	***_**-5191		7,500.	0.			TIERED REIMBURSEMENT
LINWOOD COMMUNITY DAYCARE PO BOX 35 SLATYFORK, WV 26291	**_***3746		7,300.	0.			TIERED REIMBURSEMENT

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LISA J RICHARDSON 137 SHAWNEE ESTATES WINFIELD, WV 25213	***-**-9753		6,000.	0.			TIERED REIMBURSEMENT
LISA STARKEY 403 39TH STREET VIENNA, WV 26105	***-**-9102		11,675.	0.			TIERED REIMBURSEMENT
LISSIE MARIE ASEBES 6427 VICTORY AVE GRAFTON, WV 26354	***-**-0203		5,560.	0.			TIERED REIMBURSEMENT
LITTLE BEAR CCC, LLC 50 NICKLOW RD BRUCETON MILLS, WV 26525	**-***3935		15,300.	0.			TIERED REIMBURSEMENT
LITTLE BEAR DAYCARE 1401 LEGION ROAD WEIRTON, WV 26062	**-***2653		78,880.	0.			TIERED REIMBURSEMENT
LITTLE BOW PEEP DAY CARE P.O. BOX 1510 DANVILLE, WV 25053	**-***6109		20,050.	0.			TIERED REIMBURSEMENT
LITTLE DOGS DAYCARE LLC 3 STUART AVE WEST UNION, WV 26456	**-***8766		24,190.	0.			TIERED REIMBURSEMENT
LITTLE EAGLE CHILD CARE CENTER INC 250 MURALL DRIVE KEARNEYSVILLE, WV 25430	**-***5712		154,620.	0.			TIERED REIMBURSEMENT
LITTLE FEET DAYCARE & PRESCHOOL 142 BLUEVILLE DR GRAFTON, WV 26354	**-***4576		34,318.	0.			TIERED REIMBURSEMENT

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LITTLE FEET EXTENDED CARE 4172 GEORGE WASHINGTON HWY GRAFTON, WV 26354	**-***4063		19,300.	0.			TIERED REIMBURSEMENT
LITTLE HONEYBEES DAYCARE 26 SOUTH MAIN ST SUITE 4 PETERSBURG, WV 26847	**-***4315		19,300.	0.			TIERED REIMBURSEMENT
LITTLE KIDS DAY CARE CENTER 1975 KELMONT LN SISSONVILLE, WV 25320	**-***4084		15,300.	0.			TIERED REIMBURSEMENT
LITTLE LEARNERS EDC 1389 MAPLEWOOD AVE RONCEVERTE, WV 24970	**-***7091		15,300.	0.			TIERED REIMBURSEMENT
LITTLE LEARNER'S VILLAGE LLC PO BOX 154 HEDGESVILLE, WV 25427	**-***0838		45,900.	0.			TIERED REIMBURSEMENT
LITTLE LIFE PRESCHOOL , INC 2660 MAIN ST HURRICANE, WV 25526	**-***0177		24,100.	0.			TIERED REIMBURSEMENT
LITTLE ONES PLACE CHRISTIAN CCC PO BOX 686 BUCKHANNON, WV 26201	**-***1562		15,300.	0.			TIERED REIMBURSEMENT
LITTLE PEOPLE'S DAYCARE 550 SOUTH MAIN STREET KEYSER, WV 26726	**-***6661		15,300.	0.			TIERED REIMBURSEMENT
LITTLE RASCALS CC LLC P.O. BOX 118 FARMINGTON, WV 26571	**-***5417		17,800.	0.			TIERED REIMBURSEMENT

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LITTLE SPROUTS CHILD CARE CENTER 3135 WASHINGTON BLVD HUNTINGTON, WV 25705	**-***3104		19,300.	0.			TIERED REIMBURSEMENT
LITTLE TIKES CCC LLC 428 MISSISSIPPI ST. MORGANTOWN, WV 26501	**-***4237		22,600.	0.			TIERED REIMBURSEMENT
LITTLES DAYCARE 50 EAGLE LANE KINGWOOD, WV 26537	**-***1478		7,300.	0.			TIERED REIMBURSEMENT
LIVING WATER CHILD CARE CENTER 212 EAST 2ND AVENUE WILLIAMSON, WV 25661	**-***7435		25,940.	0.			TIERED REIMBURSEMENT
LORETTA CRUISE 63004 SAND HILL ROAD BELLAIRE, OH 43906	***-**-4060		6,000.	0.			TIERED REIMBURSEMENT
LORI MURDOCK-CHINN 2310 MEADOW HAVEN DR HUNTINGTON, WV 25704	***-**-6169		5,200.	0.			TIERED REIMBURSEMENT
LUCY ANN GRAUSGRUBER 402 ORCHARD AVENUE BRIDGEPORT, WV 26330	***-**-2688		6,000.	0.			TIERED REIMBURSEMENT
LYDIA ARNOTT 4410 PIKE RD ELLENBORO, WV 26346	***-**-4155		6,000.	0.			TIERED REIMBURSEMENT
MAGGIE SAUNDERS 403 NORWOOD ROAD HUNTINGTON, WV 25705	***-**-0291		6,000.	0.			TIERED REIMBURSEMENT

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MAGIC YEARS DAYCARE CENTER, INC. 201 HIGH ST. POINT PLEASANT, WV 25550	** - ***7102		19,300.	0.			TIERED REIMBURSEMENT
MALENA JEAN MCCOY 3122 BOOTEN CREEK ROAD BARBOURSVILLE, WV 25504	*** - ** - 7970		6,000.	0.			TIERED REIMBURSEMENT
MARANATHA BAPTIST CHURCH DAYCARE 1 MARANATHA ACRES CHARLESTON, WV 25312	** - ***0412		15,300.	0.			TIERED REIMBURSEMENT
MARIAH FOSTER 1997 PORTERFIELD RD PHILIPPI, WV 26416	*** - ** - 7608		5,780.	0.			TIERED REIMBURSEMENT
MARIAH MARION 113 COMMUNITY DRIVE MORGANTOWN, WV 26505	*** - ** - 4988		6,000.	0.			TIERED REIMBURSEMENT
MARIE KESECKER 466 HUGHS RD CHARLES TOWN, WV 25414	*** - ** - 4577		6,100.	0.			TIERED REIMBURSEMENT
MARLEE Q KESECKER 310 EAGLES NEST RD ELKINS, WV 26241	*** - ** - 8808		6,000.	0.			TIERED REIMBURSEMENT
MARLYN DONELSON 3248 TURNPIKE ROAD SUMMERSVILLE, WV 26651	*** - ** - 9883		6,000.	0.			TIERED REIMBURSEMENT
MARSHALL UNIVERSITY MARSHALL UNIVERSITY HUNTINGTON, WV 25755-4200	** - ***0789		5,658.	0.			TIERED REIMBURSEMENT

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MARSHALL UNIVERSITY RESEARCH CORP ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25755	** - ***3361		38,190.	0.			TIERED REIMBURSEMENT
MARVEL CENTER INC. PO BOX 634 RUPERT, WV 25984	** - ***0027		15,300.	0.			TIERED REIMBURSEMENT
MARY BOSLEY 1006 SALON COURT DUNBAR, WV 25064	*** - ** -2612		6,000.	0.			TIERED REIMBURSEMENT
MARYLYNN G SALOIYE 320 TREMONT ST SOUTH CHARLESTON, WV 25303	*** - ** -6154		6,000.	0.			TIERED REIMBURSEMENT
MEGAN ALEXANDRIA TOMLIN 1304 VALLEY VIEW AVE WHEELING, WV 26003	*** - ** -2742		6,000.	0.			TIERED REIMBURSEMENT
MEGAN L RUSSELL 15 LOFFERT ROAD MCDONALD, PA 15057	*** - ** -5141		6,000.	0.			TIERED REIMBURSEMENT
MELANIE POTTS 2220 SHORE STREET POINT PLEASANT, WV 25550	*** - ** -3091		7,700.	0.			TIERED REIMBURSEMENT
MELINDA TURNER 232 MORNINGSIDE DRIVE MOOREFIELD, WV 26836	*** - ** -6066		7,950.	0.			TIERED REIMBURSEMENT
MELISSA DAWN KEYLOR 1008 BLAINE AVE CAMBRIDGE, OH 43725	*** - ** -6051		6,500.	0.			TIERED REIMBURSEMENT

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MELISSA MARIE RICHMOND 3237 MADAMS CREEK ROAD HINTON, WV 25951	***-**-7660		6,000.	0.			TIERED REIMBURSEMENT
MELISSA MELTON 103 APPLE ESTATES SCOTT DEPOT, WV 25560	***-**-7585		7,100.	0.			TIERED REIMBURSEMENT
MELISSA NESSELROTTE 1047 AVERY STREET PARKERSBURG, WV 26101	***-**-4377		5,819.	0.			TIERED REIMBURSEMENT
MELISSA WAITE 27 APRIL LANE CHARLESTON, WV 25312	***-**-3616		6,000.	0.			TIERED REIMBURSEMENT
MICHELLE BISHOP BASEY 905 N 3RD STREET MARTINSBURG, WV 25404	***-**-7412		13,420.	0.			TIERED REIMBURSEMENT
MICHELLE HALL 240 TIMBERLINE APTS MORGANTOWN, WV 26505	***-**-6032		6,000.	0.			TIERED REIMBURSEMENT
MICHELLE LYNNE PIERSON 18 JAMESTOWN ROAD CHARLESTON, WV 25314	***-**-3487		6,000.	0.			TIERED REIMBURSEMENT
MICHELLE TINCHER 321 RED BANK DR FRANKFORD, WV 24938	***-**-4742		5,305.	0.			TIERED REIMBURSEMENT
MILES OF SMILES KIDZ CARE 8137 COURT AVE HAMLIN, WV 25503	**-*5309		16,050.	0.			TIERED REIMBURSEMENT

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MINI MOUNTAINEER ELC 796 HORNBECK ROAD MORGANTOWN, WV 26508	** - ***0132		15,300.	0.			TIERED REIMBURSEMENT
MINNIES PLAYHOUSE LLC 4170 MT UNION RD HUNTINGTON, WV 25701	** - ***2394		5,360.	0.			TIERED REIMBURSEMENT
MISS LUCYS CHILDCARE 65 LUCY LANE BRIDGEPORT, WV 26330	** - ***5707		5,120.	0.			TIERED REIMBURSEMENT
MOLLIE M WEEKLY 4513 JACOB ST WHEELING, WV 26003	*** - ** - 2137		6,000.	0.			TIERED REIMBURSEMENT
MOMENTS OF JOY INFANT AND CHILD LC 3398 UNIVERSITY AVENUE MORGANTOWN, WV 26505	** - ***2811		19,300.	0.			TIERED REIMBURSEMENT
MOMMA BEAR'S CHILDCARE, INC. 4928 ELK RIVER RD SOUTH ELKVIEW, WV 25071	** - ***0694		34,190.	0.			TIERED REIMBURSEMENT
MON HEALTH MEDICAL CENTER 1200 JD ANDERSON DR MORGANTOWN, WV 26505	** - ***1353		19,300.	0.			TIERED REIMBURSEMENT
MONICA BLAZER 2224 LINCOLN AVE POINT PLEASANT, WV 25550	*** - ** - 0812		7,500.	0.			TIERED REIMBURSEMENT
MONROE EARLY CHILDHOOD ASSOCIATION 60 SHANKLIN AVE UNION, WV 24983	** - ***4639		28,071.	0.			TIERED REIMBURSEMENT

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MORGAN MCINTOSH 447 ASH ST MORGANTOWN, WV 26501	***-**-8172		6,000.	0.			TIERED REIMBURSEMENT
MORGAN NUCILLI-WINCE 2046 FAULKNER RD ELKINS, WV 26241	***-**-8639		6,120.	0.			TIERED REIMBURSEMENT
MORGANTOWN EARLY LEARNING FACILITY 302 SCOTT AVE MORGANTOWN, WV 26508	**-***9055		19,300.	0.			TIERED REIMBURSEMENT
MORGANTOWN LEARNING ACADEMY INC 123 DISCOVERY PLACE MORGANTOWN, WV 26508	**-***4601		19,300.	0.			TIERED REIMBURSEMENT
MORGANTOWN MONTESSORI INC. 300 WEDGEWOOD DRIVE MORGANTOWN, WV 26505	**-***1369		15,300.	0.			TIERED REIMBURSEMENT
MORRIS ENRICHMENT CENTER 4615 MACCORKLE AVENUE CHARLESTON, WV 25304	**-***2201		19,300.	0.			TIERED REIMBURSEMENT
MOTHER GOOSE LAND SITE 1 401 WV AVE NUTTER FORT, WV 26301	**-***3887		72,380.	0.			TIERED REIMBURSEMENT
MOUNTAIN CAP OF WV INC, A CDC 26 N. KANAWHA ST BUCKHANNON, WV 26201	**-***6584		26,760.	0.			TIERED REIMBURSEMENT
MOUNTAINEER MONTESSORI SCHOOL, INC 308 20TH ST CHARLESTON, WV 25304	**-***5932		26,600.	0.			TIERED REIMBURSEMENT

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MURIAH KAY ROLLINS 32 HILL CT WASHINGTON, WV 26181	***-**-2492		7,500.	0.			TIERED REIMBURSEMENT
NACOLE SHARP 701 BETHEL RD MORGANTOWN, WV 26501	***-**-8975		6,000.	0.			TIERED REIMBURSEMENT
NANETTE MATZ 43 MAPLE AVENUE WHEELING, WV 26003	***-**-1856		6,000.	0.			TIERED REIMBURSEMENT
NATASHA HULVER 11326 GEORGETOWN RD BEVERLY, WV 26253	***-**-1353		5,120.	0.			TIERED REIMBURSEMENT
NEW BEGINNING LEARNING ACAD OF DUNBAR - 1236 OHIO AVENUE - DUNBAR, WV 25064	**-***2546		15,300.	0.			TIERED REIMBURSEMENT
NEW BEGINNING LEARNING ACADEMY 543 BREAM ST. CHARLESTON, WV 25387	**-***2362		15,300.	0.			TIERED REIMBURSEMENT
NEW BEGINNINGS CHILD CARE CENTER LLC - 217 1/2 LYNDON ST - LUMBERPORT, WV 26386	**-***0572		24,190.	0.			TIERED REIMBURSEMENT
NICOLE ELIZABETH WORKMAN 15 HIGHWAY CIRCLE WEIRTON, WV 26062	***-**-6248		6,000.	0.			TIERED REIMBURSEMENT
NICOLE EMRICK 703 BRUNSWICK CT MORGANTOWN, WV 26508	***-**-6827		6,000.	0.			TIERED REIMBURSEMENT

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NICOLE SANCHEZ 115 GRASMERE DR CHARLES TOWN, WV 25414	***-**-7638		6,000.	0.			TIERED REIMBURSEMENT
NOAH PETTREY 204 CHARTER ST CLARKSBURG, WV 26301	***-**-2508		6,000.	0.			TIERED REIMBURSEMENT
NOAH'S ARK CHILDCARE AND LEARNING CENTER - 1308 STEENROD AVE - WHEELING, WV 26003	** -***4619		19,300.	0.			TIERED REIMBURSEMENT
NOAHS ARK OF LEARNING 204 CHARTER ST CLARKSBURG, WV 26301	** -***5212		19,300.	0.			TIERED REIMBURSEMENT
NORBORNE PRESCHOOL AND DAYCARE CENTER - 200 WEST KING STREET - MARTINSBURG, WV 25401	** -***7739		19,300.	0.			TIERED REIMBURSEMENT
OAKHURST FIRST PRESBYTERIAN CDC 508 2ND AVE SOUTH CHARLESTON, WV 25303	** -***8977		35,857.	0.			TIERED REIMBURSEMENT
OHIO VALLEY CHILD LEARNING CENTER 1610 WARWOOD AVE WHEELING, WV 26003	** -***5528		19,300.	0.			TIERED REIMBURSEMENT
OLIVIA GREENE 123 1/2 ELM ST WHEELING, WV 26003	***-**-7540		6,000.	0.			TIERED REIMBURSEMENT
OPEN BIBLE TABERNACLE/MAMA CHELLE'S CHILD CARE CENTER - 301 N MILDRED ST SUITE 1 - CHARLES TOWN, WV 25414	** -***5342		15,300.	0.			TIERED REIMBURSEMENT

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OUR LADY OF FATIMA CHILDCARE 545 NORWAY AVE HUNTINGTON, WV 25705	** - ***2772		19,300.	0.			TIERED REIMBURSEMENT
PAMELA GRIFFITH 3305 LICK FORK RD SPENCER, WV 25276	*** - ** -8817		7,600.	0.			TIERED REIMBURSEMENT
PAMELA JEAN BOYDEN 111 SIGMUND STREET BECKLEY, WV 25801	*** - ** -7857		9,280.	0.			TIERED REIMBURSEMENT
PAMELA SORRELLS 3579 ROUTE 75 HUNTINGTON, WV 25704	*** - ** -3613		7,950.	0.			TIERED REIMBURSEMENT
PARKER'S PLAYHOUSE & CC PO BOX 414 WILLIAMSTOWN, WV 26187	** - ***5592		15,300.	0.			TIERED REIMBURSEMENT
PARKERSBURG YMCA 1800 30TH STREET PARKERSBURG, WV 26104	** - ***7059		125,010.	0.			TIERED REIMBURSEMENT
PATCH PRESCHOOL AND BUILDING BLOCKS CDC - 811 MADISON AVENUE - SPENCER, WV 25276	** - ***1096		49,900.	0.			TIERED REIMBURSEMENT
PEA RIDGE DAYCARE INC. 2 MARY HILL LANE HUNTINGTON, WV 25705	** - ***5833		19,300.	0.			TIERED REIMBURSEMENT
PEACE OF MIND CHILDCARE 2611 21ST AVENUE PARKERSBURG, WV 26101	** - ***1435		15,300.	0.			TIERED REIMBURSEMENT

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PEAS IN A POD CC LRN CTR 231 HOFFMAN AVE WESTON, WV 26452	** - ***5786		20,175.	0.			TIERED REIMBURSEMENT
PEEPS PLACE CHILD CARE CENTER 515 BROADWAY AVE CLARKSBURG, WV 26301	** - ***8838		19,300.	0.			TIERED REIMBURSEMENT
PENNY CAMPBELL 577 MADISON AVE SMITHFIELD, PA 15478	*** - ** - 6541		6,000.	0.			TIERED REIMBURSEMENT
PEYTON NICHOLE HOLTZ 314 PARK AVE BARBOURSVILLE, WV 25504	*** - ** - 5537		7,000.	0.			TIERED REIMBURSEMENT
PIERPONT COMMUNITY & TECHNICAL COLLEGE - 500 GALLAHER DR - FAIRMONT, WV 26554	** - ***0490		9,800.	0.			TIERED REIMBURSEMENT
PINEVILLE PRESBYTERIAN CHURCH CDC PO BOX 751 PINEVILLE, WV 24874	** - ***6831		15,300.	0.			TIERED REIMBURSEMENT
PLACE OF GRACE LLC 199 OLD CHEAT RD MORGANTOWN, WV 26508	** - ***9003		19,300.	0.			TIERED REIMBURSEMENT
PLAY AND GROW DAYCARE 222 HUNTER LANE MASON TOWN, WV 26542	** - ***2851		15,300.	0.			TIERED REIMBURSEMENT
PLAYMATES 3603 PIEDMONT RD HUNTINGTON, WV 25704	** - ***2839		355,974.	0.			TIERED REIMBURSEMENT

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PLAYS CHILD CARE CENTER 600 JEFFERSON AVE. MOUNDSVILLE, WV 26041	**-***9438		19,300.	0.			TIERED REIMBURSEMENT
PLAYWORKS CHILD DEVELOPMENT CENTER 4783 DENTS RUN ROAD MORGANTOWN, WV 26501	**-***6883		19,300.	0.			TIERED REIMBURSEMENT
POLLY NORRIS 2704 MARIE ARNOLD COURT HUNTINGTON, WV 25704	***-**-5775		6,000.	0.			TIERED REIMBURSEMENT
PRECIOUS ANGELS ELC 14 HIGHLAND AVE PARKERSBURG, WV 26104	**-***9808		15,300.	0.			TIERED REIMBURSEMENT
PRECIOUS CARGO EARLY LEARNING CENTER - PO BOX 8056 - NUTTER FORT, WV 26302	**-***7038		15,300.	0.			TIERED REIMBURSEMENT
PRECIOUS MEMORIES KID CARE 1112 RIPLEY RD RIPLEY, WV 25271	**-***1254		16,300.	0.			TIERED REIMBURSEMENT
PRINCETON HEALTH AND FITNESS CENTER - 321 12TH ST EXT. - PRINCETON, WV 24740	**-***4209		19,300.	0.			TIERED REIMBURSEMENT
RACHAEL POWELL 3516 STEM STREET ASHLAND, KY 41102	***-**-7370		6,000.	0.			TIERED REIMBURSEMENT
REBECCA CHANNELL 946 S HENRY AVE ELKINS, WV 26241	***-**-4347		6,120.	0.			TIERED REIMBURSEMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBECCA MARIE TALPAS PO BOX 566 MILL CREEK, WV 26280	***-**-3868		6,000.	0.			TIERED REIMBURSEMENT
REBECCA RUTLEDGE 48 EVENING STAR LANE MARTINSBURG, WV 25404	***-**-8375		6,000.	0.			TIERED REIMBURSEMENT
REBECCA STRICKLER 4970 STATE ROUTE 26 MARIETTA, OH 45750	***-**-5914		6,000.	0.			TIERED REIMBURSEMENT
RICHWOOD TOTS TO TEENS CDC PO BOX 168 RICHWOOD, WV 26261	**-***1235		15,300.	0.			TIERED REIMBURSEMENT
RISING STARS CHILDCARE 1 1509 S. KANAWHA ST. BECKLEY, WV 25801	**-***6342		65,200.	0.			TIERED REIMBURSEMENT
RIVESVILLE HEART JUNCTION PO BOX 31 RIVESVILLE, WV 26588	**-***7318		49,490.	0.			TIERED REIMBURSEMENT
ROBBINS NEST 49 ROBBINS NEST LANE SUTTON, WV 26601	**-***6464		24,190.	0.			TIERED REIMBURSEMENT
ROBIN SPAUR 54 CHARLES STREET BUCKHANNON, WV 26201	***-**-5454		31,350.	0.			TIERED REIMBURSEMENT
ROBYN ANNE AVERY 3136 BRERETON CT HUNTINGTON, WV 25705	***-**-5013		6,000.	0.			TIERED REIMBURSEMENT

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ROBYNN POLING 43 SEQUOIA LANE BRIDGEPORT, WV 26330	***-**-5927		6,000.	0.			TIERED REIMBURSEMENT
ROCKY KNOLL SCHOOL 52 ADVENT DRIVE MARTINSBURG, WV 25403	** -***7762		7,300.	0.			TIERED REIMBURSEMENT
SAINT JOSEPH PARISH 115 E STEPHEN STREET MARTINSBURG, WV 25401	** -***5465		19,300.	0.			TIERED REIMBURSEMENT
SALLY WILSON 237 SUMAC CIRCLE MORGANTOWN, WV 26508	***-**-3067		6,000.	0.			TIERED REIMBURSEMENT
SAMANTHA STUCKEY 117 AUTUMN DRIVE MARTINSBURG, WV 25401	***-**-3188		6,000.	0.			TIERED REIMBURSEMENT
SARA MOSLEY 201 CARVER ST DUNBAR, WV 25064	***-**-0288		5,500.	0.			TIERED REIMBURSEMENT
SARA STUTZMAN 753 GEORGE ST BELPRE, OH 45714	***-**-8731		7,500.	0.			TIERED REIMBURSEMENT
SARAH BROWN-DAUGHERTY 8 COLONIAL WAY FAIRMONT, WV 26554	***-**-6333		6,000.	0.			TIERED REIMBURSEMENT
SARAH MAYNARD 615 20TH ST KENOVA, WV 25530	***-**-1114		5,180.	0.			TIERED REIMBURSEMENT

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SARAH PLANAKIS 23 PRISTINE WAY ELKINS, WV 26241	***-**-1152		6,000.	0.			TIERED REIMBURSEMENT
SARAH'S HEART CHILD CARE INC. 615 10TH ST W HUNTINGTON, WV 25704	** -***5421		34,600.	0.			TIERED REIMBURSEMENT
SCHOOL DAYS CC LLC 15832 SENECA TRAIL BUCKEYE, WV 24924	** -***9147		19,300.	0.			TIERED REIMBURSEMENT
SCOTT DEPOT CHRIST FELLOWSHIP INC 6496 TEAYS VALLEY ROAD SCOTT DEPOT, WV 25560	** -***5247		53,120.	0.			TIERED REIMBURSEMENT
SERRIA SPAULDING 227 HENSON AVE SOUTH CHARLESTON, WV 25303	***-**-2021		6,100.	0.			TIERED REIMBURSEMENT
SHANNON BECKMAN 118 STONEWALL RD FAIRMONT, WV 26554	***-**-0443		6,000.	0.			TIERED REIMBURSEMENT
SHANNON FABER 11 HUMMINGBIRD DR GIVEN, WV 25245	***-**-2452		7,600.	0.			TIERED REIMBURSEMENT
SHANNON KINNARD 2902 VIRGINIA AVE HURRICANE, WV 25526	***-**-9748		6,000.	0.			TIERED REIMBURSEMENT
SHANNON STOTLER 38 BAYBERRY LANE BERKELEY SPRINGS, WV 25411	***-**-3628		7,000.	0.			TIERED REIMBURSEMENT

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SHANTELE MCDUGAL 517 ELK LICK RD WESTON, WV 26452	***-**-9328		6,000.	0.			TIERED REIMBURSEMENT
SHARON HICKS 1106 COUNTRY CLUB RD OAK HILL, WV 25901	***-**-9146		6,000.	0.			TIERED REIMBURSEMENT
SHAWNA COLE 103 WINDSONG RD LAHMANSVILLE, WV 26731	***-**-5974		18,860.	0.			TIERED REIMBURSEMENT
SHAYNA G ROOT 48 TOWNSHIP RD 1118 CHESAPEAKE, OH 45619	***-**-2165		6,500.	0.			TIERED REIMBURSEMENT
SHELL-LYN CLARKE 256 OTERO LANE HEDGESVILLE, WV 25427	***-**-4066		6,340.	0.			TIERED REIMBURSEMENT
SHEPHERDSTOWN DAY CARE PO BOX 388 SHEPHERDSTOWN, WV 25443	**-***9244		34,190.	0.			TIERED REIMBURSEMENT
SHEREE RAE JONES 554 PINCH GUT WEST UNION, WV 26456	***-**-7120		6,000.	0.			TIERED REIMBURSEMENT
SHERRI LAGANA 319 ROSE HILL DR KEARNEYSVILLE, WV 25430	***-**-9668		6,500.	0.			TIERED REIMBURSEMENT
SHERRI M DENNIS 637 DAMSON LN MANNINGTON, WV 26582	***-**-7395		12,280.	0.			TIERED REIMBURSEMENT

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SHERRY ANN LAWRENCE 1004 PLEASANT VALLEY ROAD GIVEN, WV 25245	***-**-4713		7,500.	0.			TIERED REIMBURSEMENT
SIERRA WHETZEL 3786 MORGANTOWN RD PETERSBURG, WV 26847	***-**-1979		6,000.	0.			TIERED REIMBURSEMENT
SIKORA MONTESSORI SCHOOL LLC 2108 LUMBER AVENUE WHEELING, WV 26003	** -***5478		15,300.	0.			TIERED REIMBURSEMENT
SMALL WORLD DAYCARE LLC PO BOX 1460 FORT ASHBY, WV 26719	** -***6710		20,203.	0.			TIERED REIMBURSEMENT
SO SOCIAL 529 6TH AVENUE HUNTINGTON, WV 25701	** -***2750		19,740.	0.			TIERED REIMBURSEMENT
SOLID ROCK DAYCARE LLC 1200 SOUTH PIERPOINT RD MORGANTOWN, WV 26508	** -***2447		7,300.	0.			TIERED REIMBURSEMENT
SOPHIA DAY CARE PO BOX 987 SOPHIA, WV 25921	** -***0714		15,300.	0.			TIERED REIMBURSEMENT
ST JOSEPH PRESCHOOL 1326 6TH AVE HUNTINGTON, WV 25701	** -***5929		20,050.	0.			TIERED REIMBURSEMENT
ST JOSEPH THE WORKER DAY SCHOOL 151 MICHAEL WAY WEIRTON, WV 26062	** -***4404		19,300.	0.			TIERED REIMBURSEMENT

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ST JOSEPH'S DAY CARE CENTER 1307 CHILDREN'S WAY MARTINSBURG, WV 25401	** - ***3218		19,300.	0.			TIERED REIMBURSEMENT
ST. FRANCIS CENTRAL CATHOLIC SCHOOL - 41 GUTHRIE LANE - MORGANTOWN, WV 26508	** - ***8171		19,300.	0.			TIERED REIMBURSEMENT
ST. FRANCIS OF ASSISI CHURCH 1023 6TH AVENUE ST ALBANS, WV 25177	** - ***1702		36,480.	0.			TIERED REIMBURSEMENT
ST. PATRICK SCHOOL 224 CENTER AVE WESTON, WV 26452	** - ***9999		17,180.	0.			TIERED REIMBURSEMENT
STARR ARROYO 106 GLOWORM LANE MARTINSBURG, WV 25404	*** - ** -1897		6,000.	0.			TIERED REIMBURSEMENT
STEP AHEAD PRESCHOOL, INC 418 STRIBLING RD MARTINSBURG, WV 25403	** - ***7494		22,898.	0.			TIERED REIMBURSEMENT
STEP BY STEP CHILD CARE PO BOX 557 RIPLEY, WV 25271	** - ***9316		15,300.	0.			TIERED REIMBURSEMENT
STEPHANIE DUNMYER 205 PAUL AVE WEIRTON, WV 26062	*** - ** -0363		6,500.	0.			TIERED REIMBURSEMENT
STEPPING STONES ACADEMY 201 CHASE DRIVE HURRICANE, WV 25526	** - ***4270		15,300.	0.			TIERED REIMBURSEMENT

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STEPPING STONES ACADEMY AT THE WOODLANDS INC - 169 COMMERCE DR - BEAVER, WV 25813	**_***4041		19,300.	0.			TIERED REIMBURSEMENT
STOP N PLAYVILLE CHILDCARE CENTER LLC - 369 BROWNS RIDGE RD - LERONA, WV 25971	**_***1689		15,800.	0.			TIERED REIMBURSEMENT
STORYBOOK DAYCARE LLC 3441 UNIVERSITY AVENUE STAR CITY, WV 26505	**_***2603		19,300.	0.			TIERED REIMBURSEMENT
SUMMER WALTON-STOCKHAM 112 S YORK ST WHEELING, WV 26003	***_**-0489		6,350.	0.			TIERED REIMBURSEMENT
SUNBEAM CHILD CARE CENTER LLC 1654 MARY LOU RETTON DRIVE FAIRMONT, WV 26554	**_***5019		49,491.	0.			TIERED REIMBURSEMENT
SUNCREST UNITED METHODIST CHURCH 479 VAN VOORHIS RD MORGANTOWN, WV 26505	**_***3632		19,300.	0.			TIERED REIMBURSEMENT
SYDNEE VANDEVENDER 1020 MOUNT ZION RD FAIRMONT, WV 26554	***_**-9015		7,500.	0.			TIERED REIMBURSEMENT
TABATHA SIMPSON 1414 OLD FURNACE ROAD RIDGELEY, WV 26753	***_**-8198		7,150.	0.			TIERED REIMBURSEMENT
TABETHA DOUGHERTY 4 REYNARD RD KEARNEYSVILLE, WV 25430	***_**-2998		6,000.	0.			TIERED REIMBURSEMENT

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TAHANI MUSA 3004 CHURCH HILL DR MORGANTOWN, WV 26505	***-**-2166		6,000.	0.			TIERED REIMBURSEMENT
TAMMY KAY COLE 1605 MORGANTOWN AVE FARIMONT, WV 26554	***-**-3196		6,260.	0.			TIERED REIMBURSEMENT
TANESHA LEE 3417 BRADLEY ROAD HUNTINGTON, WV 25704	***-**-5748		6,000.	0.			TIERED REIMBURSEMENT
TANYA BROWN 1230 TIMBERLAKE DR HUNTINGTON, WV 25705	***-**-3996		6,000.	0.			TIERED REIMBURSEMENT
TANYA WINTER 5206 CHARLESTON RD RIPLEY, WV 25271	***-**-0321		7,600.	0.			TIERED REIMBURSEMENT
TASHA CLAY 424 NORTH PINE ST WAYNE, WV 25570	***-**-3518		6,500.	0.			TIERED REIMBURSEMENT
TAYLOR BAKER 3568 NICKEL PLATE RD HUNTINGTON, WV 25702	***-**-9424		7,785.	0.			TIERED REIMBURSEMENT
TAYLOR WOLFE 110 WICKHAM ROAD BECKLEY, WV 25801	***-**-6913		7,500.	0.			TIERED REIMBURSEMENT
TEDDY BEAR DAYCARE 27 DELLVIEW WAY PETERSBURG, WV 26847	** - ***7607		19,300.	0.			TIERED REIMBURSEMENT

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TERA LEIGH GOVINA PO BOX 15 NEW HAVEN, WV 25265	***-**-1879		6,000.	0.			TIERED REIMBURSEMENT
TERESA KLOEKER 5158 WELSEY CHAPEL RD GREEN BANK, WV 24944	***-**-7351		6,000.	0.			TIERED REIMBURSEMENT
TERESA L BUCKLEN 302 WOODHAVEN DR LEWISBURG, WV 24901	***-**-5093		6,100.	0.			TIERED REIMBURSEMENT
TERRA CREWS 152 FOUR WINDS LANE VALLEY GROVE, WV 26060	***-**-9472		6,350.	0.			TIERED REIMBURSEMENT
THE CHILDRENS ACADEMY LLC 3404 MAIN STREET WEIRTON, WV 26062	**-***0728		34,190.	0.			TIERED REIMBURSEMENT
THE CHILDREN'S TREE HOUSE CDC 698 CONSERVATION WAY SHEPHERDSTOWN, WV 25443	**-***0448		19,300.	0.			TIERED REIMBURSEMENT
THE HILL'S KID CONNECTION 415 E 5TH ST BELLE, WV 25015	**-***0692		15,300.	0.			TIERED REIMBURSEMENT
THE IMAGINATION STATION CDC LLC 1003 49TH STREET VIENNA, WV 26105	**-***8778		53,490.	0.			TIERED REIMBURSEMENT
THE KID CONNECTION INC 1031 STAFFORD DRIVE PRINCETON, WV 24740	**-***8735		59,190.	0.			TIERED REIMBURSEMENT

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THE LEARNING TREE HOUSE 390 SOUTH WICKHAM AVE PRINCETON, WV 24740	** - ***8637		19,300.	0.			TIERED REIMBURSEMENT
THE LEARNING TREE NURSERY SCHOOL 643 S MAIN ST PHILLIPI, WV 26416	** - ***2933		7,680.	0.			TIERED REIMBURSEMENT
THE SHACK NEIGHBORHOOD HOUSE INC PO BOX 600 PURSGLOVE, WV 26546	** - ***1216		70,840.	0.			TIERED REIMBURSEMENT
THE SOURCE FOUNDATION INC 540 FAIRMONT RD MORGANTOWN, WV 26501	** - ***9258		34,360.	0.			TIERED REIMBURSEMENT
TIERRA NELSON 231 VILLAGE LANE WHEELING, WV 26003	*** - ** - 7409		6,000.	0.			TIERED REIMBURSEMENT
TIFFANY MARIA BRINKLEY PO BOX 204 SHADY SPRING, WV 25918	*** - ** - 7055		6,400.	0.			TIERED REIMBURSEMENT
TIFFANY MISCUK-KARNICH 213 NORTH 20TH ST WEIRTON, WV 26062	*** - ** - 5883		6,000.	0.			TIERED REIMBURSEMENT
TIFFANY RENEE PROFFITT-BAGGETT 209 MONROE AVE BECKLEY, WV 25801	*** - ** - 4327		6,000.	0.			TIERED REIMBURSEMENT
TINKER TOTS CHILDCARE PO BOX 1774 OCEANA, WV 24870	** - ***9514		15,300.	0.			TIERED REIMBURSEMENT

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TINY TOTS DAY CARE CENTER LLC PO BOX 616 FRANKLIN, WV 26807	** - ***2424		38,380.	0.			TIERED REIMBURSEMENT
TINY TOTS VILLAGE, INC. 1890 MIDDLEWAY PIKE BUNKER HILL, WV 25413	** - ***5153		19,300.	0.			TIERED REIMBURSEMENT
TINY TREASURES DAYCARE AND LEARNING CEN - 248 CHERRY TREE DR. - CHARLES TOWN, WV 25414	** - ***2862		15,300.	0.			TIERED REIMBURSEMENT
TONYA LANTZ INC. T/A KINDER CENTER PO BOX 460 67 RIDGELEY, WV 26753	** - ***5228		15,300.	0.			TIERED REIMBURSEMENT
TONYA NEAL 118 TIMBERWOOD DRIVE SCOTT DEPOT, WV 25560	*** - ** -1297		5,650.	0.			TIERED REIMBURSEMENT
TONYA RIVERA 155 WAVERLY CT MARTINSBURG, WV 25403	*** - ** -3722		6,120.	0.			TIERED REIMBURSEMENT
TOP TOTS ENRICHMENT CENTER 318 THOMPSON ROAD CULLODEN, WV 25510	** - ***1791		20,050.	0.			TIERED REIMBURSEMENT
TOTALLY KIDS LLC 651 STRATTON STREET LOGAN, WV 25601	** - ***5732		16,050.	0.			TIERED REIMBURSEMENT
TRI COUNTY YMCA PO BOX 737 SCOTT DEPOT, WV 25560	** - ***2900		187,100.	0.			TIERED REIMBURSEMENT

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TRINITY ACADEMY & DAYCARE 2688 3RD AVE HUNTINGTON, WV 25702	** - ***7682		19,300.	0.			TIERED REIMBURSEMENT
TRINITY CHRISTIAN SCHOOL 200 TRINITY WAY MORGANTOWN, WV 26505	** - ***7587		19,300.	0.			TIERED REIMBURSEMENT
TRISTAN DENNIS 197 UPPER COBUN CREEK RD MORGANTOWN, WV 26508	*** - ** - 6547		6,000.	0.			TIERED REIMBURSEMENT
TYESHA BOHANNA 2663 4TH AVE HUNTINGTON, WV 25702	*** - ** - 2283		6,000.	0.			TIERED REIMBURSEMENT
UNITED METHODIST TEMPLE NURSERY 201 TEMPLEVIEW DR BECKLEY, WV 25801	** - ***5906		15,300.	0.			TIERED REIMBURSEMENT
VALERIE LYNN RICHARDS 824 17TH ST APT B PARKERSBURG, WV 26101	*** - ** - 6549		6,000.	0.			TIERED REIMBURSEMENT
VALLEY CHAPEL CHILD DEVELOPMENT CENTER - 1511 PLEASANT VALLEY ROAD - FAIRMONT, WV 26554	** - ***9739		15,300.	0.			TIERED REIMBURSEMENT
VALLEY VIEW DAYCARE LLC 687 DEPOT ST ROMNEY, WV 26757	** - ***2767		15,300.	0.			TIERED REIMBURSEMENT
VICTORIA HELMONDOLLAR 258 OAKLAND DR PRINCETON, WV 24739	*** - ** - 5327		25,300.	0.			TIERED REIMBURSEMENT

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VICTORY CHILD CARE CENTER PO BOX 232 REEDSVILLE, WV 26547	** - ***0425		10,300.	0.			TIERED REIMBURSEMENT
VIENNA LEARNING CENTER 804 21ST STREET VIENNA, WV 26105	** - ***3895		15,300.	0.			TIERED REIMBURSEMENT
VILLAGE SQUARE LLC 699 BRAEBURN DRIVE MARTINSBURG, WV 25403	** - ***0229		17,860.	0.			TIERED REIMBURSEMENT
VIRGINIA MABEL AGUERO 10943 LETOWN ROAD KEARNEYSVILLE, WV 25430	*** - ** - 5170		6,000.	0.			TIERED REIMBURSEMENT
VISITING HOMEMAKER SERVICE 382 BROADWAY AVE MORGANTOWN, WV 26505	** - ***4644		68,720.	0.			TIERED REIMBURSEMENT
WATCH ME GROW CC AND LC LLC 45 ELM STREET GLENVILLE, WV 26351	** - ***8548		24,190.	0.			TIERED REIMBURSEMENT
WEBSTER COUNTY STARTING POINTS CDC 25 MILL ST COWEN, WV 26206	** - ***1235		19,300.	0.			TIERED REIMBURSEMENT
WEE CARE CHILD CARE CENTER 9903 MOUNTAINEER HIGHWAY IAEGER, WV 24844	** - ***2591		15,300.	0.			TIERED REIMBURSEMENT
WEE CARE DAY CARE INC PO BOX 171 GASSAWAY, WV 26624	** - ***6164		5,120.	0.			TIERED REIMBURSEMENT

**Schedule I (Form 990)**

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule I (Form 990)

\*\*-\*\*\*6025

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEE DISCIPLES CHRISTIAN ACADEMY 114 POOR FARM ROAD KEARNEYSVILLE, WV 25430	**-***9806		19,300.	0.			TIERED REIMBURSEMENT
WEE TOTS NURSERY INC. 115 VIVA CT. BLUEFIELD, WV 24701	**-***9637		15,300.	0.			TIERED REIMBURSEMENT
WEIRTON HEIGHTS DAY CARE 1471 COVE ROAD WEIRTON, WV 26062	**-***1416		15,300.	0.			TIERED REIMBURSEMENT
WEST VIRGINIA UNIVERSITY PO BOX 6004 MORGANTOWN, WV 26506	**-***0842		11,661.	0.			TIERED REIMBURSEMENT
WILD & WONDERFUL KIDS INC 1850 MILEGROUND RD MORGANTOWN, WV 26505	**-***4670		23,050.	0.			TIERED REIMBURSEMENT
WINFIELD CHILD DEVELOPMENT CENTER 12902 WINFIELD RD WINFIELD, WV 25213	**-***6759		35,940.	0.			TIERED REIMBURSEMENT
WISHING WELL LEARNING CENTER 450 SORGHUM RIDGE RD WHEELING, WV 26003	**-***7067		15,300.	0.			TIERED REIMBURSEMENT
WONDERLAND LEARNING AND CHILD CARE 811 EAST MAIN STREET MANNINGTON, WV 26582	**-***0467		34,190.	0.			TIERED REIMBURSEMENT
WOOD COUNTY CHRISTIAN SCHOOLS, INC 113 W. 9TH ST WILLIAMSTOWN, WV 26187	**-***2242		15,300.	0.			TIERED REIMBURSEMENT

Schedule I (Form 990)

**RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.**

Schedule I (Form 990)

**\*\* - \*\*\*6025**

Page 1

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WV EARLY LEARNING ACADEMY 1400 QUARRIER STREET CHARLESTON, WV 25301	** - ***1057		49,190.	0.			TIERED REIMBURSEMENT
WVU-PARKERSBURG 300 CAMPUS DRIVE PARKERSBURG, WV 26104-8847	** - ***3820		31,796.	0.			TIERED REIMBURSEMENT
YMCA OF KANAWHA VALLEY 100 YMCA DR CHARLESTON, WV 25311	** - ***7058		72,337.	0.			TIERED REIMBURSEMENT
YMCA OF SOUTHERN WEST VIRGINIA 121 EAST MAIN STREET BECKLEY, WV 25801	** - ***4596		120,260.	0.			TIERED REIMBURSEMENT
YOLONDA D TYLER 831 CREST DRIVE CHARLESTON, WV 25311	*** - ** - 5346		6,000.	0.			TIERED REIMBURSEMENT
YOSTS CHILD DEVELOPMENT CENTER LLC 2007 PROFESSIONAL CT. MARTINSBURG, WV 25401	** - ***8022		19,300.	0.			TIERED REIMBURSEMENT
YOUNG HEARTS LLC PO BOX 4566 MORGANTOWN, WV 25604	** - ***9424		48,190.	0.			TIERED REIMBURSEMENT
YOUTH HEALTH SERVICES 971 HARRISON AVE ELKINS, WV 26241	** - ***5150		19,300.	0.			TIERED REIMBURSEMENT
YWCA CHARLESTON, WEST VIRGINIA INC. - 1426 KANAWHA BLVD EAST - CHARLESTON, WV 25301	** - ***7060		38,001.	0.			TIERED REIMBURSEMENT

**Schedule I (Form 990)**

## Schedule I (Form 990)

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[illegible]

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04-01-23





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RIVER VALLEY CHILD DEVELOPMENT  
SERVICES, INC.

Employer identification number  
\*\*-\*\*\*6025

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD PROGRAM AND CHILD DEVELOPMENT PROGRAMS

EXPENSES \$ 352,725. INCLUDING GRANTS OF \$ 234,247. REVENUE \$ 1,640,543.

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

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

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

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

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

A COMMITTEE OF THE BOARD OF DIRECTOR 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.

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

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED.