

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 for instructions and the latest information.

OMB No. 1545-0047

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

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

C Name of organization**RIVERVIEW ADULT DAY CENTER INC**Doing business as **RIVERVIEW ADULT DAY HEALTH CENTER**

Number and street (or P.O. box if mail is not delivered to street address)

2715 E. JACKSON BLVD.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ELKHART**IN 46516****D Employer identification number****35-1829321****E Telephone number****574-293-6886****G Gross receipts****531,924****F Name and address of principal officer:****NICOLE HARDY-PAGELS****2715 E JACKSON BLVD****ELKHART****IN 46516****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.

I Tax-exempt status:☒ 501(c)(3)☐ 501(c) () (insert no.)☐ 4947(a)(1) or☐ 527**J Website:****WWW.RIVERVIEWADULTDAYCENTER.ORG****H(c) Group exemption number****K Form of organization:**☒ Corporation☐ Trust☐ Association☐ Other**L Year of formation: 1991****M State of legal domicile: IN****Part I Summary**

Activities & Governance		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: RIVERVIEW ADULT DAY HEALTH CENTER IS A SAFE PLACE PROVIDING ACCREDITED AND LICENSED SERVICES FOR ADULTS AND OFFERING COMPASSIONATE CARE ON A SOCIAL, PHYSICAL, EMOTIONAL AND SPIRITUAL BASIS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	9	
4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	12	
6	Total number of volunteers (estimate if necessary)	5	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
8 Contributions and grants (Part VIII, line 1h)		142,203	47,211
9 Program service revenue (Part VIII, line 2g)		367,190	468,187
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,640	16,526
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		523,033	531,924
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		286,311	367,704
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		861	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,601	115,270
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		361,912	482,974
19 Revenue less expenses. Subtract line 18 from line 12		161,121	48,950
20 Total assets (Part X, line 16)		626,253	676,134
21 Total liabilities (Part X, line 26)		4,938	5,869
22 Net assets or fund balances. Subtract line 21 from line 20		621,315	670,265

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

DAVID ROWLEY**TREASURER**

Type or print name and title

Paid

Preparer
Use Only

Preparer's name

BRUCE BEYLER, CPA

Preparer's signature

BRUCE BEYLER, CPA

Date

06/18/25Check ☐ if PTINself-employed **P00490801**

Firm's name

INSIGHT ACCOUNTING GROUP, PC

Firm's EIN

20-3708395

Firm's address

3160 WINDSOR CT**ELKHART, IN 46514**

Phone no.

574-262-8886

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)