		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT		-
	Ω	00	Return of Organization Exempt Fror		OMB No. 1545-0047
For		3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		» 2019
		of the Treasury	Do not enter social security numbers on this form as it n		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection
_				g JUN 30, 2020	
Ba	Check if	De: C Name of	organization	D Employer identifica	ation number
	Addr		DALE NETCHBORHOOD HOUGE INC		
	_chan	e	RDALE NEIGHBORHOOD HOUSE, INC.	13-174002	Λ
	_chan Initia		and street (or P.O. box if mail is not delivered to street address)		4
	_returr Final	5521	MOSHOLU AVENUE	/suite E Telephone number 718-549-8	100
	⊥returr termi ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,354,568.
	Amer		X, NY 10471-2409	H(a) Is this a group ret	
	Appli 		nd address of principal officer: MARCIA SANTONI	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates incl	
11	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a li	st. (see instructions)
			://WWW.RIVERDALEONLINE.ORG/	H(c) Group exemption	
			X Corporation	Year of formation: 1921 M	State of legal domicile: NY
Pa	art I	Summary			
Ð	1		e the organization's mission or most significant activities:		
anc			EMENT HOUSE PROVIDING EDUCATIONAL AND		
Activities & Governance	2		x if the organization discontinued its operations or disposed of	1 1	
Š	3				20
ن ه	4		ependent voting members of the governing body (Part VI, line 1b)		<u> 20</u> 109
ies	5		of individuals employed in calendar year 2019 (Part V, line 2a)		30
tivit	6		of volunteers (estimate if necessary)		0.
Ac	/a		d business revenue from Part VIII, column (C), line 12		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,868,589.	1,695,795.
Revenue	9		ce revenue (Part VIII, line 2g)	1,172,739.	861,077.
evel Svel	10		come (Part VIII, column (A), lines 3, 4, and 7d)		49,646.
ž	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		211,125.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,199,457.	2,817,643.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	41,385.	36,473.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	2,408,818.	2,229,445.
Expenses	16a	Professional for	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>112,653.</u>		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	937,343.	972,900.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,387,546.	3,238,818.
	19	Revenue less	expenses. Subtract line 18 from line 12	-188,089.	-421,175.
Net Assets or		-		Beginning of Current Year	End of Year
SSei Bala	20	Total assets (F		<u>4,974,025</u> . 785,381.	<u>4,591,946.</u> 889,184.
let A	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	4,188,644.	3,702,762.
	art II		Block		5,104,104.
		-	declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my k	nowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which pre		

	· , ····· · · · · · · · · · · · · · · ·		
Sign Here	Signature of officer MARCIA SANTONI, EXECUT Type or print name and title	IVE DIRECTOR	Date
Paid	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date Check PTIN 05/18/21 self-employed P00543209
Preparer	Firm's name 🕒 PKF O'CONNOR DAV	IES, LLP	Firm's EIN ▶ 27-1728945
Use Only	Firm's address 500 MAMARONECK A	VENUE	
	HARRISON, NY 105	528-1633	Phone no.914-381-8900
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page	2
Pa	t III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE HUMAN SERVICES, PIONEERING PROGRAMS AND A BROAD SPECTRUM OF	
	EDUCATIONAL AND COMMUNITY RESOURCES TO CHILDREN, TEENS, SENIORS AND	
	FAMILIES FROM ALL SOCIOECONOMIC BACKGROUNDS. RESPONSIVE TO THE	
	EVER-CHANGING NEEDS OF A MULTICULTURAL POPULATION, RNH SERVES AS A	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes X N If "Yes," describe these new services on Schedule O.	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	•
U	If "Yes," describe these changes on Schedule O.	Ö
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,415,600. including grants of \$) (Revenue \$689,312.	_)
	EARLY CHILDHOOD - AN NAEYC-ACCREDITED PRE-SCHOOL PROGRAM THAT INCLUDES PRE-SCHOOL EDUCATION, EXTENDED DAY CARE, AND UNIVERSAL	—
	PRE-KINDERGARTEN.	—
		—
		_
		—
		—
		_
4b	(Code:) (Expenses \$935,415. including grants of \$36,473.) (Revenue \$40.	_)
	YOUTH PROGRAM - PROVIDES COMPREHENSIVE YOUTH DEVELOPMENT SERVICES	
	FEATURING INTERNSHIPS, JOB TRAINING, JOB PLACEMENT, RECREATIONAL ACTIVITIES, AND SOCIAL SERVICES SUPPORT. INCLUDES NYC SONYC PROGRAM FOR	
	MIDDLE SCHOOL STUDENTS. THE YOUTH PROGRAM HELPED OVER 500 YOUNG PEOPLE	—
	STRIVE FOR FUTURE SUCCESS.	—
		_
		_
		—
		—
4c	(Code:) (Expenses \$178,778. including grants of \$) (Revenue \$109,196.)
	POOL PROGRAM - THE RNH POOL CLUB RUNS DURING THE SUMMER. FROM MEMORIAL	
	DAY TO LABOR DAY. CHILDREN IN SUMMER PROGRAMS ALSO USE THE RNH POOL.	
		—
		—
		_
4d	Other program services (Describe on Schedule O.)	—
τu	(Expenses \$ 104,479. including grants of \$) (Revenue \$ 62,529.)	
4e	Total program service expenses 2,634,272.	
	Form 990 (20)	19)
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RIVERDALE NEIGHBORHOOD HOUSE, INC.

Pa	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
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	<u> </u>		
-	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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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
e	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			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	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,			<u> </u>
~	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		x
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			<u> </u>
	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,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
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,"			<u> </u>
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
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			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	Х	
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	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 lines 28a or 28b? If			
	"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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	х	
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 in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			
	. , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c		
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<u>Form 990 (</u>			NEIGHBORHOOD		
Part V	Statements	Regarding Other	IRS Filings and Tax	Compliance	continued)

_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders 11a	-		
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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RIVERDALE NEIGHBORHOOD HOUSE, INC.

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.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	2	0		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)		-		
		<u>venue</u>	0000.)			Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?			1	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				iou		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	00101	e ming the i	01111.	110		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	Х	
b					12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120	- 23	
C		,			12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
	•				14	X	
4 5	Did the organization have a written document retention and destruction policy?				14	Δ	
15	Did the process for determining compensation of the following persons include a review and approva	i by ini	uependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х	
	The organization's CEO, Executive Director, or top management official				15a	- 11	X
D	Other officers or key employees of the organization				15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		·				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taughts active the instant arrangent taughts and the area of the set of the se				40 -		x
	taxable entity during the year?				16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY		T (0				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-1 (Section :	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,		~		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest po	blicy, and	TINANO	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	JOSEPHINE PERRELLA - 718-549-8100						
	5521 MOSHOLU AVENUE, BRONX, NY 10471					000	
22006	01-20-20				Form	990	(20^{-1})

Form 990 (2019)		NEIGHBORHOOD HOUSE,		13-1740024 _F	Page 7
Part VII Compensa	ation of Officers, Dir	rectors, Trustees, Key Employ	ees, Highe	st Compensated	
Employee	s, and Independent	Contractors			
Check if Sche	edule O contains a respon	se or note to any line in this Part VII			
Section A. Officers, Di	ectors, Trustees, Key Er	mployees, and Highest Compensated	Employees		
· · · · · · · · · · · · · · · · · · ·	· · · ·			nding with or within the organization's ta	x year.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	Individual trustee or director	Institutional trustee	_	mploy	st col	2			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) DANIEL EUDENE	30.00									
EXECUTIVE DIRECTOR THRU 8/19	10.00			Х				106,996.	0.	29,551.
(2) IAN BENJAMIN	30.00									
EXECUTIVE DIRECTOR THRU 4/20	10.00			Х				39,275.	0.	3,115.
(3) AMANDA SALZHAUER	2.50									
CO-PRESIDENT		Х		Х				0.	0.	0.
(4) JULIA HODGSON	2.50									
CO-PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) GAIL ABLOW	2.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JANE GENTH	2.50									
SECRETARY		Х		Х				0.	0.	0.
(7) JOSEPHINE PERRELLA	2.50									_
TREASURER		Х		Х				0.	0.	0.
(8) SHERYL BAKER	1.25									-
DIRECTOR	1.00	Х						0.	0.	0.
(9) RICHARD BALDWIN	1.25									•
DIRECTOR UNTIL 12/19	1 05	Х						0.	0.	0.
(10) DAVID BENT	1.25								•	•
DIRECTOR	1 05	X						0.	0.	0.
(11) JASON CALDWELL	1.25							•	0	0
DIRECTOR	1 05	X						0.	0.	0.
(12) RUTH FRIENDLY	1.25	x						0.	0.	0.
DIRECTOR (13) SUSAN GOLDY	1.25	A						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) SARAH GUND	1.25	~						0.	0.	0.
DIRECTOR	1.25	x						0.	0.	0.
(15) RACHEL HANNAFORD	1.25							0.	0.	0.
DIRECTOR	1.25	х						0.	0.	0.
(16) JOHN KELLY	1.25							0 •		<u></u>
DIRECTOR		х						0.	0.	0.
(17) BARBARA J. KIERNAN	1.25									<u> </u>
DIRECTOR		х						0.	0.	0.
932007 01-20-20	1		I		I	1	1		J •	Form 990 (2019)
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Form 990 (2019) RIVERDALE	E NEIGHE	BOR	RHC	OD	H	IOU	SE	E, INC.	13-174	0024	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	compensated Employee	s (continued)		
(A)	(B)		,	(0				(D)	(E)		(F)
Name and title	Average			Posi		ı		Reportable	Reportable		stimated
Name and the	hours per			heck r				compensation	compensation		mount of
	week			ss per nd a di				· ·	from related		other
	(list any	or						_ from the	organizations		npensation
	hours for	irect						organization	(W-2/1099-MISC)		from the
	related	e or c	ee			sated		(W-2/1099-MISC)	(00-2/1099-10130)		ganization
	organizations	uster	trustee		96	upen		(00-2/1099-0000)		1	nd related
	below	ual tr	tional		ploy	vee vee	_				anizations
	line)	Individual trustee or director	In stitutio nal 1	Officer	Key employee	Highest compensated employee	Former				anizations
(18) KAREN MARDER	1.25	-	<u> </u>	0	¥	<u> </u>	Œ				
· · · · · · · · · · · · · · · · · · ·	1.23										0
DIRECTOR	1 05	Х				_		0.	0	•	0.
(19) HELEN MORIK	1.25										
DIRECTOR	1.00	Х						0.	0	•	0.
(20) ALISON R. PAVIA	1.25										
DIRECTOR		Х						0.	0	•	0.
(21) MARY PHELAN-KAVANAGH	1.25										
DIRECTOR		х						0.	0		0.
(22) KRISTINE ROSS	1.25										
DIRECTOR	1.00	x						0.	0		0.
(23) SUSAN SARNOFF BRAN	0.25	Δ				-		0.	0	•—	0.
	0.25										0
DIRECTOR UNTIL 12/19	1 05	Х				 		0.	0	•	0.
(24) PHYLLIS STEELE	1.25										_
DIRECTOR UNTIL 6/20		Х						0.	0	•	0.
(25) RICHARD L. STEIN	0.25										
DIRECTOR	1.00	Х						0.	0	•	0.
(26) MARCIA SANTONI	30.00									-	
EXECUTIVE DIRECTOR STARTING 4/20	10.00	1		х				0.	0		0.
1b Subtotal			L			1		146,271.	0		2,666.
								0.	0		0.
c Total from continuation sheets to Part VI								146,271.	0		2,666.
d Total (add lines 1b and 1c)									-	• <u> </u>	2,000.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											1
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	phest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a										_	v
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or si	ıch r	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tl	hat received more than \$	100,000 of compens	sation fr	om
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thir	n the organization's tax y	ear.		
(A)								(B)		(*	C)
Name and business	address							Description of s	services	Compe	ensation
MAIER MARKEY & JUSTIC LLP)										
2 LYON PL, WHITE PLAINS,	2 LYON PL, WHITE PLAINS, NY 10601 ACCOUNTING SERVICES 131,642.										
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received m	ore than		

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

Form **990** (2019)

932008 01-20-20

Bit of the second sec		<u>1 990 (</u>		VERDALE NEI	GHBORHOOI	D HOUSE, IN	NC.	13-1740	024 Page 9
and the second	Pa	rt VII	Statement of Re	venue					
Total revenue Total revenue Total revenue Total revenue Presene exclusion durations 1 a Federated campaigne 1 a federated campaigne 1 b federated campaigne 1 federated campaigne			Check if Schedule O	contains a response	or note to any line		(B)		
as a Federated campaign 1s 1s <th1s< th=""> 1s 1s 1s</th1s<>						. ,	Related or exempt	Unrelated	Revenue excluded from tax under
Bot Membership das tb c F-indiating events till 10.0,65.1 d Related organizations till 110.0,65.1 d Recate combuter stelds to set of set of till 10.0,65.1 till 110.0,65.1 d Recate combuter stelds to set of till 10.0,65.1 till 110.0,65.1 d Recate combuter stelds to set of till 10.0,65.1 till 110.0,65.1 d Recate combuter stelds to set of till 10.0,65.1 till 110.0,65.1 d Recate combuter stelds to set of till 10.0,65.1 till 110.0,65.1 d Recate combuter stelds to set of till 10.0,65.1 till 110.0,65.1 d Recate to set of till 10.0,65.1 till 10.0,65.1 d Recate to set of till 10.0,65.1 till 10.0,65.1 d Recate to set of till 10.0,65.1 till 10.0,65.1 d Recate to set of till 10.0,65.1 till 10.0,65.1 d Recate to set of till 10.0,65.1 till 10.0,65.1 d Recate to combut to set of till 10.0,65.1 till 10.0,65.1 d Recate to combut to set of till 10.0,65.1 till 10.0,65.1 d Recate to the thild threat to tall 10.0,65.1 till 10.0,65.1 <tr< td=""><th>ŝ</th><td>1 a</td><td>Federated campaigns</td><td>1a</td><td></td><td></td><td></td><td></td><td></td></tr<>	ŝ	1 a	Federated campaigns	1a					
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9 p POOL & RECREATION 624100 108,996. 0 c DAY CARE AND AFTER SCH 624100 61,414. 61,414. d MEMBERSHIPS FEES 900099 605. 605. g Total. Add lines 2a:21. 861,077. 900099 21,429. 3 Investment income (including dividends, interest, and other investment of tax exempt bord proceeds 108,996. 900099 21,429. 4 Income from investment of tax exempt bord proceeds 900099 605. 605. 900099 6 G cross rents 6 4,282. 4,282. 4,282. 4,282. 6 B coss rents 66. 0. 66. 4,282. 4,282. 4,282. 7 G ross anount fom sales 10. 96.2. 90.0009 28,217. 28,217. 28,217. 8 G ross income from form fundraking wents from including \$ 110,663			ENDIV CUTIDUO			658 127	658 127		
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5 Royalties (i) Real (ii) Personal 6 Gross rents 6 4, 282. b Less: rental expenses 66 0. c Rental income or (loss) 6 4, 282. 7 Gross amount from sales of assets other than inventory b 4, 282. 4, 282. 7 Gross amount from sales of assets other than inventory b 28, 217. 4, 282. 7 Gross income from fundraising events (not including \$ 110, 663. of contributions reported on line 10. See 28, 217. 28, 217. 8 Gross income from fundraising events (not including \$ 110, 663. of contributions reported on line 10. See 28, 217. 28, 217. 9 a Gross income from gaming activities. See -2, 585. -2, 585. 9 Cross since of from fundraising events (not including \$ -2, 585. -2, 585. 9 A to income or (loss) from gaming activities. See 9 9 9 B Sec sales of inventory, less returns and allowances 10a 10a 10 Gross sales of inventory. Sec Net income or (loss) from sales of inventory 9 9 11 MANAGEMENT			other similar amounts)		►	21,429.			21,429.
6 a Gross rents		4	Income from investment of	of tax-exempt bond p	oroceeds 🕨 🕨				
6 a Gross rents 6a 4,282. 6b 0. 6b 0. 6c 4,282. 6b 0. 6c 4,282. 6b 0. 6c 4,282. 4,282. 7 a Gross anount from sales of assets other than inventory 539,787. 6 a Gross income from fundralsing events (not including \$ 110,663. or contributions reported on line 1c). See 28,217. 8 a Gross income from fundralsing events (not including \$ 110,663. or contributions reported on line 1c). See 22,770. 9 a Gross income from fundralsing events (not including \$ 110,663. or contributions reported on line 1c). See -2,585. 9 a Gross income from fundralsing events -2,585. 9 a Gross income from gaming activities. See 9a 9 a Gross income from gaming activities. See 9a 9 a Gross income or (loss) from gaming activities. See 9a 9 a Gross income or (loss) from gaming activities. See 9a 9 a Gross income from gaming activities. See 9a 9 a Gross income form gaming activities. See 9a 9a Gross income form gaming activities. See 9a		5	Royalties						
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c Net income or (loss) from sales of inventory ▶ Image: Constraint of the second secon		b							
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e Total. Add lines 11a-11d ► 209,428. 12 Total revenue. See instructions ► 2,817,643. 861,077. 0. 260,771	cell Seve	с							l
12 Total revenue. See instructions 2,817,643. 861,077. 0. 260,771	Mis	d				200 420			
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RIVERDALE NEIGHBORHOOD HOUSE, Part IX Statement of Functional Expenses

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

INC.

Dono	Check if Schedule O contains a respons t include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			general expenses	0.1000
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22	36,473.	36,473.		
	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	164,242.	142,298.	15,454.	6,490
6 (Compensation not included above to disqualified				
þ	persons (as defined under section 4958(f)(1)) and				
þ	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	1,731,262.	1,492,290.	169,033.	69,939
8 F	Pension plan accruals and contributions (include				
S	section 401(k) and 403(b) employer contributions)	40,160.	32,426.	6,966.	768 3,679 7,627
9 (Other employee benefits	115,248.	110,716.	853.	3,679
0 F	Payroll taxes	178,533.	122,864.	48,042.	7,627
	Fees for services (nonemployees):				
a M	Management				
bι	_egal				
сA	Accounting	163,891.	97,680.	63,392.	2,819
d L	_obbying				
	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A) amount, list line 11g expenses on Sch 0.)	229,833.	125,104.	101,620.	3,109
2 /	Advertising and promotion	2,234.	1,535.	699.	
3 (Office expenses	114,331.	86,737.	17,128.	10,466
4 I	nformation technology	739.	642.		97
5 F	Royalties				
6 (Dccupancy	42,360.	37,951.	3,512.	897
7 7	Fravel	39,855.	39,774.	81.	
8 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
9 (Conferences, conventions, and meetings	2,612.	2,612.	10.105	
	nterest	12,106.		12,106.	
	Payments to affiliates	1.00 1.0-	100.001	10.515	
2 [Depreciation, depletion, and amortization	162,467.	138,921.	18,616.	4,930
	nsurance	37,474.	23,172.	13,208.	1,094
4 (Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	60.040	44 680	1.6.0.60	
-	REPAIRS AND MAINTENANCE	62,248.	44,678.	16,960.	610
	FOOD	52,774.	51,822.	837.	115
-	BAD DEBT EXPENSE	39,394.	39,394.	2 202	
-	MISC OPERATING EXPENSES	7,560.	4,161.	3,386.	13
	All other expenses	3,022.	3,022.	404 000	110 100
	Total functional expenses. Add lines 1 through 24e	3,238,818.	2,634,272.	491,893.	112,653
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	educational campaign and fundraising solicitation.				
C	Check here I if following SOP 98-2 (ASC 958-720)				

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RIVERDALE	NEIGHBORHOOD	HOUSE.	INC
	THE CHIP CHIP CO	1100001	

13-1740024 Page 11

		Check if Schedule O contains a response or note	∍ το an∖				
			<u>, ,, ,</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,388.	1	317,077.
	2	Savings and temporary cash investments			116,052.	2	19,372.
	3	Pledges and grants receivable, net			329,132.	3	290,852.
	4	Accounts receivable, net			17,154.	4	800.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
۵	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				44,921.	9	6,949.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,878,646.			
	b	Less: accumulated depreciation	10b	2,645,606.	3,281,463.	10c	3,233,040.
	11	Investments - publicly traded securities	· · · · · ·		1,157,446.	11	633,398.
	12	Investments - other securities. See Part IV, line 1			• •	12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		18,469.	15	90,458.	
	16	Total assets. Add lines 1 through 15 (must equa			4,974,025.	16	4,591,946.
	17	Accounts payable and accrued expenses			463,043.	17	426,033.
	18	Grants payable			•	18	
	19	Deferred revenue	126,475.	19	25,361.		
	20	Tax-exempt bond liabilities	•	20			
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lig		controlled entity or family member of any of thes				22	
Ē	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated			195,863.	24	
	25	Other liabilities (including federal income tax, pay			-		
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	437,790.
	26	Total liabilities. Add lines 17 through 25			785,381.	26	889,184.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				4,168,644.	27	3,682,762.
Bal	28				20,000.	28	20,000.
pd		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,188,644.	32	3,702,762.
~	33	Total liabilities and net assets/fund balances			4,974,025.	33	4,591,946.

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

	990 (2019) RIVERDALE NEIGHBORHOOD HOUSE, INC.	13-174	10024	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,23		
3	Revenue less expenses. Subtract line 2 from line 1	3	-42		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,18		
5	Net unrealized gains (losses) on investments	5	- 6	4,7	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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,				
	column (B))	10	3,70	2,7	62.
Pa	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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Готт	yun /	0010

Form **990** (2019)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public Inspection

		of the Treasury nue Service		► Go to www.irs.gov		Open to Public Inspection					
Nan	ne of	the organizati		de le trimelge				lionnation	Employer	identification numbe	
		3		RDALE NETG	HBORHOOD HOU	SE. TI	JC.			3-1740024	
Pa	rt I	Reason	for Public (Charity Status	All organizations must co	omplete th	is part.) Se	e instruction		0 1/10021	
The	organ				For lines 1 through 12, c				·		
1			-		on of churches described	•		1)(A)(i)			
2	\square				Attach Schedule E (Forn			•,\/~,\(')•			
3	\square				anization described in s			ii)			
4	\square				njunction with a hospital)(iii). Enter	the hospital's name.	
7		city, and stat	-			accombod				the hoopital o hamo,	
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
Ŭ		-	-	Complete Part II.)		. e. eperar	,				
6	\square				nental unit described in	section 17	70(b)(1)(A)	(v).			
	X		-	-	ntial part of its support fi				ne general i	oublic described in	
-				omplete Part II.)	····· [-··· - ··· - ··[-[- · · ·	3			5		
8	\square				(1)(A)(vi). (Complete Par	t II.)					
9	\square	•			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college	
					ulture (see instructions).						
		university:		, , ,	(j	,	5		
10			on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from	
					ct to certain exceptions,						
					(less section 511 tax) fro						
				mplete Part III.)	· · · ·		·	, ,	-		
11					ively to test for public sa	fety. See	section 50	09(a)(4).			
12									rry out the	purposes of one or	
		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 in									
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ctions A,	D, and E.			
d] Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	/eness	
		requiremen	it (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	۷.			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported o	organizations							
g			0	n about the supporte	<u> </u>	(iv) is the ora:	nization listed				
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ng document?	(v) Amount o		(vi) Amount of other	
		organizatior	I		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions	
	-										
Tota	al									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

^{2019.05094} RIVERDALE NEIGHBORHOOD HO 15010351

Schedule A (Form 990 or 990-EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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.)

260	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1961165.	2043455.	1945137.	1868589.	1695795.	9514141.			
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	1001105	0040455	1045405	1000500	1.00000	0 = 1 4 1 4 1			
	Total. Add lines 1 through 3	1961165.	2043455.	1945137.	1868589.	1695795.	9514141.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
_	column (f)						0 - 1 4 1 4 1			
	Public support. Subtract line 5 from line 4.						9514141.			
		(-) 0015	(1-) 0010	(-) 0017	(1) 0010	(1) 0010	(0) T . + .			
	ndar year (or fiscal year beginning in)	(a)2015 1961165.	(b) 2016 2043455.	(c)2017 1945137.	(d)2018 1868589.	(e)2019 1695795.	(f) Total 9514141.			
	Amounts from line 4	1901103.	2045455.	1945157.	1000000.	1095795.	9914141.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties, and income from similar sources	40,104.	30,490.	20,720.	25,604.	25,711.	142,629.			
9	Net income from unrelated business	40,1040	50,450.	20,720.	23,0040	25,711.	142,025.			
9	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	8,373.	44,910.	61 465.	143,107.	209 428.	467,283.			
11	Total support. Add lines 7 through 10	0,0,00	11/2100	01,1000	110/10/1		10124053.			
12		etc. (see instructio	ns)				,026,888.			
	First five years. If the Form 990 is for	•	,			· · · · ·	<u>, ,</u>			
	organization, check this box and stor	0		, ,	,	()()				
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	93.98 %			
	Public support percentage from 2018		-			15	96.54 %			
	33 1/3% support test - 2019. If the o					ore, check this bo>	(and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X			
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation						
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ	ization			
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization					
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or			
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the				
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
					Sche	dule A (Form 990	or 990-EZ) 2019			

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Schedule A (Form 990 or 990-EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support			•			
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
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 in 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 five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage			T T	
15 Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	-		line 13, column (f))		17	%
18 Investment income percentage from						<u>%</u>
19a 33 1/3% support tests - 2019. If the	-					/ is not
more than 33 1/3%, check this box a	-	-				P
b 33 1/3% support tests - 2018. If the	•					
line 18 is not more than 33 1/3%, che						. —
20 Private foundation. If the organizatio	not check a	box on line 14, 19	a, or 190, check t			
932023 09-25-19		15	5	Sch	ieuule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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 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.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page 5 Part IV Supporting Organizations (continued)

 Ded the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the supported organization's directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or member directors or trustees were allocated among the supported organization (s) that conditions or esticutions, if any, applied to such powers during the tax year? De the enginization operated, supervised, or controlled the supporting Organization and more than one supported organization (s) that conditions or esticutions, if any, applied to such powers during the tax year? De the enginization operated, supervised, or controlled the supporting Organization? If 'Yes," explain in Pert V how providing such banefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting Organization on trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees and provide to each of the organization's directors or trustees of the apporting Organization. Vers in or trustees of each of the organization's wester of the supporting Organizations. Ded the organization provide to each of its supported organization, to the eatern not previously provided? Were any of the organization of officers, directors, or trustees either (i) appointed organization's as year. (i) a written notice describing the type and amount of support of organization's as year. (ii) a copy of the form 980 that was more recently field as of the date of notification, and (iii) copies of the organization is supported organization's supported organization's supported organization's supported organizations is supported orga				Yes	No
betwy, the governing body of a supported organization? betwy there are accordent in (i) all by above? If Yos' to a. b. or c. provide detail in Pert VI. Section B. Type II Supporting Organizations Yes IV regularly appoint or elect at least an anjority of the organization shares the power to regularly appoint or elect at least an anjority of the organization is directors or truteses at all times during the the very of the form of the supported organization and meet the non esupported organization, describe in Part VI how the supported organization of appoint or power to the organization and meet the non esupported organization, describe how the powers to appoint and or remove directors or truteses were allocated among the supported organization and what conditions. If the organization had meet the none supported organization, describe how the powers to appoint and/or remove directors or truteses were allocated among the supported organization or estrictions. If any, applied to support the appoint Part VI how providing such benefit carried out the purposes of the supported organization (b) the organization's directors or truteses developed to directors, Type II Supporting Organizations Yes IV Were a majority of the organization's directors or truteses developed arganization's directors or trutese of each of the supporting Organization(f)? How, 'Geocitical Developed arganization's the supported arganization's directors or truteses developed arganization's directors or trutese of each of the supporting Organization(f)? How, 'Geocitical Developed arganization's were of the organization is supported arganization(f)	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period described in (a) above? c. A 39% controlled entity of a period described in (a) (b) (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. The controlled the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No', describe how the powers to appoint ador removes during of the tax year? If No', describe how the powers to appoint ador removes supported organization, describe how the powers to appoint ador removes upported organization, describe how the powers to appoint ador removes supported organization, that upported organization of the tax year? If No', describe how the powers to appoint ador removes upported organization of the tax year? If No', describe how the powers to appoint ador removes upported organization, that upported organization of the tax upport of the tax upport of the tax upport of the upporting Organizations 2 Did the organization's directors or trustees of the upported organization's that periated. 2 Did the organization provide to each of the supporting organizations 3 Did the upporting Organizations 4 Did the upporting organization supported organization (1) Two', "explice in Part VI how tax upported organization's upport	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
C A 35% controlled entity of a person described in 30 or (b) above? If Year' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Year N Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the the variable of the organization states. If the organization is directors or trustees at all times during the the variable of the organization at least an appoint of the organization of the new supported organization, describe how the powers to appoint and/or remove director or trustees were allocated among the supported organization organization and more than one supported organization, describe how the powers to appoint and/or remove director or trustees were allocated among the supported organization organization and more than one supported the supported organization organization and more than one supported to regularized to a supported organization organization and more than one supported organization, argenized to provide the organization at the test proves or trustees of each of the organization is directors or trustees during the tax year ware index of the organization's supported organization (%) If 'No,' 'Secible in Part VI how control or malgeneral of the supporting Organizations Year IN Ware a majority of the organization is supported organizations. D'If 'No,' Coecoribe in Part VI how control or malgeneral of the supporting Organizations Year IN Organization's tax year) is written notice describing the type and amount of support provided or removes the provided organization's is upported organization's more as significant voles in the organization is nestment pickes and in directing the use of the organization's ware if a directors or the redshore in the organization and inclusions have a supported organization supported or		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 1 Def the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'Wo,' describe in Part VI now the supported organization's directors or trustees are all provided to the organization and more than one supported organization, describe how the powers to appoint and/or more well-construction the supported organization of the support of the supporting organization of the these weer. 1 2 Did the organization spectral organization and more than one supported organization(s) that operated, supervised, or controlled the supporting organization of the these weer. 2 3 Did the organization spectral organization's directors or trustees are allocated amore the supported organization(s) that operated, supervised, or controlled the supporting organization. Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors. Yes 1 Were a majority of the organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled during the prior tax year. (i) a copy of the form 900 that was more controlled organization(s)? If 'Wo,' describe in Part VI how vested in the organization's supported organization's support	b	A family member of a person described in (a) above?	11b		
 Did the directors, trustese, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of the organization activities. If the organization activities of the organization activities of the organization activities. The organization activities of the organization of the organization of any supported organization of the supported organization. Beaching the tax year? Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? Were a majority of the organization s directors or trustees during the tax year. Were a majority of the organization s directors or trustees during the tax year. Were a majority of the organization supported organization (S)? If "No," describe in Part VI how control or management of the supporting organizations. Ves IN Ves IN Were any of the organization supported organizations, by the last day of the fifth month of the organization stay user, (B) a written notice describing the type and amount of supported organizations? Did the organization sofficers, directors, or trustees either (B) apported organization? Were any of the organization sofficers, directors, or trustees either (B) apported organization? Were any of the erganization sofficers, directors how the disported organization? Did the organization is officers, directors, or trustees either (B) apported organization? Did the organization sofficers, directors, or trustees either (B) apported organization? Section E. Type III Euro			11c		
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regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the last year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or more directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or more directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or many edited to such power aduring the tax year. 2 Did the organization operate for the benefit of any supported organization of the "the supported organization (b) that operated, arganization (b) that operated, supported organization of the supported organization (b) that operated, supported organization (b) that operated organization (b) that opera				Yes	No
Lax year? //i "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to support and or trackes were allocated among the support and organization operated, supervised, or controlled the organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such banefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such banefit carried out the purposes of the supported organization (sector of the supporting organization). Rection C. Type II Supporting Organizations Ves N I Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees do a each of the supporting organization (sector of the supporting organization)? 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 supporting organization supported organizations. Ves N Organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supported organization's supported organization's upporting organization supported organization is used to a elected by the supported organization's supported	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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		trustees of each of the supported organizations? Provide details in Part VI.	3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	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.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	edule A (Form 990 or 990 EZ) 2019 RIVERDALE NEIGHBORHOOD			13-1740024 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

Schedule A (Form 990 or 990 EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC.

Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 Schedule A (Form 990 or 990-EZ) 2019
 RIVERDALE
 NEIGHBORHOOD
 HOUSE,
 INC.
 13-1740024
 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. REVENUE				
2015 AMOUNT: \$	8,373.			
2016 AMOUNT: \$	44,910.			
2017 AMOUNT: \$	61,465.			
2018 AMOUNT: \$	9,304.			
2019 AMOUNT: \$	24,592.			
MANAGEMENT FEE	INCOME			
2018 AMOUNT: \$	133,803.			
2019 AMOUNT: \$	184,836.			
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Schedule B

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

****** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2019

nber

Name of the organization	on	Employer identification nur
	RIVERDALE NEIGHBORHOOD HOUSE, INC.	13-1740024
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule.	
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

13-1740024

RIVERDALE NEIGHBORHOOD HOUSE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$713,683.	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
2		\$638,402.	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		\$ <u>44,810.</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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

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Employer identification number

13-1740024

RIVERDALE NEIGHBORHOOD HOUSE, INC.

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

artii	Noncash Froperty (see instructions). Use duplicate copies of Part in	n 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

23

09390518 756359 1501035.000

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)				Page ²		
Name of or	rganization				Employer identification number		
RIVERI	DALE NEIGHBORHOOD HOUSE	. INC.			13-1740024		
Part III		ions to organizations describe					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	100 or less for t	he year. (Enter this info. or	nce.) > \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed. I					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
<u>- 1 di C 1</u>							
-		(e) Transfer	of aift				
			orgin				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
		_					
		_					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I		(0) 000 01 girl		(4) 200			
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
				•			
		_					
(a) No.				(
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
	(e) Transfer of gift						
	Transformal's name address		Relationship of transferor to transferee				
-	Transferee's name, address, a		<u> </u>	elationship of tra	ansteror to transteree		
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
-	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee		
		-					
923454 11-06	-19			Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

RIVERDALE NEIGHBORHOOD HOUSE, INC.

Employer identification number 13 - 1740024

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	coun	i ts. Co	mplete if t	he	
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.						
		(a) Donor advised funds	((b) Fun	ds and c	other acco	unts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed func	ds				
	are the organization's property, subject to the organization's	exclusive legal control?			E	Yes		No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used o	nly				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ing				
						Yes		No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education)	of a histo	orically	importar	nt land are	a	
	Protection of natural habitat	Preservation of	of a certi	fied his	storic str	ucture		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a cor	nservat	tion ease	ement on t	he las	<u>t</u>
	day of the tax year.				Held at 1	the End of t	he Tax	Year
а	Total number of conservation easements			2a				
b				2b				
с	Number of conservation easements on a certified historic stru			2c				
d	Number of conservation easements included in (c) acquired a							
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organi:	zation	during th	ne tax		
_	year ▶							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per				Г			. .
•	violations, and enforcement of the conservation easements it					Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	nease	ments a	uning the y	/ear	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing consorve	otion one	omont	te durine	the year		
'	Amount of expenses incurred in monitoring, inspecting, nanc \$		ation eas	Semen	.s during	the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)	(i)				
Ũ	and section 170(h)(4)(B)(ii)?				Г	Yes		No
9	In Part XIII, describe how the organization reports conservation]
	balance sheet, and include, if applicable, the text of the footr					e		
	organization's accounting for conservation easements.	5						
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther S	imila	r Asse	ts.		
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	ance sh	ieet worl	ks		
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urtheran	nce of p	oublic			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.					
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet	works o	f		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of pub	olic servi	ce,		
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1				\$			
					·			
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financia	al gain, p	orovide)			
	the following amounts required to be reported under FASB A	e e e e e e e e e e e e e e e e e e e		÷				
а	Revenue included on Form 990, Part VIII, line 1				\$			
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedu	le D (Forn	n 990)	2019
932051	10-02-19	25						
		<u> </u>						

		LE NEIGHBOR						40024		ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	r Other	r Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make si	gnificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organizatio	n's exen	npt purpose ii	n Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang						art IV, I	ine 9, or		
	reported an amount on Form 990, Pa		0			,	,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						–]		
			strang tablet					Amount		
c	Beginning balance					1c		/ 1110 4110		
	Additions during the year									
	Distributions during the year									
f	Ending balance					. <u>16</u> 1f				
	Did the organization include an amount on Fe					· • • • • • • • • • • • • • • • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII.						∟]		
Par		f the organization and	wered "Yes" on Fo	rm 990. Part	IV. line 1	0.	<u></u>			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years	s hack	(e) Four	vears h	ack
1a	Beginning of year balance	1,157,446.	1,094,092.		2,004.	1,046			966,7	
b	Contributions	, , -	, , ,	/	, .	, ,			, 119,9	
c c	Net investment earnings, gains, and losses	-15,061.	63,354.	93	3,488.	97	,736.		-10,1	
с А	Grants or scholarships	,	,		,	,	,		,-	
	Other expenditures for facilities									
e		508,987.					ſ	1		
f	and programs Administrative expenses			1	.,400.	142	,218.		30,0	00
		633,398.	1,157,446.		1,092.	1,002		1	046,4	
g 2	End of year balance Provide the estimated percentage of the curr				.,	2,002,	,	-,	• • • • • •	
	Board designated or quasi-endowment	100.00	%) Helu as.						
a L	Permanent endowment • 00	%	_70							
b		⁹⁰								
C	·									
2-	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		ion that are hold an	d administar	ad far th	o organizatio	~			
Ja		SSION OF THE OFGATILZAT	ion that are new ar	iu auminister		e organization	1	Г	Vaa	
	by:									<u>No</u> X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations		d an Cabadula D0					3a(ii)		<u> </u>
D								3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ment tunds.							
1 41	Complete if the organization answere		Dart IV lina 110 S	000 Earm 000	Dort V	line 10				
	· · · · · · · · · · · · · · · · · · ·									
	Description of property	(a) Cost or ot basis (investm	• • •	or other		ccumulated preciation		(d) Book	value	
	Level		,	(other) 5,695.	ue	preciation	+		5 60	5
	Land			<u>5,695.</u> 8,461.	<u> </u>	135,322	-	3,163	5,69	
	Buildings		5,29	0,40⊥.	4,-	133,344	•	<u>, 103</u>	o,⊥3	۶.
	Leasehold improvements		F 1	1 100		10 004	+		1 00	6
	Equipment		51	4,490.		510,284		4	1,20	0.
	Other						+	<u> </u>	0.4	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	<u>(, column (B), line 10</u>	0c.)				3,233		
						Sch	nedule	D (Form	990) 2	2019

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Part VII Investments - Other Securities.

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.

(H)

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 IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f.	art X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	437,790.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 437,790.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial s	

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

Schedule D (Form 990) 2019

932053 10-02-19

09390518 756359 1501035.000

Schedule D (Form 990) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page							
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	3,109,554.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	-64,707.				
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	541,454.				
е	Add lines 2a through 2d			2e	476,747.		
3	Subtract line 2e from line 1			3	2,632,807.		
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	184,836.				
				4c	184,836.		
С	Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	2,817,643.		
5							
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents With	Expenses per F				
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Retur	n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer 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	ents With	Expenses per F	Retur	n.		
5 Pa 1 2 a	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.) Reconciliation of Expenses per Audited Financial Statement 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	ents With	Expenses per F	Retur	n.		
5 Pa 1 2 a b	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 Statement 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	2a 2b 2c	Expenses per F	Retur	n. <u>3,884,940.</u>		
5 Pa 1 2 a b c d	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.) Reconciliation of Expenses per Audited Financial Statement 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	2a 2b 2c 2d	Expenses per F	Retur	n. <u>3,884,940.</u> 830,958.		
5 Pa 1 2 a b c d	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.) Reconciliation of Expenses per Audited Financial Statement 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 F	1	n. <u>3,884,940.</u>		
5 Pa 1 2 a b c d e	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.) Reconciliation of Expenses per Audited Financial Statement 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 F	1 2e	n. <u>3,884,940.</u> 830,958.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed 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:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,884,940.</u> 830,958.		
5 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.) Reconciliation of Expenses per Audited Financial Statemed 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 4a	Expenses per F	1 2e	n. 3,884,940. 830,958. 3,053,982.		
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement 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 Other statements 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 2d	Expenses per F	1 2e	n. <u>3,884,940.</u> <u>830,958.</u> <u>3,053,982.</u> 184,836.		
5 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.) Reconciliation of Expenses per Audited Financial Statemen 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.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. 3,884,940. 830,958. 3,053,982.		

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 V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE SCHOLARSHIP SUPPORT FOR

FAMILIES IN NEED; SUPPORT THE LONG TERM FINANCIAL SECURITY OF THE

ORGANIZATION; AND ENSURE THE ORGANIZATION IS ABLE TO ATTRACT AND RETAIN

QUALIFIED STAFF.

PART X, LINE 2:

RNH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED

THAT RNH HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL

STATEMENT RECOGNITION OR DISCLOSURE. RNH IS NO LONGER SUBJECT TO

EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR

28

932054 10-02-19

RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page 5 Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued) TO FISCAL 2017. PART XI, LINE 2D - OTHER ADJUSTMENTS: REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY 541,454. PART XI, LINE <u>4B - OTHER ADJUSTMENTS:</u> 184,836. ELIMINATIONS ON CONSOLIDATED STATEMENTS PART XII, LINE 2D - OTHER ADJUSTMENTS: EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY 830,958. PART XII, LINE 4B - OTHER ADJUSTMENTS: ELIMINATIONS ON CONSOLIDATED STATEMENTS' 184,836.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2019					
Department of the Treasury			Open to Public					
Internal Revenue Service	► Go		Inspection					
Name of the organization		LE NEIGHBORHOOD HO	וופה	יד	NC.		Employer id 13-174(entification number 0.024
Part I Fundrais		Complete if the organization answe				ine 1		
	complete this part							
	-	ed funds through any of the followin	-					
a Mail solicitat				0	overnment grants			
b Internet and c Phone solici	email solicitations	f Solicita g Special		-	nment grants events			
d In-person so		9 0poola	Tanara	long	overte			
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p			•		Ye	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization	ant to a	agreei	ments under which the	ne fur	ndraiser is to b	0e
			1					1
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)	(II) ACTIVITY	have c or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	eqistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019
 RIVERDALE
 NEIGHBORHOOD
 HOUSE,
 INC.
 13-1740024
 Page 2

 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through BENEFIT col. (c)) (event type) (event type) (total number) Revenue 133,433. 133,433. Gross receipts 1 2 Less: Contributions 110,663. 110,663. 22,770. Gross income (line 1 minus line 2) 22,770. 3 4 Cash prizes 5 Noncash prizes Direct Expense: 19,770. 19,770. Rent/facility costs 6 7 Food and beverages 8 Entertainment 5,585. 5,585. 9 Other direct expenses 25,355. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -2,585. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1	740024	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?	L Yes	No No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,
9320	83 09-11-19 Schedule G (Forr	n 990 or 990	-EZ) 2019
	32		

Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continued)	,			
932084 04-01- ⁻	19			ę	Schedule G (Form 990 or	990-EZ)

SCHEDUL (Form 990)		Go	arants and Oth vernments, an	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
		Compl	lete if the organizatio			rt IV, line 21 or 22.		
Department of Internal Reven				Attach to For				Open to Public Inspection
			Go to www.ir	s.gov/Form990 fo	or the latest inforn	nation.		•
			HOOD HOUSE,	INC.				Employer identification number 13-1740024
Part I	General Information on Grants	and Assistance						
1 Does	s the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
criter	ria used to award the grants or ass	istance?						X Yes No
2 Desc	cribe in Part IV the organization's p	rocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. (Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	r total number of section 501(c)(3) r total number of other organization	ns listed in the line ⁻	1 table					

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

RIVERDALE NEIGHBORHOOD HOUSE, INC. Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS AND STIPENDS	32	24,049.	0.		
SCHOLARSHIPS	3	2,994.	0.		
RECOGNITION AWARDS	38	9,430.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

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PART I, LINE 2:

THE RIVERDALE NEIGHBORHOOD HOUSE YOUTH INTERNSHIP PROGRAM IS DESIGNED FOR

YOUNG PEOPLE BETWEEN THE AGES OF 14 AND 18 WHO WISH TO GAIN JOB SKILLS,

EXPLORE CAREER OPPORTUNITIES, OR GAIN A MEANINGFUL EXPERIENCE THAT CAN

BOOST THEIR RESUMES AND/OR COLLEGE APPLICATIONS. STIPENDS ARE AWARDED TO

INDIVIDUALS THAT MEET THE CRITERIA FOR EACH ASSISTANCE.

THE RIVERDALE NEIGHBORHOOD HOUSE SCHOLARSHIP FUND IS DESIGNED TO HELP

FAMILIES IN THE AFTER SCHOOL PROGRAM. RNH REDUCES THE TUITION BY THE AWARD

Page 2

Schedule I (Form 990) RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page 2 Part IV Supplemental Information

AMOUNT; NO MONEY IS TRANSFERRED. RNH USES A SLIDING SCALE BASED ON

HOUSEHOLD SIZE AND INCOME TO DETERMINE THE LEVEL OF SUPPORT.

RECOGNITION AND AWARDS ARE GRANTED BY THE PROGRAM STAFF TO PARTICIPANTS WHO SUCCESSFULLY COMPLETE ACTIVITY REQUIREMENTS (ATTENDANCE, ACTIVE ENGAGEMENT,

ASSIGNMENTS, AND POSITIVE FEEDBACK).

Schedule I (Form 990)

932291 04-01-19 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



13-1740024

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RIVERDALE NEIGHBORHOOD HOUSE,

CHILDREN, TEENS, SENIORS, AND FAMILIES. WE ARE THE ONLY NON-SECTARIAN,

MULTI-PURPOSE AGENCY THAT REACHES ACROSS ALL SOCIOECONOMIC, RACIAL,

ETHNIC AND AGE GROUPS IN RIVERDALE. RNH DELIVERS OUR FIRST-RATE SOCIAL

SERVICES TO THE ENTIRE RIVERDALE COMMUNITY: PREMIER EDUCATION AND A

NURTURING HAVEN FOR OUR CHILDREN, CHARACTER-BUILDING PROGRAMS FOR OUR

TEENS, AND LIFELINES OF SUPPORT FOR OUR FAMILIES AND OUR SENIORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER FOR COMMUNITY OUTREACH AND ADDRESSES THE NEEDS OF INDIVIDUALS

AND FAMILIES AT EVERY STAGE OF LIFE.

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

SENIOR PROGRAM - A TELEPHONE REASSURANCE PROGRAM FOR HOMEBOUND SENIOR

CITIZENS. THE PROGRAM ALSO OFFERS VOLUNTEER SENIOR COMPANIONS WHO VISIT

THE HOMEBOUND ELDERLY.

SCHOOL AGE - PROVIDES AFTER SCHOOL CARE AND SUMMER CARE FOR CHILDREN IN KINDERGARTEN THROUGH SIXTH GRADE.

AFTER SCHOOL PROGRAM - PROVIDED HIGH QUALITY AFTER SCHOOL ENRICHMENT TO

OVER 120 CHILDREN DURING THE SCHOOL YEAR AND SUMMER MONTHS.

EXPENSES \$ 104,479. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62,529.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT AND IS REVIEWED BY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

09390518 756359 1501035.000

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
RIVERDALE NEIGHBORHOOD HOUSE, INC.	13-1740024
MANAGEMENT. THE RETURN IS CIRCULATED TO THE BOARD FOR REVI	EW VIA E-MAIL
PRIOR TO SUBMISSION TO THE IRS (WITH THE EXCEPTION OF TWO	BOARD MEMBERS,
WHO RECEIVE A PRINTED COPY). ANY COMMENTS ARE ADDRESSED WI	TH THE OUTSIDE
ACCOUNTANT. ONCE APPROVED, THE FORM 990 IS ELECTRONICALLY	FILED WITH THE
IRS.	

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

THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF RIVERDALE NEIGHBORHOOD HOUSE, INC. WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR, OFFICER, OR KEY PERSON OF THE CORPORATION OR ONE OF THEIR RELATIVES. UNDER THIS POLICY, IF THE CORPORATION CONTEMPLATES ENTERING INTO A RELATED PARTY TRANSACTION, THE BOARD OR AUTHORIZED BOARD COMMITTEE MUST DETERMINE IF THE TRANSACTION IS FAIR, REASONABLE, AND IN THE BEST INTERESTS OF THE CORPORATION AT THE TIME OF SUCH DETERMINATION. ALL TRANSACTIONS, AGREEMENTS OR ANY OTHER ARRANGEMENTS BETWEEN THE CORPORATION AND A RELATED PARTY, AND ANY OTHER TRANSACTIONS WHICH MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST, SHALL BE REVIEWED BY THE BOARD OR AUTHORIZED BOARD COMMITTEE. NO RELATED PARTY SHALL VOTE, ACT, OR ATTEMPT TO INFLUENCE IMPROPERLY THE DELIBERATIONS OR VOTING ON ANY MATTER IN WHICH HE OR SHE HAS BEEN DETERMINED BY THE BOARD OR AUTHORIZED BOARD COMMITTEE TO HAVE A FINANCIAL INTEREST.

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

 THE BOARD ANNUALLY REVIEWS AND APPROVES THE COMPENSATION FOR THE EXECUTIVE

 DIRECTOR. THE PERSONNEL COMMITTEE USES THE MOST RECENT COMPENSATION SURVEY

 FROM UNITED NEIGHBORHOOD HOUSES (UNH), WHICH IS DONE EVERY OTHER YEAR. IT

 SHOWS SALARIES BY ORGANIZATION BUDGET, NUMBER OF EMPLOYEES AND OTHER

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 09390518 756359 1501035.000
 2019.05094 RIVERDALE NEIGHBORHOOD HO 15010351

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RIVERDALE NEIGHBORHOOD HOUSE, INC.	Employer identification number $13 - 1740024$
FACTORS TO SHOW AVERAGES FOR BOARDS TO USE. IF NECESSARY,	THEY WILL DRAW
INFORMATION FROM OTHER SOURCES SUCH AS THE SURVEY BY PROFE	SSIONALS FOR
NONPROFITS, NONPROFIT TIMES, AND OTHERS. AFTER DETERMINING	А
RECOMMENDATION, THE PERSONNEL COMMITTEE PRESENTS TO THE FU	LL BOARD IN
EXECUTIVE SESSION AND HAS A VOTE MADE BY MOTION AND APPROV	AL. THE BOARD
MINUTES DOCUMENT THE COMPENSATION APPROVAL FOR THE EXECUTI	VE DIRECTOR. THE
DETAILED APPROVAL IS SENT TO THE FISCAL OFFICE FROM THE PE	RSONNEL COMMITTEE
CHAIR. THE PROCESS AS OUTLINED ABOVE WAS LAST CONDUCTED IN	2020.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITE	S. IN ADDITION,

THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY

CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT

AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

932212 09-06-19

SCHEDULE	R
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047 19

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

Open to Public Inspection Employer identification number 13-1740024

Name of the organization

Department of the Treasury Internal Revenue Service

RIVERDALE NEIGHBORHOOD HOUSE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
RIVERDALE COMMUNITY CENTER, INC					RIVERDALE		
13-2899410, 5521 MOSHOLU AVENUE, BRONX, NY	PROVIDE ACTIVITIES FOR THE				NEIGHBORHOOD		
10471-2409	RIVERDALE COMMUNITY	NEW YORK	501(C)(3)	LINE 10	HOUSE, INC.	X	
	-						

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

Schedule R (Form 990) 2019

13-1740024 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity (related, unrelated, income end-of-year			otal Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partne	or Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
											_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?	
		country)						Yes	No	
									<u> </u>	
		-								
									<u> </u>	

Schedule R (Form 990) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g		1g		Х		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
q	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		Х		
S	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RIVERDALE COMMUNITY CENTER, INC.	L	184,836.	соят
<u>(2)</u>			
<u>(3)</u>			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2019 RIVERDALE NEIGHBORHOOD HOUSE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	1.	2	(f)	(g)	(r	1	(i)	(j)		(k)
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e) e all				Dor-	Code V-LIBI	(J) Gener:		(יי) ercentade
of entity	T Timary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	c)(3)	total	end-of-year	Disprotion tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing r2 C	wnership
,		country)	excluded from tax under sections 512-514)	Yes				Yes	No	(Form 1065)	Yes		•
				165	NO			165	NU	(1621		
												_	
												_	
												+	

Schedule R (Form 990) 2019

	(Form 990) 2019
Part VII	Supplementa

rt \		Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpaye	identificati	on number (TIN)				
print	RIVERDALE NEIGHBORHOOD HOUS		13-1740024					
File by the due date for filing your return. See	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions.	City, town or post office, state, and ZIP code. For a f BRONX , NY $10471 - 2409$	oreign addi	ress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	e a separa	e application for each return)					
Application	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	·BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	T (trust other than above). JOSEPHINE PERR:	06	Form 8870			12		
 If the o If this i box ▶ [1 reo the ▶ [▶ [2 If th 	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginningJUL 1, 2019 te tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an check reaso	mption Number (GEN) I ch a list with the names and TINs of Z 17, 2021 , to file return for: d ending JUN 30, 2020 on: Initial return	f this is fo all memb	r the whole ers the exte npt organiza	group, check this		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.		
	cBalance due.Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c							
Caution: instruction	If you are going to make an electronic funds withdrawans.	l (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment		

923841 12-30-19