### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

**Check if the organization used Schedule O to respond to any question in this Part I: **

- **1. Contributions, gifts, grants, and similar amounts received: **
  - 137,675.

- **2. Program service revenue including government fees and contracts: **
  - 19,318.

- **3. Membership dues and assessments: **
  - 3.

- **4. Investment income: **
  - 36.

**SEE SCHEDULE O**

#### Revenue

- **5a. Gross amount from sale of assets other than inventory: **
  - 5a.

- **5b. Less: cost or other basis and sales expenses: **
  - 5b.

- **5c. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a): **
  - 5c.

- **6a. Gross income from gaming (attach Schedule G if greater than $15,000): **
  - 6a.

- **6b. Less: direct expenses from gaming and fundraising events: **
  - 6b.

- **6c. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c): **
  - 6d.

- **7a. Gross sales of inventory, less returns and allowances: **
  - 7a.

- **7b. Less: cost of goods sold: **
  - 7b.

- **7c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a): **
  - 7c.

- **8. Other revenue (describe in Schedule O): **
  - 8.

- **9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8: **
  - 157,029.

**SEE SCHEDULE O**

#### Expenses

- **10. Grants and similar amounts paid (list in Schedule O): **
  - 10.

- **11. Benefits paid to or for members: **
  - 11.

- **12. Salaries, other compensation, and employee benefits: **
  - 12.

- **13. Professional fees and other payments to independent contractors: **
  - 13.

- **14. Occupancy, rent, utilities, and maintenance: **
  - 14.

- **15. Printing, publications, postage, and shipping: **
  - 15.

- **16. Other expenses (describe in Schedule O): **
  - 16.

- **17. Total expenses. Add lines 10 through 16: **
  - 17.

**SEE SCHEDULE O**

#### Net Assets

- **18. Excess or (deficit) for the year (Subtract line 17 from line 9): **
  - 18.

- **19. Net assets or fund balances at beginning of year (from line 27, column (A)): **
  - 19.

- **20. Other changes in net assets or fund balances (explain in Schedule O): **
  - 20.

- **21. Net assets or fund balances at end of year. Combine lines 18 through 20: **
  - 101,000.

---

**Form 990-EZ (2013)**

**For Paperwork Reduction Act Notice, see the separate instructions.**

---

**For Paperwork Reduction Act Notice, see the separate instructions.**
Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here

29

(Grants $ ) If this amount includes foreign grants, check here

30

(Grants $ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

32 Total program service expenses (add lines 28a through 31a)

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization’s primary exempt purpose?

SEE SCHEDULE O

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here

74,824.

29

(Grants $ ) If this amount includes foreign grants, check here

74,824.

30

(Grants $ ) If this amount includes foreign grants, check here

74,824.

31 Other program services (describe in Schedule O)

74,824.

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

MARK STODOLA
PRESIDENT
2.00
0.00
0.00
0.00

KEVIN BACH
TREASURER
2.00
0.00
0.00
0.00

JILL ANNE CASTLE
SECRETARY
1.00
0.00
0.00
0.00

VICKI ENGBRECHT
BOARD MEMBER
1.00
0.00
0.00
0.00

CAROL GRAY
BOARD MEMBER
1.00
0.00
0.00
0.00

JOHN JENNINGS
BOARD MEMBER
1.00
0.00
0.00
0.00

NANCY ENGSTRUM GERBER
BOARD MEMBER
2.00
0.00
0.00
0.00

APRIL JONES
VICE PRESIDENT
1.00
0.00
0.00
0.00

DIANNE BRUNSWICK
BOARD MEMBER
1.00
0.00
0.00
0.00

FELICIA ROTELLINI
BOARD MEMBER
1.00
0.00
0.00
0.00

TINA STEFIK
BOARD MEMBER
1.00
0.00
0.00
0.00

RICK JOHNSON
BOARD MEMBER
4.00
0.00
0.00
0.00
Form 990-EZ (2013)  RIVER OF DREAMS DBA DARING ADVENTURES  86-0749240  Page 3

Part V  Other Information

33  Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  
  Yes  No  33  X

34  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
  Yes  No  34  X

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
  Yes  No  35a  X

35b  If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
  Yes  No  35b  N/A

35c  If "Yes," was the organization a section 510(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
  Yes  No  35c  X

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
  Yes  No  36  X

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.  
  Yes  No  37a  X

37b  Did the organization file Form 1120-POL for this year?
  Yes  No  37b  X

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
  Yes  No  38a  X

38b  If "Yes," complete Schedule L, Part II and enter the total amount involved.
  Yes  No  38b  N/A

39  Section 501(c)(7) organizations. Enter:

a  Initiation fees and capital contributions included on line 9
   Yes  No  39a  N/A

b  Gross receipts, included on line 9, for public use of club facilities
   Yes  No  39b  N/A

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911: > 0  ; section 4912: > 0  ; section 4955: > 0

b  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
  Yes  No  40b  X

40c  If "Yes," complete Schedule L, Part I

40d  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
  Yes  No  40d  X

40e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
  Yes  No  40e  X

41  List the states with which a copy of this return is filed
  Yes  No  41  X

42a  The organization's books are in care of  
  Yes  No  42a  X

42b  If "Yes," the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
  Yes  No  42b  X

42c  If "Yes," enter the name of the foreign country.
  Yes  No  42c  X

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
  Yes  No  43  N/A

44a  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
  Yes  No  44a  X

44b  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
  Yes  No  44b  X

44c  Did the organization receive any payments for indoor tanning services during the year?
  Yes  No  44c  X

44d  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
  Yes  No  44d  X

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?
  Yes  No  45a  X

45b  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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
  Yes  No  45b  X
46  Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
   If "Yes," complete Schedule C, Part I.  
   Yes   No

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II.

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," was the related organization a section 527 organization?

Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

- None

50. Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor

(b) Type of service

(c) Compensation

- None

51. Total number of other employees paid over $100,000

52. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Paid Preparer Use Only

Print/Type preparer’s name

Preparer’s signature

Date

Check if self-employed

PTIN

- Yes

- No

Signature of officer

Signature

Date

MARK STODOLA, PRESIDENT

Type of print name and title

COLETTE KAMPS

Preparer’s name

Date

Phone no.

(480) 839-4900

Firm’s EIN

86-0133881

Firm’s address

2055 E WARNER RD, STE 101

TEMPE, AZ 85284

HENRY & HORNE, LLP

Firm’s name

Firm’s address

RIVER OF DREAMS DBA DARING ADVENTURES

86-0749240

Form 990-EZ (2013)
**Schedule A (Form 990 or 990-EZ) 2013**

**Name of the organization**
RIVER OF DREAMS DBA DARING ADVENTURES

**Employer identification number**
86-0749240

### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**Type I**
- By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**Yes** | **No**
--- | ---
11g(i) |  
11g(ii) |  
11g(iii) |  

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

- Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
</table>

**Total**

---

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

---

10400421 758365 1013423 2013.03030 RIVER OF DREAMS DBA DARING 10134231
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15 Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Include only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>60,715</td>
<td>28,539</td>
<td>30,412</td>
<td>20,723</td>
<td>137,675</td>
<td>278,064</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,318</td>
<td>19,318</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>60,715</td>
<td>28,539</td>
<td>30,412</td>
<td>20,723</td>
<td>156,993</td>
<td>297,382</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 2, and 3 received otherwise than from disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8 Public support (subtract line 7c from line 6)</td>
<td>297,382</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>60,715</td>
<td>28,539</td>
<td>30,412</td>
<td>20,723</td>
<td>156,993</td>
<td>297,382</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>496</td>
<td>371</td>
<td>91</td>
<td>43</td>
<td>36</td>
<td>1,037</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>496</td>
<td>371</td>
<td>91</td>
<td>43</td>
<td>36</td>
<td>1,037</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td>61,211</td>
<td>28,910</td>
<td>30,503</td>
<td>20,766</td>
<td>157,029</td>
<td>298,419</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 99.65 % |
16 Public support percentage from 2012 Schedule A, Part III, line 15 | |

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | .35 % |
18 Investment income percentage from 2012 Schedule A, Part III, line 17 | |
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |
19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | |
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: 

AMOUNT: 36.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: 

AMOUNT:

INSURANCE 2,557.

MISCELLANEOUS EXPENSES 320.

PROGRAM EXPENSES 36,215.

TOTAL TO FORM 990-EZ, LINE 16 39,092.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION 

BEG. OF YEAR 

END OF YEAR 

ACCOUNTS RECEIVABLE 0. 250.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RIVER OF DREAMS STRIVES TO

IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES AND OTHER LIFE

CHALLENGES THROUGH THE POWER OF OUTDOOR RECREATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED OUTDOOR RECREATIONAL ACTIVITIES INCLUDING

RAFTING, CAMPING, HIKING, ARCHERY, SKIING, AND CYCLING TO

IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES

AND OTHER LIFE CHALLENGES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

10400421 758365 1013423 2013.03030 RIVER OF DREAMS DBA DARING 10134231
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
## Arizona Exempt Organization Annual Information Return 2013

**Name:** RIVER OF DREAMS DBA DARING ADVENTURES

**Employer Identification Number (EIN):** 86-0749240

### Business Information
- **Address:** 5031 E. WASHINGTON ST., PHOENIX, AZ 85034
- **Telephone Number:** 602-290-0214

### Financial Information
- **Date Arizona operations began:** 11/12/1993
- **Nature of Arizona activities:** ASSIST DISABLED INDIVIDUALS
- **Federal form filed:** 990-EZ

### Sources of Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross sales from business activities</td>
<td>137,675</td>
</tr>
<tr>
<td>2</td>
<td>Less - Cost of goods sold or of operations - attach itemized statement</td>
<td>19,318</td>
</tr>
<tr>
<td>4</td>
<td>Interest</td>
<td>57,029</td>
</tr>
<tr>
<td>5</td>
<td>Dividends</td>
<td>82,904</td>
</tr>
<tr>
<td>7</td>
<td>Gain or (loss) from sales of assets, excluding inventory items</td>
<td>82,904</td>
</tr>
<tr>
<td>8</td>
<td>Contributions, gifts, grants, etc., received</td>
<td>101,000</td>
</tr>
</tbody>
</table>

### Administrative Expenses

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Total income - add lines 3 through 11</td>
<td>157,029</td>
</tr>
<tr>
<td>13</td>
<td>Compensation of officers, directors, trustees, etc.</td>
<td>82,904</td>
</tr>
<tr>
<td>14</td>
<td>Salaries and wages - other than amounts included on line 2</td>
<td>00</td>
</tr>
<tr>
<td>15</td>
<td>Interest</td>
<td>00</td>
</tr>
<tr>
<td>16</td>
<td>Taxes</td>
<td>00</td>
</tr>
<tr>
<td>17</td>
<td>Rent expense</td>
<td>00</td>
</tr>
<tr>
<td>18</td>
<td>Depreciation - attach schedule</td>
<td>00</td>
</tr>
</tbody>
</table>

### Disbursements

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Total expenses - add lines 13 through 19</td>
<td>82,904</td>
</tr>
</tbody>
</table>

### Accumulation of Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Accumulation of income in current year - line 12 less the sum of lines 20, 21, 22, and 23</td>
<td>74,125</td>
</tr>
</tbody>
</table>

### Penalties

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Penalty for late filing or incomplete filing</td>
<td>00</td>
</tr>
</tbody>
</table>
### SCHEDULE A - Disbursements From Current Income for Exempt Purposes

| A1 | Dues, assessments, etc., to affiliates | A1 | 00 |
| A2 | Contributions, gifts, grants, etc., paid | A2 | 00 |
| A3 | Benefit payments to or for members or their dependents: |
| A3a | Death, sickness, hospitalization, disability, or pension benefits | A3a | 00 |
| A3b | Other benefits | A3b | 00 |
| A4 | Dividends and other distributions to members, shareholders, or depositors | A4 | 00 |
| A5 | Other | A5 | 00 |
| A6 | Total - add lines A1 through A5. Enter total here and on page 1, line 21 | A6 | 00 |

### SCHEDULE B - Disbursements From Principal for Exempt Purposes

| B1 | Dues, assessments, etc., to affiliates | B1 | 00 |
| B2 | Contributions, gifts, grants, etc., paid | B2 | 00 |
| B3 | Benefit payments to or for members or their dependents: |
| B3a | Death, sickness, hospitalization, disability, or pension benefits | B3a | 00 |
| B3b | Other benefits | B3b | 00 |
| B4 | Dividends and other distributions to members, shareholders, or depositors | B4 | 00 |
| B5 | Other | B5 | 00 |
| B6 | Total - add lines B1 through B5. Enter total here and on page 1, line 22 | B6 | 00 |

### SCHEDULE C - Balance Sheet

**NOTE:** Amounts used in attached schedules and in this column should be end of year amounts.

<table>
<thead>
<tr>
<th>Assets</th>
<th>(a) Beginning of Year</th>
<th>(b) End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Cash</td>
<td>26,875</td>
<td>100,750</td>
</tr>
<tr>
<td>C2a Accounts receivable</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C2b Less - allowance for doubtful accounts</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C2c Line C2a less line C2b. Enter difference in column (b)</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C3a Other notes and loans receivable - attach schedule</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C3b Less - allowance for doubtful accounts</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C3c Line C3a less line C3b. Enter difference in column (b)</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C4 Inventories</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C5 Investments (securities) - attach schedule</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C6 Investments (other) - attach schedule</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C7a Land, buildings, and equipment; basis:</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C7b Less - accumulated depreciation - attach schedule</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C7c Line C7a less line C7b. Enter difference in column (b)</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>C8 Other assets - describe</td>
<td>00</td>
<td>250</td>
</tr>
<tr>
<td>C9 Total assets - add lines C1 through C8</td>
<td>26,875</td>
<td>101,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>C10 Accounts payable and accrued expenses</td>
</tr>
<tr>
<td>C11 Mortgages and other notes payable - attach schedule</td>
</tr>
<tr>
<td>C12 Other liabilities - describe</td>
</tr>
<tr>
<td>C13 Total liabilities - add lines C10 through C12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>C14 Capital stock or trust principal</td>
</tr>
<tr>
<td>C15 Paid-in or capital surplus</td>
</tr>
<tr>
<td>C16 Retained earnings or accumulated income</td>
</tr>
<tr>
<td>C17 Total net assets - add lines C14 through C16</td>
</tr>
<tr>
<td>C18 Total liabilities and net assets - add lines C13 and C17</td>
</tr>
</tbody>
</table>

**PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.**
| Declaration | Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona. |
| Please Sign Here |  |
| OFFICER'S SIGNATURE | DATE | TITLE |
| PRESENTER | 04/21/14 | P00367616 |
| Paid Preparer's Use Only |  |
| COLETTE KAMPS | PAID PREPARER'S SIGNATURE | DATE | PAID PREPARER'S PTIN |
| HENRY & HORNE, LLP | 04/21/14 | P00367616 |
| FIRM'S NAME (OR PREPARER'S NAME, IF SELF-EMPLOYED) | TITLE |
| 2055 E WARNER RD, STE 101 | FIRM'S STREET ADDRESS |
| TEMPE, AZ | FIRM'S TELEPHONE NUMBER |
| CITY | STATE | ZIP CODE |
| EIN | 86-0749240 |  |

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153
### OTHER INCOME STATEMENT

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE REVENUE</td>
<td>19,318</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 99, PAGE 1, LINE 11</strong></td>
<td>19,318</td>
</tr>
</tbody>
</table>

### MISC EXPENSES STATEMENT

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONAL FEES TO INDEPENDENT CONTRACTORS</td>
<td>39,958</td>
</tr>
<tr>
<td>PRINTING, PUBLICATIONS, POSTAGE, SHIPPING</td>
<td>3,854</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>2,557</td>
</tr>
<tr>
<td>MISCELLANEOUS EXPENSES</td>
<td>320</td>
</tr>
<tr>
<td>PROGRAM EXPENSES</td>
<td>36,215</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 99, PAGE 1, LINE 19</strong></td>
<td>82,904</td>
</tr>
</tbody>
</table>

### OTHER ASSETS STATEMENT

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS RECEIVABLE</td>
<td>0.</td>
<td>250.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 99, PAGE 2, LINE C8</strong></td>
<td>0.</td>
<td>250.</td>
</tr>
</tbody>
</table>