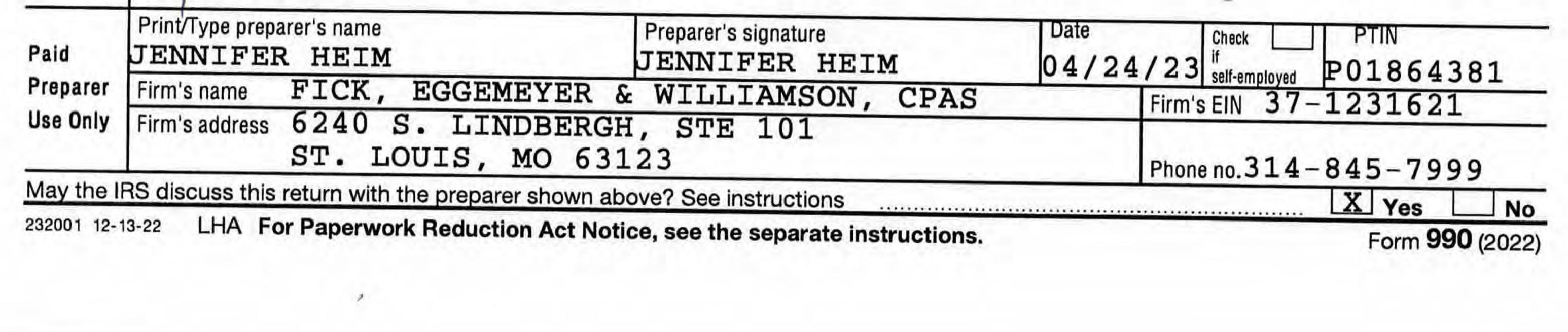
epartment of the form	he Treasury e Service Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and	ue Code (ex	cept private found	dations)	2022 Open to Public Inspection
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		d ending			
Check if applicable: Address change Name change	C Name of organization RIDE ON ST. LOUIS, INC. Doing business as		D Employer ide 43-188		
Initial return Final return/ termin-	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 94	Room/suite		mber	
ated Amended return	City or town, state or province, country, and ZIP or foreign postal code KIMMSWICK, MO 63053		G Gross receipts \$		591,858.
Website:Form of orart Iart IBriChChChNuANuForm of or	ganization: X Corporation Trust Association Other Gummary iefly describe the organization's mission or most significant activities: TO F IVES THROUGH LOVE, JOY, AND HOLISTIC HE eck this box	or 527	HEALTH All than 25% of its ne	ates included ch a list. S ption nur 8 M Stat	See instructions nber e of legal domicile: MC
6 Tot	tal number of volunteers (estimate if necessary)			6	112
/a 101	tal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
Dive	t unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
8 Co	ntributions and grants (Part VIII, line 1h)		Prior Year		Current Year
9 Pro	gram service revenue (Part VIII, line 2g)		194,284		506,804.
10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		2,135	3	45,310.
11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,980		428. 36,925.
12 Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		239,432		589,467.
	ints and similar amounts paid (Part IX, column (A), lines 1.2)				

		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
enses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	116,653.	112,859.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
\$	b	Total fundraising expenses (Part IX, column (D), line 25) 6,683.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,983.	150,584.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	247,636.	263,443.
- 0	19	Revenue less expenses. Subtract line 18 from line 12	-8,204.	326,024.
IS OF	A. T.C.		Beginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)	85,276.	410,391.
et A nd I	21	Total liabilities (Part X, line 26)	27,714.	26,805.
the second se	The second s	Net assets or fund balances. Subtract line 21 from line 20	57,562.	383,586.
and the second second	rt II	Signature Block		
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my kr	nowledge and holief it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge	towieuge and beller, it is
		Maita Wana	arer nus any knowledge.	
Sign	0	Signature of officer	Date 1	
Here	9	MARITA WASSMAN, VICE PRESIDENT	11/and	2023
		Type or print name and title	, the second sec	/



Form	RIDE ON ST. LOUIS, INC.	43-1885666	Page 2
Pa	rt 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 PROMOTE HEALTH AND ENRICH LIVES THROUGH LOVE, JOY,	AND HOLISTIC	
	HEALING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		XNo
	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 servic	es? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expense	s.
	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			738.)
	RIDE ON ST. LOUIS, INC. (THE "ORGANIZATION") IS ORGANIZATION		
	NONPROFIT CORPORATION. THE ORGANIZATION PROMOTES HEAL'		iS
	LIVES THROUGH LOVE, JOY, AND HOLISTIC HEALING. THE ORC		
	PROVIDES PROGRAMS THAT INCORPORATE THE MOVEMENT OF THE ENVIRONMENT, AND HORSE-HUMAN INTERACTION TO PROVIDE SU		
	SUSTAINING QUALITY OF LIFE IMPROVEMENTS FOR CHILDREN		
	DISABILITIES, VETERANS, YOUTH, AND PEOPLE WITH HEALTH-		
	OBSTACLES.		
4b	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 240,538.		
		Form	990 (2022)

Form	990	(2022)

Form 990 (2022) RIDE ON ST. LOUIS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form **990** (2022)

			Yes	No
22	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	22		X
23	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	23		X
24a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part III</i>	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		<u> </u>
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С			v	
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Ferm W3. Transmittal of Wage and Tax Statements. Ear of the teaching year ending with or within the year excered by this readm. 2a X 3 Unit of employees reported on Ine 2a, did the organization file all nequined federal employment to return?. 2a X 4 Did the organization have under the organization free all nequined federal employment to return?. 3b X 5 Tax file of outing the caldendry ser, did the organization free and inequined federal employment to return?. 3b X 4a All any fine outing the caldendry ser, did the organization thave an interest the area or other subtrom (over, a finencial account) is a forty to as organization thave an interest the area or other subtrom (over, a finencial account) is a prohibet to schement to fine calgument and prove rates in the area or other subtrom (over, a finencial account) is a prohibet to schement transaction? 4c X 5a X C Trees to line 3a or 3b, did the organization that are mormally provide that schement transaction? 5c X 5a Trees to line 3a or 3b, did the organization that are mormally account that such combustons or gifts were not tax deductible? 7c X 7 Organization sub that gradend account that are commally account th	Form	990 (2022) RIDE ON ST. LOUIS, INC. 43-1885	666	P	age 5
2a Ener the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 3 b if at least one is reported on line 2a, did the organization file all required federal employment tax textures? 2b X b if the least one is reported on line 2a, did the organization file all required federal employment tax textures? 2b X b if the science is reported on line 2a, did the organization have an intread in, or a signature or other nancial accounts (security security as about account, securities account, or other financial accounts (FBAR). 4a X b if thes, 'nast the organization have on ganization that was or is a party to a prohibitot tax security accounts (FBAR). 5a X c if Yes, 'nast the organization have and gross receipts that are normally greater than \$100,000, and did the organization solit 5b X c if Yes, 'nast the organization have and the good or services provided? 5a X b if Yes, 'nast the organization have and the solitation an express statement tha such contributions or gifts were not tax deductible? 5a X b if Yes, 'nd the organization have and the good or services provided? 5b X b if Yes, 'nd the organization have and the good or services provided? 5a X b if Yes,	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	_
InterfaceZaJZ3aDifferent expectation have unvalued business gross income of \$1,000 or more during the year?Za				Yes	No
b If a test one is reported on line 2a, did the organization file al required reform employment tax cetures? 2b X 3a Did the organization have under this year? If No'to line 3b, provide an explanation on Schedule O 3a X 4a Al any time during the calendaryser, did the organization have an intensation, or a signature or other authomy over, a financial account is account, o science of the region country (Such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have multicavely the vasor is a party to a prohibited tax shellor transaction? 5b X 6 Did set yacanization new angle one of the square of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization new angle one of the organization have and tax deductable as charitable contributions? 5c X 7 Organization she at may receive deductable contributions and party for posts and services provided 7 7a X 11 "Yes," i did the organization new as a dis finade paron 170(c). 6d 7d	2a				
a Dit the organization have unrelated business gross income of 31,000 or more during the year? 3a X b If Yes, "hast filted a Form 090-T for this year? If YeV to Inv 30, provide an explanation on Schedulo O 3b X 4 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. 4a X b If Yes, "and the many of the torgin country. See instructions for time requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If Yes' to ite 5a or 5b, did the organization in fore 8886-17 5c C C c Does the organization have annual gross receipts that are normally greater than \$100,000, and di the organization include with every solicitation and explays a contributions? 5c X b If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or chriticuling and party state and party state and the statement that such contributions or gifts were not tax deductible and the gap greeniums on a personal breat contract? 7g X b If the organization nother & gap transition and the state organization file or BR 2827 7d 7d Z X		filed for the calendar year ending with or within the year covered by this return 2a 3			
b If Yes, * has it field a form 900 T for this yas? If Yeb* to fiels 3b, provide an exploration on Schedule O 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 4a X b If Yos,* other the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization ap party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that two or is a party to a prohibited tax shelter transaction? 5c 5c 6a Does the organization have manal gross needpits that are normally greater than \$100,000, and did the organization select any contributions that may receive deductible ac charitable contribution and party for gods and services provided to the payor? 7a X 0 If Yes,* (did the organization notify the donor of the value of the gods or services provided to the payor? 7a X 0 Did the transaction notify the donor of the value of the gods or services provided to the payor? 7a X 1 Tys,* (did the organization notify the donor of the value of the gods or services provided to the payor? 7e X 0 <td>b</td> <td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td> <td>2b</td> <td>Х</td> <td></td>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a At any time during the calendary year, dd the organization have an interest in, or a signature or other authority over, a francial account? 4a X b if "Yes," enter the name of the foreign county 5a X B Was the organization approximation that is a park balter transaction at any time during the tax yea? 5a X b Ud any taxable party notify the organization files from 886-77. 5a X 5b X b Ud any taxable party notify the organization from For M86-77. 5a X 5b X b Ud any taxable party notify the organization from 866-77. 5a X 5b X b U "Yes," id d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a X b If "Yes," id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7b X b If "Yes," id the organization neity the door of the value of the goods or services provided 1 to the payor? 7c X b If "Yes," id the organization neity the door of the value of the goods or services provided? 7c X b If "Yes," idicate the number of Forms 8282? Hield during the year 7d 7d </th <td>3a</td> <td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td> <td>3a</td> <td></td> <td>Х</td>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
If Yes," etc. 4a X b If Yes," etc. 4a X b If Yes," etc. 5a X See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelte transaction at any time during the tax year? 5a X 5b Ot any taxable party notify the organization that two or is a party to a prohibited tax shelte transaction? 5c X 6a Dess the organization have non tax (docuttible as charitable contributions? 5c X 6b If Yes," did the organization have very solicitation an express statement that such contributions or gifts were not tax deductible? 6b C 7 Organization stat may rockive deductible contributions under section 170(c). 6c C C 7 Ues," did the organization indive with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Did the organization selve, acange, or therwise dispose of tangible personal property for which it was required to the farm 322? 7c X 10 If the organization selve, acange, or therwise dispose of tangible personal property for which it was required? 7c X 11 Wes," indicate the number of Forms 8282 field during the year? 7e X 7f 7f Z 12 Ub the organization selve a durided intelectand property, dit duri organizat	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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). Sa X b Was the organization aper to a prohibed tax sheler transaction at any time during the tax year? Sa X b Did any taxable party notify the organization in ferom 886-77. Sa X c If Yes's tild the organization in ferom 886-77. Sa X c If Yes's tild the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible: Sa X f Organization niclude with every solicitation an express statement that such contributions or gifts were not tax deductible: Sa X f Organization niclude with every solicitation an express statement that such contributions or gifts Sa X f Organization niclude with every solicitation are party as a contribution of guard so acountable or gifts organization niclude with every solicitation are party as a contribution of guard so acountable or gifts organization niclude with the value of the goads or sevices provided 10 the party of the organization niclude with the value of the goads or sevices provided 10 the party of the organization niclude any fund, directly or indirectly, to pay premiums on a personal benefit contract? 7t Ta X f If the organization neceve accesub suites blands,	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for ling requirements for FinOEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6b Desk the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solid as charitable contributions? 6a X 7 Organizations that may receive deductible as charitable contributions? 6a X 7 Organization secker a payment in excess of \$3 ⁵ made party as a contribution and party for goods and services provided to the payor? 7a X 7 Organization secker a payment in excess of \$3 ⁵ made party as a contribution and party for goods and services provided? 7b 7c 8 If Yes, 'indicate the number of Forms 8282? 7d 7d 7c 7c 9 Dd the organization necker any those, directly or indirectly, to pay preniums on a personal benefit contract? 7c 7c 7d		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So X c If Yes' to line Sa or 50, id the organization the form 8686-7? So So X d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax eductible? Go Go d D'Yes," did the organization include with very solicitation an express statement that such contributions or gits were not tax eductible? Go Go 7 Organization secies a payment in excess of \$15 made party as a contribution and party for goods and services provided? To Zo 0 If Yes," indicate the number of Forms 8282? filed during the year Td Td Td e Did the organization neceive any funds, directly or indirectly, to an parsonal benefit contract? Td Td Td 7 Did the organization neceive any funds, directly or indirectly, on a parsonal benefit contract? Td	b	If "Yes," enter the name of the foreign country			
b Def any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Bo X c If Yes' to line 5a or 5b, did the organization the Form 8806-17. Bo So So Ders the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. Ga X D If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and services provided to the payor? 7a X D If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7b Z D If Yes, 'did the organization solity, even were discose of transpite personal property for which it was required to the Form 8282? 7c X D If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7c X D If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X D If the organization neceive a contribution of qualified intellectual property, did the organization file form 8899 as required? 7n 7n If the organization neceive a contribution of cars, boats, aplates, or other vahiels, did the organization file form 8000 cr 7n 7n B Sponcorring organization make a statibulation		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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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.

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20 State the name, address, and telephone number of the person who possesses the organization's books and records RIDE ON ST. LOUIS, INC 636-464-3408	19		iu tinai	ICIAI	
RIDE ON ST. LOUIS, INC 636-464-3408	20				
	20				

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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)	(B)	ľ		(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(do box	Position (do not check more than one box, unless person is both an		Reportable compensation	ReportableReportablecompensationcompensation				
	woold	offic	cer an	nd a d	irecto	or/trus	tee)	from the	from related organizations	amount of other compensation
	hours for	or direct	0			ted		organization	(W-2/1099-MISC/	from the
	related	rustee o	l truste		ee	npensa		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	(list any hours for related organizations below line)	ndividual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	10001120)		organizations
(1) MARITA WASSMAN	40.00						_			
VICE PRESIDENT		X		Х				40,209.	0.	0.
(2) DOMONIC LAMPASI	1.00									
PRESIDENT		X		х				0.	0.	0.
(3) KEITH O'CONNELL	1.00									<u>^</u>
TREASURER	1 00	X		X				0.	0.	0.
(4) DIANE EAGEN	1.00	x						0.	0.	0.
BOARD MEMBER		<u> </u>						0.	0.	0.

	990 (2022) RIDE ON S									43-18	856	66	Page 8		
Par	ITT VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C						C								
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an			than or s both :	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	i	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/	compe from organi and re organiz	the zation elated		
		line)	Individ	Institu	Officer	Key en	Highe: emplo	Former							
									40.000						
с	Subtotal Total from continuation sheets to Part VI	I, Section A							40,209. 0. 40,209.		0.0.0		0.		
 2	Total (add lines 1b and 1c)								•		-		0		
	compensation from the organization										_	Y			
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3	x		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule .	J fo	or such individual			4	x		
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			-			5	x		
	tion B. Independent Contractors						+			¢100.000 of com		tions from			
1	Complete this table for your five highest co the organization. Report compensation for								the organization's tax		bensa		n		
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) mpensa	ation		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to	thos 0		ed	above) who received n	nore than					

Form 990 (20		RIDE	
Part VIII	Statement	t of Reve	nue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Check if Schedule O contains a response		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sσ								000000000000
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a					
2 S Z			Membership dues 1b					
An S			Fundraising events 1c					
lar Iar		d	Related organizations 1d					
in,		е	Government grants (contributions) 1e					
r S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	506,804.				
<u>Ö</u>		a	Noncash contributions included in lines 1a-1f	19,956.				
aŭ		-	Total. Add lines 1a-1f		506,804.			
				Business Code	,			
		_	EMPLOYEE RETENTION TAX	900099	43,079.	43,079.		
/ice	Z		OTHER INCOME	900099	2,168.	2,168.		
ne			STUDENT FEES	624100	63.	63.		
ν Sul		С	STUDENT FEES	024100	03.	03.		
Jrai Re		d						
Program Service Revenue		е						
4		f	All other program service revenue					
		g	Total. Add lines 2a-2f		45,310.			
	3		Investment income (including dividends, intere					
			other similar amounts)		428.	428.		
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	Ũ		(i) Real	(ii) Personal				
	6	_		() + 61661162				
	0							
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
ver		с	Gain or (loss)					
Re			Net gain or (loss)					
her	8		Gross income from fundraising events (not					
ŧ	_		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	39,316.				
		h	Less: direct expenses 8b	0 0 0 1				
				-	36,925.			36,925.
			Net income or (loss) from fundraising events		50,945.			50,925.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s				Business Code				
ņo	11	а						
nuc		b						
ells sve		c						
Miscellaneous Revenue								
Σ			All other revenue					
			Total. Add lines 11a-11d		589,467.	45,738.	0.	36,925.
	12		Total revenue. See instructions		505,407.	=5,750.	U •	Eorm 900 (2022)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	02 050	71 264	0 206	1 100
7	Other salaries and wages	83,958.	71,364.	8,396.	4,198.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,901.	24,566.	2,890.	1 //-
9	Other employee benefits	20,901.	24,300.	2,090.	1,445.
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
с.	• • • • • • • • • • • • • • • • • • •				
	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		5,904.	5,314.	590.	
	column (A), amount, list line 11g expenses on Sch 0.)	J,904.	J, J14.	590.	
12	Advertising and promotion	1,320.	1,122.	132.	66.
13	Office expenses	1,520.	±,±22•	152.	00.
14 45	Information technology				
15 10	Royalties	14,402.	12,962.	1,440.	
16		6,327.	5,694.	633.	
17	Travel Payments of travel or entertainment expenses	0,527•	5,054.	055.	
18					
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	6,684.	6,684.		
22 23		2,142.	2,142.		
23 24	Insurance Other expenses. Itemize expenses not covered	-,	_,		
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM DEVELOPMENT	59,685.	59,685.		
a b	HORSE SUPPLIES	17,228.	17,228.		
с С	OTHER	11,429.	9,715.	1,143.	571.
d	PRINTING AND PUBLICATIO	7,388.	6,280.	739.	369.
	All other expenses	18,075.	17,782.	259.	34.
25	Total functional expenses. Add lines 1 through 24e	263,443.	240,538.	16,222.	6,683.
25 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022

Form **990** (2022)

Form 990 (2022)

RIDE	ON	ST.	LOUIS,	INC.
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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			47,307.	1	363,049.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			685.	4	185.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial cont	ributor, or 35%			
		controlled entity or family member of any of	hese persons			5	
	6	Loans and other receivables from other disq	ualified person	s (as defined			
		under section 4958(f)(1)), and persons descr	ibed in section	4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			3,170.	9	2,652.
	10a	Land, buildings, and equipment: cost or othe	er 📔 📔				
		basis. Complete Part VI of Schedule D	10a	89,968.			
	b	Less: accumulated depreciation	10 b	77,239.	19,413.	10c	12,729.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ne 11		14,701.	12	31,776.
	13	Investments - program-related. See Part IV,	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		85,276.	16	410,391.
	17	Accounts payable and accrued expenses			13,013.	17	11,429.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of S	chedule D		21	
es	22	Loans and other payables to any current or	ormer officer, o	director,			
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of	hese persons			22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel	ated third parti	ies		24	
	25	Other liabilities (including federal income tax	payables to re	elated third			
		parties, and other liabilities not included on l	nes 17-24). Co	omplete Part X			45 256
		of Schedule D			14,701.		15,376.
	26	Total liabilities. Add lines 17 through 25			27,714.	26	26,805.
ŝ		Organizations that follow FASB ASC 958,	check here	X			
nce		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions			47,562.	27	203,586.
d B	28	Net assets with donor restrictions			10,000.	28	180,000.
'n		Organizations that do not follow FASB AS	C 958, check	here			
ъ		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate				31	
ž	32	Total net assets or fund balances			57,562.	32	383,586.
	33	Total liabilities and net assets/fund balances			85,276.	33	410,391. Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

4	Total revenue (must actual Dart)/III. column (A). line 10)	1	58	94	67.		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{3, 4}{3, 4}$			
2					$\frac{13}{24}$.		
4	Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
4 5							
-	Net unrealized gains (losses) on investments						
6							
7	Investment expenses	7					
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		20	<u>а</u> г	۰ <i>c</i>		
	column (B))	10	38	3,5	86.		
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.					
2a	2a 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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:	,					
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.					
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
0a			3a		x		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irod audit					
a			24				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

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

Form **990** (2022)

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Part XI	Reconcilia	ation of Net	Asse	ts
Form 990	(2022)	RIDE	ON	S

Department of the Treasury

Internal Revenue Service

(Form	990)
(

Total

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. ach to Form 990 or Form 990-FZ Δtt

Go to www.irs.gov/Form990 for instructions and the latest information	۱.

	0000
1	2022
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

			ON ST. LO						3-1885666	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete ti	his part.) S	ee instruction	S.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 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 orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name	e,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from t	he general	public described in	٦
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or	
		university:								
10		An organization that norma								
		activities related to its exen								
		income and unrelated busir		(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 197	5.
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•					
12		An organization organized a	-	•	-			•		זכ
		more publicly supported or lines 12a through 12d that	-						FIECK THE DOX ON	
а		Type I. A supporting orga				-		-	aivina	
a	L	the supported organization		-	•					
		organization. You must c			amajonty				apporting	
b		Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	n(s) by ha	vina	
		control or management o	-				•		-	
		organization(s). You mus						go the oup	portou	
с		Type III functionally inte			in connec	tion with.	and functional	lv integrat	ed with.	
		its supported organization						, 0	,	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	v .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f		er the number of supported o	•							
g		vide the following informatior i) Name of supported		ed organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of oth	or
	(organization	(ii) EIN	(described on lines 1-10	in your governi Yes	ing document?	support (see in	,	support (see instruct	
				above (see instructions))	Tes	No				

Schedule	A (Form 990) 2022
Part II	Support Sch

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	237,493.	198,043.	178,161.	212,112.	506,804.	1,332,613.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	237,493.	198,043.	178,161.	212,112.	506,804.	1,332,613.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						148,972.
6	Public support. Subtract line 5 from line 4.						1,183,641.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	237,493.	198,043.	178,161.	212,112.	506,804.	1,332,613.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			63.	33.	428.	524.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,928.	2,168.	430.	27,041.	45,247.	78,814.
11	Total support. Add lines 7 through 10						1,411,951.
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12	24,489.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	83.83 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	93.81 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

Schedule A (Form 990) 2022

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

Section A. Fublic Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
check this box and stop here	.			-		· · · · · · · · · · · · · · · · · · ·
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2022	(line 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	-				•	
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					LI	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						/3%. and
line 18 is not more than 33 1/3%, ch	•					
20 Private foundation. If the organization						
	all net officer u		, 2			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>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</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Sec	ection C. Type if Supporting Organizations							
1	Were a majority of the organization's directors or trustees during the tay year also a majority of the dire							

 were a majority of the organization's directors of 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 Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section D. All Type III Supporting Organizations	

1	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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	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 Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 **Part VI 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.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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 **Part VI**.
- **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* **Part VI** *the role played by the organization in this regard.*

Yes No

5

6

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3.

emergency temporary reduction (see instructions). 6 7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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.

Schedule A (For	m 990) 2022
-----------------	-------------

RIDE ON ST. LOUIS, INC	2
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					1 4 9 6 1
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Sect	ion D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				

Schedule A (Form 990) 2022

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

Schedule B

(Form	990)
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Department of the Treasury

Internal Revenue Service

Name of the organization

RIDE ON ST. LOUIS,

Schedule of Contributors

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

2022

Employer identification number

43	-1	88	56	66

ganization type (check one):				
Section:				
X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				

INC.

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

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

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

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

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

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

Name of organization

Employer identification number

43-1885666

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CATHERINE MANLEY GAYLOR FOUNDATION 111 WESTPORT PLAZA DR ST LOUIS, MO 63146	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DEVELOPMENTAL DISABILITY ADVOCATES PO BOX 427 HERCULANEUM, MO 63048	\$ <u>15,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFERSON MEMORIAL COMMUNITY FOUNDATION 1450 PARKWAY WEST 2ND FLOOR STE 100 FESTUS, MO 63028	\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE JIM AND SHIRLEY FAMILY FOUNDATION 4003 CHESTNUT OAK DR SMITHTON, IL 62285	\$ <u>175,200</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PARKER, ALFRED L AND ANDREA M 1865 CARRINGTON WAY BELLEVILLE, IL 62226	\$ <u>21,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TISONE, CARL R AND KAREN A 9998 LITZSINGER RD ST LOUIS, MO 63124	\$10,252.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 3

Employer identification number

43-1885666

RIDE ON ST. LOUIS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of o	rganization		Employer identification numb
RIDE	ON ST. LOUIS, INC.		43-1885666
		through (e) and the following line en haritable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the sentry. For organizations
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	-
·	Transferee's name, address, a	1d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transforma's name address as	(e) Transfer of g	
	Transferee's name, address, a	iu zir + 4	Relationship of transferor to transferee

		- -				L OMD No. 1545 0047
	HEDULE D		al Financial St			OMB No. 1545-0047
(For	n 990)	Part IV, line 6, 7, 8, 9, 10		, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and th	e latest information.		Open to Public Inspection
	e of the organizati		Emp	loyer identification number		
Pa	rt I Organiz	RIDE ON ST. LOUIS, ations Maintaining Donor Advise		Similar Funds or A		43-1885666
I u	-	on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised	d funds (b) Func	is and other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in	-			
~		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	• •		-	
	impermissible priv			• • •	-	Yes No
Pa		vation Easements. Complete if the org				
1		servation easements held by the organizat	-		,	
	Preservation	n of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically i	mportant land area
	Protection of	of natural habitat		Preservation of a certi	fied his	toric structure
	Preservation	n of open space				
2		a through 2d if the organization held a quali	fied conservation contribu	ution in the form of a co		
	day of the tax yea					Held at the End of the Tax Year
		onservation easements			2a	
b		tricted by conservation easements			2b	
c d		rvation easements on a certified historic str rvation easements included in (c) acquired			2c	
u		listed in the National Register			2d	
3		rvation easements modified, transferred, re				during the tax
	year		, 3 ,	, ,		5
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspect	ion, handling of		
	,	forcement of the conservation easements i				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, an	nd enforcing conservati	on ease	ements during the year
-			dine of violations, and an			
7	Amount of expens	ses incurred in monitoring, inspecting, hand	aling of violations, and en	forcing conservation ea	asemen	ts during the year
8	Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirement	ts of section 170(h)(4)(F	3)(i)	
Ū		n)(4)(B)(ii)?	•			Yes No
9		be how the organization reports conservation				nd
	balance sheet, an	d include, if applicable, the text of the foot	note to the organization's	financial statements th	nat desc	cribes the
		counting for conservation easements.				-
Pa		ations Maintaining Collections o	-	asures, or Other	Simila	ar Assets.
		if the organization answered "Yes" on Form				
1a	•	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for pul n Part XIII the text of the footnote to its fina			I ICE OT	
b	· •	elected, as permitted under FASB ASC 95			e sheet	works of
5	-	sures, or other similar assets held for public				
		ring amounts relating to these items:			pu	,
	-	uded on Form 990, Part VIII, line 1			\$	5
					-	
2	If the organization	n received or held works of art, historical tre				e
	the following amo	unts required to be reported under FASB A	ASC 958 relating to these	items:		
а	Revenue included	l on Form 990, Part VIII, line 1			\$	

b	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notic	ce, see the Instructions for Form 990.

232051 09-01-22

\$

		ST. LOUIS						43-18			age 2
Par	t III Organizations Maintaining C								ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	t make się	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	5										
4											
5	During the year, did the organization solicit of								٦		1
Der	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	'Yes" on F	-orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							······ L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					Amoun	•	
									Amoun		
	Beginning balance										
	Additions during the year										
e	Distributions during the year						1e 1f				
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par									<u></u>		1
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	((-7)	,, ,			- , ,		(-)	,	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	a. column (a	a)) held as:	I					
а	Board designated or quasi-endowment		%	3 , ("						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for the	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990), Part X, li	ine 10.				
	Description of property	(a) Cost or c basis (investr		. ,	or other (other)	• •	cumulate reciation	d	(d) Boo	k value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				3,768.		62,6'			1,0	
	Other			1	6,200.		14,50	60.		1,6	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)				1	2,7:	29.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Form 990, Pa	art IV line 11h	See Form 990	Part X	line 12

	111 0111 000, 1 0111, 1110 1	
(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) IN-KIND DONATION	16,400.	COST
(B) RIGHT OF USE ASSET	15,376.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	31 776 1	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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)	FUTURE MINIMUM LEASE OBLIGATION	15,376.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,376.

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

	dule D (Form 990) 2022 RIDE ON ST. LOUIS, INC.				885666 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	591,858.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		2,391.	·	
е	Add lines 2a through 2d			2e	2,391.
3	Subtract line 2e from line 1			3	589,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	0.
С					
с _5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	589,467.
				5 Retur	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With		5 Retur	'n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With	Expenses per	5 Retur	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With	Expenses per	· · · · ·	'n.
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With	Expenses per	· · · · ·	'n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	Expenses per	· · · · ·	'n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a 2b	Expenses per	1	'n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per	1	rn. 265,834.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1	rn. 265,834. 2,391.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per		rn. 265,834.
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1 2e	rn. 265,834. 2,391.
Pa 1 2 b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per	1 2e	rn. 265,834. 2,391.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Bubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per	1 2e	rn. 265,834. 2,391.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per	1 2e	rn. <u>265,834.</u> <u>2,391.</u> <u>263,443.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 2d	Expenses per	1 2e 3	rn. 265,834. 2,391. 263,443.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	Expenses per	1 2e 3 4c	rn. <u>265,834.</u> <u>2,391.</u> <u>263,443.</u> 0.

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 IS EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. THEREFORE, NO PROVISION IS MADE FOR TAXES ON INCOME.

THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JANUARY 1, 2011. THE ADOPTION OF THAT GUIDANCE RESULTED IN NO CHANGE TO THE FINANCIAL STATEMENTS FOR PRIOR PERIODS. AS OF DECEMBER 31, 2022, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX RETURNS FILED FOR 2019 AND PRIOR ARE CLOSED.

12 1005666

Schedule D (Form 990) 2022 RIDE ON ST. LOUIS, INC. Part XIII Supplemental Information (continued) FUNDRAISING EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES

2,391.

2,391.

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047		
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 www.irs.gov/Form990 for instru				-		Open to Public Inspection		
Name of the organization	Employer	identification number								
	RIDE ON ST. LOUIS, INC. 43-1885666									
	complete this part	 Complete if the organization answer t. 	ered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990)-EZ filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person solicitat 2 a Did the organization key employees list b If "Yes," list the 10 compensated at lease 	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events									
(i) Name and addres or entity (fund		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amou to (or retai organiza			
			Yes	No						
Total										
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt fror	m registration		

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TRIVIA NIGHT	RAFFLE	1	(add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts		5,136.	34,180.	39,316.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)		5,136.	34,180.	39,316.
	4	Cash prizes				
	5	Noncash prizes				
es		Noncash phzes				
Direct Expenses	6	Rent/facility costs				
Ä						
irect	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			2,391.	2,391.
	10	Direct expense summary. Add lines 4 through		·		2,391.
	11					36,925.
Pa	irt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$13,000 011 0111 990 LZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve						
	1	Gross revenue				
	2	Cash prizes				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ш С						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1. column (d)			
	-					
		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a				Yes No
D) IT "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Scł	hedule G (Form 990) 2022 RIDE ON ST. LOUIS, INC. 43-3	1885666	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
17			
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
1	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
10	Gaming manager mormation.		
	Nama		
	Name		
	Gaming manager compensation \$		
	Description of convises provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer		
47			
	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?		
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D,	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV		05 105
Г		art III, lines 9	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Part IV	Supplemental Information (continued)

SCI	HEDULE	0
<i>(</i> _		

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 43 - 1885666

FORM 990, PART VI, SECTION A, LINE 2:

MARITA WASSMAN IS A MEMBER OF THE BOARD OF DIRECTORS. HER DAUGHTER IS

EMPLOYED BY THE ORGANIZATION AS A GRANT WRITER.

RIDE ON ST. LOUIS, INC.

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

THE BOARD IS PROVIDED A COPY OF THE AUDIT AND 990 TO REVIEW PRIOR TO THEM BEING FINALIZED.

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

THE BOARD SHALL CAUSE A CONFLICT OF INTEREST STATEMENT AND REQUEST FOR

POTENTIAL AREAS OF CONFLICT TO BE CIRCULATED AND EVALUATED EACH YEAR.

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

WE CONDUCT WITHIN THE PATH INDUSTRY A SALARY RANGE FOR EACH POSITION FOR

ROSL AND COMPARE THAT TO THOSE IN THE LOCAL, REGIONAL AND NATIONAL MARKETS.

THE BOARD OF DIRECTORS ARE PROVIDED THIS INFORMATION ALONG WITH OTHER

NONPROFIT SECTORS TO PROVIDE BENCHMARKING. THE JOB DESCRIPTIONS ARE

COMPARED FOR LIKE POSITIONS AND AN AMOUNT IS DETERMINED BASED ON

PERFORMANCE AND JOB POSITIONS.

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

DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS HAVE ASSUMED THE RESPONSIBILITY FOR THE

OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT.

Page 2 Pa							
Name of the organization	RTDR	∩ N ⊆™	LOUIS,	TNC			Employer identification number 43-1885666
	KIDE	01 51.	цоотр,	THC.			43-1003000