		PUB	LIC DISCLOSURE COPY - STATE REGISTRATI		-
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2020
Den		of the Treesury	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Inter	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2020 calend	ar year, or tax year beginning $JUL \ 1$, $\ 2020$ and ending	<u>JUN 30, 2021</u>	
	Check if applicat	C Name o	forganization	D Employer identificat	ion number
	chan	ge RIVE	RDALE NEIGHBORHOOD HOUSE, INC.		
	chan	ge Doing b	usiness as	13-1740024	
Ļ	returi	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su		• •
	Final returi termi	n	MOSHOLU AVENUE	718-549-81	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,048,288.
Ļ	returi		X, NY 10471-2409	H(a) Is this a group retur	
	tion pend		nd address of principal officer: AMANDA SALZHAUER	for subordinates?	
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:		527 If "No," attach a list	
				H(c) Group exemption n	
K	Form c art l	f organization: [Summary	X Corporation	ear of formation: 1921 M S	tate of legal domicile: N Y
F	T	-			
ė	1		e the organization's mission or most significant activities: <u>RIVERDAL</u> EMENT HOUSE PROVIDING EDUCATIONAL AND		
Governance					
'ern	2	Check this bo Number of vot		20	
05	3			20	
~	4		lependent voting members of the governing body (Part VI, line 1b)		91
Activities &	5		of individuals employed in calendar year 2020 (Part V, line 2a)		20
tivi			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ac			business taxable income from Form 990-T, Part I, line 11		0.
	<u> </u>	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,695,795.	2,329,738.
Revenue	9		ce revenue (Part VIII, line 2g)	861,077.	550,706.
vel	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	49,646.	34,872.
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,125.	104,401.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,817,643.	3,019,717.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	36,473.	44,859.
			to or for members (Part IX, column (A), line 4)	0.	0.
(0	45		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,229,445.	2,155,532.
Sec	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b		ing expenses (Part IX, column (D), line 25) 67,516.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	972,900.	815,528.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,238,818.	3,015,919.
	19		expenses. Subtract line 18 from line 12	-421,175.	3,798.
or	9			Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	4,591,946.	4,792,717.
Net Assets or	21		(Part X, line 26)	889,184.	949,902.
			fund balances. Subtract line 21 from line 20	3,702,762.	3,842,815.
Pa	art II	Signature	e Block		
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it is
true	. corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has anv knowledge.	

Sign Here	Signature of officer <u>AMANDA SALZHAUER, PRES</u> Type or print name and title	IDENT	Date					
Paid Preparer	Print/Type preparer's name EVA MRUK Firm's name ⊾ PKF O'CONNOR DAV		Date Check PTIN if self-employed P00543254 Firm's EIN ► 27-1728945					
Use Only	Firm's address 500 MAMARONECK A HARRISON, NY 105	VENUE	Phone no. 914-381-8900					
	May the IRS discuss this return with the preparer shown above? See instructions X Yes No 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) RIVERDALE NEIGHBORHOOD HOUSE, INC. 13-1740024 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Check if Schedule O contains a response or note to any line in this Part III
	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 No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 379, 303. including grants of \$44, 059.) (Revenue \$)
	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.
4b	(Code:) (Expenses \$1,028,269. including grants of \$0.) (Revenue \$243,469.)
	EARLY CHILDHOOD - AN NAEYC-ACCREDITED PRE-SCHOOL PROGRAM THAT INCLUDES
	PRE-SCHOOL EDUCATION, EXTENDED DAY CARE, AND UNIVERSAL
	PRE-KINDERGARTEN.
4c	(Code:) (Expenses \$194,701. including grants of \$522.) (Revenue \$25,733.)
	SCHOOL AGE - PROVIDES AFTER SCHOOL CARE AND SUMMER CARE FOR CHILDREN IN KINDERGARTEN THROUGH SIXTH GRADE.
	KINDERGARTEN TIROOGII DIXIII GRADE.
4d	Other program services (Describe on Schedule O.)
+u	(Expenses \$ 154,858. including grants of \$ 278.) (Revenue \$ 281,504.)
4e	Total program service expenses ► 2,757,131.
	Form 990 (2020)
032002	2 12-23-20
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Part IV Checklist of Required Schedules

RIVERDALE NEIGHBORHOOD HOUSE, INC.

			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	X	
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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		Х
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
00000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990 (X (2020)
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032003 12-23-20

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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			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اہ	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the voor?	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
U	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
52	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	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990	(2020)
	5			

<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,					
	filed for the calendar year ending with or within the year covered by this return	2a	91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
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	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	b If "Yes," enter the name of the foreign country b					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	inization solicit	•		v
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the graphication receive a payment in graph of C^{7} mode pathwas a contribution and pathwas a contribution and pathwas a contribution.		rouidad to the neverO	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7b		
C	to file Form 8282?			7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		х
f						X
g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			7h		
	sponsoring organization have excess business holdings at any time during the year?					
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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44-		Х
				14a		<u>л</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		х
	excess parachute payment(s) during the year?			15		23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.		ne?	10		

Form **990** (2020)

032005 12-23-20

RIVERDALE NEIGHBORHOOD HOUSE, INC.

13-1740024 Page 6

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	1a	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	o with any other				
	officer, director, trustee, or key employee?		2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			;		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		Ļ		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5	;		Х
6	Did the organization have members or stockholders?			;		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		7	a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		71	5		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8	а	Х	
	Each committee with authority to act on behalf of the governing body?				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)		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)	·····			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10			Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 201010 illing allo io				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	9	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
C	in Schedule O how this was done	,	12		x	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				X	
1 4 15	Did the process for determining compensation of the following persons include a review and approva			*		
15		a by independent				
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		15		x	
						Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			U		- 23
16-		mant with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to vehicle antitud uring the venture		10			х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		16	a		
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		10			
200	exempt status with respect to such arrangements?		16	Ø		
	List the states with which a copy of this Form 990 is required to be filed NY					
17 10		nd 000 T (Section 5)	$\frac{1}{2}$	b A c		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.		10/0/01	iy) e	avaiidi	216
10		n on Schedule O)	iov and fin	200	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ninct of interest pol	.cy, and tina	anc	ıdı	
20	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 JOSEPHINE PERRELLA - $718-549-8100$	UNS ALLU RECORDS				
	5521 MOSHOLU AVENUE, BRONX, NY 10471					
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	i 12-23-20			11111	330	(202

Form 990 (2020)	RIVERDALE	NEIGHBORHOOD HOUSE,	INC.	13-1740024	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Sche	dule O contains a respon	se or note to any line in this Part VII						
Section A. Officers, Dir	ectors, Trustees, Key Er	nployees, and Highest Compensated	Employees					
1a Complete this table fo	r all persons required to b	e listed. Report compensation for the ca	alendar year ending w	ith or within the organization's	s tax year.			
0	,	directors, trustees (whether individuals	or organizations), rega	ardless of amount of compens	ation.			
Enter -0- in columns (D), (E), and (F) if no compensat	tion was paid.						

• 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.

Name and tille Average hours per biolities and biolities and	(A)	(B)			(0	C)			(D)	(E)	(F)
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032007 12-23-20

Form **990** (2020)

Form §		020) RIVERDALE	E NEIGHE	OR	HO	OD	Η	OU	SE	E, INC.	13-17	400)24	P	age 8
Part	VII	Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)				
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2	Total r	number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable				
	compe	ensation from the organization													
												-		Yes	No
3	Did the	e organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or l	hig	hest compensated emp	loyee on				
	line 1a	? If "Yes," complete Schedule J for su	ich individual		-	-	-		-				3		Х
		y individual listed on line 1a, is the su										F	_		
												- 1	4		х
_ `		lated organizations greater than \$150	,000? If "Yes,	" CO	mpie	te S	scne	aule	JT			····	4		21
		y person listed on line 1a receive or a													37
		ed to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	berso	on				<u></u>	5		X
Secti	ion B.	Independent Contractors													
1 (Compl	lete this table for your five highest cor	npensated ind	epe	nden	t co	ontra	actors	s th	nat received more than \$	100,000 of comp	ensati	ion fro	om	
1	the org	ganization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith o	or wit	hin	the organization's tax y	ear.				
		(A)								(B)			((C)	
		Name and business	address							Description of s	services	C	ompe	ensatio	n
MAI	ER 1	MARKEY & JUSTIC LLP													
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2	Total n	number of independent contractors (ir	cluding but pr	nt lin	nited	to t	thos	e liet	<u>ل</u> م	above) who received m	ore than				
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c Net income or (loss) from sales of inventory Business Code 900099 90,657. 90,655 11 a MANAGEMENT FEE INCOME 900099 93,264. 90,655 b MISC. REVENUE 900099 13,264. 13,264 c												
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11 a MANAGEMENT FEE INCOME 900099 90,657. 90,65 b MISC. REVENUE 900099 13,264. 13,26 c	_		С	ivet income or (loss) from	sale	s of inventor	у					
e Total. Add lines 11a-11d ► 103,921. 12 Total revenue. See instructions ► 3,019,717. 550,706. 0. 139,27	s		_		יסי	TNCOMP			00 657			90 657
e Total. Add lines 11a-11d ► 103,921. 12 Total revenue. See instructions ► 3,019,717. 550,706. 0. 139,27	ue o	11				THCOME						
e Total. Add lines 11a-11d ► 103,921. 12 Total revenue. See instructions ► 3,019,717. 550,706. 0. 139,27	/en			MIDC. KEVENUE	<u>د</u>			300033	13,204.			15,204.
e Total. Add lines 11a-11d ► 103,921. 12 Total revenue. See instructions ► 3,019,717. 550,706. 0. 139,27	Sce			All other revenue								
12 Total revenue. See instructions 3,019,717. 550,706. 0. 139,27	Ϊ								103 001			
		12								550 706	0.	139 273
	03200				5115			P	_,,	,		Form 990 (2020

RIVERDALE NEIGHBORHOOD HOUSE, INC.

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Form 990 (2020)

10

13-1740024 Page 9

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.

	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	44,859.	44,859.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	154,325.	143,522.	7,716.	3,087
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,679,175.	1,553,550.	84,045.	41,580.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,385.	24,967.	3,418.	- + -
9	Other employee benefits	146,170.	145,058.	324.	788.
10	Payroll taxes	147,477.	137,282.	6,231.	3,964.
11	Fees for services (nonemployees):				
	Management				
b	F	170 240	144 051	22 422	2 066
	Accounting	172,340.	144,951.	23,423.	3,966
	Lobbying				
e	° , F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	61,781.	47,607.	13,756.	418.
12	Advertising and promotion	01,701.	47,0076	15,750.	4100
12 13	Office expenses	187,591.	174,731.	6,490.	6,370.
13 14	Information technology	18,588.	18,287.	44.	257
15	Royalties	10,500.	10/20/1		
16	Occupancy	55,171.	44,356.	10,019.	796.
17	Travel		,		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	639.		639.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,872.	129,228.	17,109.	4,535
23	Insurance	40,202.	26,801.	13,401.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		70,780.	68,679.	1,554.	547.
b	FOOD	50,049.	48,670.	556.	823
С	OTHER OPERATING EXPENSE	7,515.	4,583.	2,547.	385.
d					
е	All other expenses		0 050 404	101 000	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	3,015,919.	2,757,131.	191,272.	67,516
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

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RIVERDALE	NEIGHBORHOOD	HOUSE	TNC.
	TUTTOILDOI(1100D	1100001,	TT10.

	n 990 () rt X	2020) RIVERDALE NEIGHBORHOOD HOUSE Balance Sheet	, INC		13-	1740024 Page 11
		Check if Schedule O contains a response or note to any line in this Part X				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		317,077.	1	81,019.
	2	Savings and temporary cash investments		19,372.	2	15,050.
	3	Pledges and grants receivable, net		290,852.	3	723,375.
	4	Accounts receivable, net		800.	4	19,675.
	5	Loans and other receivables from any current or former officer, director,			-	
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		(2)			6	
6	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		6,949.	9	2,466.
		Land, buildings, and equipment: cost or other		- ,	-	,
			37.			
	b	basis. Complete Part VI of Schedule D10a5,970,62Less: accumulated depreciation10b2,796,42	78.	3,233,040.	10c	3,174,209.
	11	Investments - publicly traded securities		633,398.	11	776,923.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		90,458.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		4,591,946.	16	4,792,717.
	17	Accounts payable and accrued expenses		426,033.	17	317,915.
	18	Grants payable			18	
	19	Deferred revenue		25,361.	19	44,197.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
s	22	Loans and other payables to any current or former officer, director,				
itie		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons			22	
Ë	23	Secured mortgages and notes payable to unrelated third parties			23	150,000.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		437,790.	25	437,790.
	26	Total liabilities. Add lines 17 through 25		889,184.	26	949,902.
		Organizations that follow FASB ASC 958, check here 🕨 🗴				
ces		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions		3,682,762.	27	3,740,580.
Ba	28	Net assets with donor restrictions		20,000.	28	102,235.
pur		Organizations that do not follow FASB ASC 958, check here				
ц		and complete lines 29 through 33.				
o S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31	
Ne.	32	Total net assets or fund balances		3,702,762.	32	3,842,815.
	33	Total liabilities and net assets/fund balances		4,591,946.	33	4,792,717.

Form 990 (2020)

	990 (2020) RIVERDALE NEIGHBORHOOD HOUSE, INC.	13-17	40024	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				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,019		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,01		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,7 <u>9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,702		
5	Net unrealized gains (losses) on investments	5	148	3,61	14.
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	-12	2,3	<u>59.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,842	2,82	<u>15.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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?		2c	X	
	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?		3 a		X
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		3b		(000C)

Form **990** (2020)

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
2020
Open to Public Inspection

	Department of the Treasury nternal Revenue Service			► Go to www.irs.gov	Open to Public Inspection						
Nam	e of t	the organizati	on							identification number	
			RIVE	RDALE NEIG	HBORHOOD HOUS	SE, IN	NC.		1	3-1740024	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	IS.		
The o	organ	nization is not a	private found	lation because it is: (l	For lines 1 through 12, cl	neck only	one box.)				
1					on of churches described			1)(A)(i).			
2					Attach Schedule E (Form						
3					anization described in se			ii).			
4					njunction with a hospital)(iii). Enter	the hospital's name.	
•		city, and stat	0		,				<i>NI</i> -	,	
5		•		or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental	nit describe	ed in	
-		-	-	Complete Part II.)	5 ,		, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7											
-	section 170(b)(1)(A)(vi). (Complete Part II.)										
8		-			(1)(A)(vi). (Complete Par						
9		-			in section 170(b)(1)(A)(-	ed in coniı	unction with a	land-grant	college	
•		•	-		ulture (see instructions).				°,	•	
		university:		grant benege er agne			name, eny	, and otato of	the conege		
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, memberst	nip fees, and	d aross receipts from	
		-		•	t to certain exceptions; a				-	•	
					(less section 511 tax) fro					-	
				mplete Part III.)			sees as qui		ja		
11					ively to test for public sat	etv See	section 50	0.9(a)(4)			
12		-	-	-	ively for the benefit of, to	•			rry out the	purposes of one or	
		-	-	-	ed in section 509(a)(1) o				-		
					f supporting organization						
а		-	-	• •	upervised, or controlled				-	aivina	
				-	gularly appoint or elect a	• • • •	-		•••••		
			-	complete Part IV, Se		majority c				pporting	
b		¬ ~		-	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s) by hay	rina	
				-	anization vested in the sa			-		•	
			•	at complete Part IV,					go the capp		
с		¬ ~		-	g organization operated	in connect	tion with	and functiona	llv integrate	d with	
Ŭ			-). You must complete I				ny mograto	a with,	
d		- ··	0	.,.	porting organization oper			-	rted organiz	zation(s)	
ŭ			-		zation generally must sat			• •	° °	.,	
					nplete Part IV, Sections				anatonti		
е		- ·			written determination from				II. Type III		
Ũ			•		nally integrated supporti			Type I, Type	n, rype m		
f	Ente	er the number					actorn.				
a				n about the supporte	ed organization(s)						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
				L			L				

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RIVERDALE NEIGHBORHOOD HOUSE, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

13-1740024 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2043455.	1945137.	1868589.	1695795.	2329738.	9882714.			
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									
4	Total. Add lines 1 through 3	2043455.	1945137.	1868589.	1695795.	2329738.	9882714.			
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)									
6	Public support. Subtract line 5 from line 4.						9882714.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	2043455.	1945137.	1868589.	1695795.	2329738.	9882714.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	30,490.	20,720.	25,604.	25,711.	10,923.	113,448.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	44,910.	61,465.	143,107.	209,428.	103,921.	562,831.			
11	Total support. Add lines 7 through 10						10558993.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,635,854.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2020 (I		•	.,,		14	93.60 %			
	Public support percentage from 2019					15	93.98 %			
1 6a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2019. 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	is box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟			
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b						
					Sche	edule A (Form 990	or 990-EZ) 2020			

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 disgualified 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
						>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage			, , , , , , , , , , , , , , , , , , , ,	
17 Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	
032023 01-25-21				Sch	edule A (Form 990	0 or 990-EZ) 2020
		16	5			

Schedule A (Form 990 or 990-EZ) 2020 RIVERDALE NEIGHBORHOOD HOUSE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RIVERDALE NEIGHBORHOOD HOUSE, INC.

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
	directors, or trustees at all times during the tax year? If "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 sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>y ine</i> 1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described in line 2, above, did the organization's supported organizations have a
significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that	he organization used to satisf	y the Integral Part Test during	the year (see instructions).
---	---------------------------------------	--------------------------------	---------------------------------	------------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

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	dule A (Form 990 or 990-EZ) 2020 RIVERDALE NEIGHBORHOOD Tt V Type III Non-Functionally Integrated 509(a)(3) Supporti			L3-1740024 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections 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 0.015 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 0.035.	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 0.85 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-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990-EZ) 2020 RIVERDALE NEIGHBORHOOD HOUSE, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (contini	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
•	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
-	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
				_	
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

 Schedule A (Form 990 or 990-EZ) 2020
 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			
2016 AMOUNT: \$	44,910.		
2017 AMOUNT: \$	61,465.		
2018 AMOUNT: \$	9,304.		
2019 AMOUNT: \$	24,592.		
2020 AMOUNT: \$	13,264.		
MANAGEMENT FEE]	INCOME		
2018 AMOUNT: \$	133,803.		
2019 AMOUNT: \$	184,836.		
2020 AMOUNT: \$	90,657.		
032028 01-25-21		21	Schedule A (Form 990 or 990-EZ) 2020

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Schedule B

(Form 990, 990-EZ, or 990-PF)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www irs gov/Eorm990 for the latest information OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service		2020
Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number
F	RIVERDALE NEIGHBORHOOD HOUSE, INC.	13-1740024
Organization type (check	c 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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(⁻ any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 itor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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
		\$986,021. 	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
		\$593,240.	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
<u> </u>		\$110,000.	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
<u>4</u>		\$100,000.	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
<u> </u>		\$56,765. 	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 On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

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.

(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

24

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		Pa	ige 4		
Name of o	organization		Employer identification numb	er		
RIVER	DALE NEIGHBORHOOD HOUSE,	INC.	13-1740024			
Part III		ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y	ear		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
				_		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
				_		
				_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
				_		
	Transferee's name, address, a	(e) Transfer of gift	rt Relationship of transferor to transferee			
				_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
				_		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
				_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
				_		
		(a) Transfor of sift				
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee			
				_		
002454 11 05	5.20		Schedule B (Form 000, 000-E7, or 000-DE) (2	000		

023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

9 0)

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 Advised	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, lin	e 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreation	tion or education) Preservation o	f a historic	ally important land area
	Protection of natural habitat	Preservation o	f a certified	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conse	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	2a
b			·····	2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2	2c
d	Number of conservation easements included in (c) acquired a		ure	
	listed in the National Register		····· <u> </u>	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organizat	ion during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation e	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easen	nents during the year
•			(L)(4)(D)(;)	
8	Does each conservation easement reported on line $2(d)$ above and easting $170(b)(4)(D)(ii)2$			Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an accomenta in ita rayanya and avaanaa		
9	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	iote to the organization's infancial statem		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement a	and balanc	e sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sh	neet works of
	art, historical treasures, or other similar assets held for public			
	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 trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
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Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	r Other	[·] Similar	· Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sig	gnificant u	use of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
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 exem	npt purpos	se in 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	ne organization's co	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang						, Part IV,	line 9, or		
	reported an amount on Form 990, Par		Ū							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	, , , , , , , , , , , , , , , , , , ,	ļ	5					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					tv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							_]
Par		f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 1	0.				2
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	633,398.	1,157,446.		1,092.		02,004.			486.
b	Contributions		· ·				<u> </u>			
c	Net investment earnings, gains, and losses	183,487.	-15,061.	63	3,354.		93,488.		97,	736.
d	Grants or scholarships	,			,				,	
	Other expenditures for facilities									
•	and programs	39,962.	508,987.							
f	Administrative expenses	,					1,400.		142.	218.
g	End of year balance	776,923.	633,398.	1,157	7,446.	1.0	94,092.			004.
2	Provide the estimated percentage of the curr		, (line 1 g. column (a)		, ,	,		,	,	
	Board designated or quasi-endowment	97.4260	%) Hold do.						
b	Permanent endowment > 2.5740	%								
		/0 %								
Ŭ	The percentages on lines 2a, 2b, and 2c show	· -								
3a	Are there endowment funds not in the posse		tion that are held ar	nd administer	ed for the	e organiza	ation			
04	by:	oolon of the organiza				o organize		Г	Yes	No
	(i) Unrelated organizations							3a(i)	100	X
	(ii) Related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ad on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the							00		
Par	t VI Land, Buildings, and Equipm		Whent funds.							
	Complete if the organization answered		Part IV, line 11a, S	ee Form 990	Part X. I	line 10.				
	Description of property	(a) Cost or of		or other		cumulate	A	(d) Book	value	
	Description of property	basis (investm	• • •	(other)	• •	preciation			value	5
19	Land	· · · ·	,	5,695.				6 5	5.69	95.
				8,574.	2.2	281,48	30.	3,087		
	Buildings Leasehold improvements		5,50	5,5,14	2,2			-,	, • .	•
	Equipment		53	6,418.	5	514,99	28.	21	. 4 '	20.
				-,	~				, = 4	
	Other))				3,174	. 20	09.
TOLA	. Aud lines ra trirough re. (Column (d) must e	qual Form 990, Part /	<u>x, column (B), line 1</u>	JC,)			Schedule	-	-	
							Schedule	ווויטיון שי	990)	2020

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of yoar market value
		(c) Method of Valuation. Cost of end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line [.]	11d. See Form 990. Part X. line 15.	
	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 Part X Other Liabilities.	<u>.15.)</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYCHECK PROTECTION PROGRA	M LOAN		437,790.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			127 700
Total. (Column (b) must equal Form 990, Part X, col. (B) line			437,790.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been prov	vided in Part XIII X

Schedule D (Form 990) 2020

032053 12-01-20

(1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	

RIVERDALE NEIGHBORHOOD HOUSE, INC.

(b) Book value

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

(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

	edule D (Form 990) 2020 RIVERDALE NEIGHBORHOOD HOU	1			1740024 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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	3,619,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	148,614.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	542,225.		
е	Add lines 2a through 2d			2e	690,839.
3	Subtract line 2e from line 1			3	2,929,060.
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	90,657.		
-				4c	90,657.
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	3,019,717.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With			
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. (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:	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 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:	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 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	ents With	Expenses per F	Retur	n. <u>3,473,298</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	ents With 2a 2b 2c 2d	Expenses per F	Retur	n. <u>3,473,298.</u> 548,036.
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 Statements 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	ents With 2a 2b 2c 2d	Expenses per F	1	n. <u>3,473,298</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.)	ents With 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,473,298.</u> 548,036.
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:	ents With	Expenses per F	1 2e	n. <u>3,473,298.</u> 548,036.
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.) 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 losses Bart 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. <u>3,473,298.</u> <u>548,036.</u> 2,925,262.
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 (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 IX, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,473,298.</u> <u>548,036.</u> 2,925,262. 90,657.
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.) 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 (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	Expenses per F	1 2e 3	n. <u>3,473,298.</u> <u>548,036.</u> 2,925,262.

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

29

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 RIVERDALE NEIGHBORHOOD HOUSE, INC. Part XIII Supplemental Information (continued)	13-1740024 Page
PO FISCAL 2018.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY	542,225.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS	90,657.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY	548,036.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS	90,657.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDUI (Form 990			Go	irants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Depenters and			Comple	ete if the organization	n answered "Yes" Attach to For		rt IV, line 21 or 22.		Open to Public
Department of Internal Rever	f the Treasury nue Service			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the	he organization	RIVERDALE	NEIGHBORI	HOOD HOUSE,					Employer identification number $13 - 1740024$
Part I	General Informa								
1 Doe	s the organization r	naintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	ion
2 Des	cribe in Part IV the	organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Othe	r Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	recipient that rec	eived more than S	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.		1	1
1 (a) ≀	Name and address or governme		(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	er total number of o	ther organization	s listed in the line 1	ganizations listed in the	l line 1 table				

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

Schedule I (Form 990) 2020

13-1740024

Page 2

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
WARDS AND STIPENDS	35	20,739.	0.		
SCHOLARSHIPS	6	5,300.	0.		
RECOGNITION AWARDS	64	18,820.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

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)

032291 04-01-20 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:

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.

AFTER SCHOOL PROGRAM - PROVIDED HIGH QUALITY AFTER SCHOOL ENRICHMENT TO

OVER 120 CHILDREN DURING THE SCHOOL YEAR AND SUMMER MONTHS.

SENIOR PROGRAM - A TELEPHONE REASSURANCE PROGRAM FOR HOMEBOUND SENIOR

CITIZENS. THE PROGRAM ALSO OFFERS VOLUNTEER SENIOR COMPANIONS WHO VISIT

THE HOMEBOUND ELDERLY.

EXPENSES \$ 154,858. INCLUDING GRANTS OF \$ 278. REVENUE \$ 281,504.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

34

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization RIVERDALE NEIGHBORHOOD HOUSE, INC.	Employer identification number $13 - 1740024$
	10 1/10011
AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE	THAT THE
INFORMATION REPORTED IS COMPLETE AND ACCURATE. ONCE THE FO	RM 990 HAS BEEN
PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED	WITH THE INTERNAL
REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD (W	ITH THE EXCEPTION
OF TWO BOARD MEMBERS, WHO RECEIVE A PRINTED COPY) FOR APPR	OVAL. ONCE THE
BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNA	L REVENUE
SERVICE.	

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 Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 35 2020.05094 RIVERDALE NEIGHBORHOOD HO 15010351

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization RIVERDALE NEIGHBORHOOD HOUSE, INC.	Employer identification number $13 - 1740024$
FROM UNITED NEIGHBORHOOD HOUSES (UNH), WHICH IS DONE EVERY	OTHER YEAR. IT
SHOWS SALARIES BY ORGANIZATION BUDGET, NUMBER OF EMPLOYEES	AND OTHER
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	A
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 WEBSITES. 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 XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DECONSOLIDATION

-12,359.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT

36

OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

032212 11-20-20

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/		

(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 20

Open to Public Inspection

Employer identification number 13-1740024

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

Department of the Treasury Internal Revenue Service Name of the organization

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	cont	g) 512(b)(13) rolled tity?
				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) 2020

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	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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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	Share of total Share of		Sec 512(t contr ent	(i) ction b)(13) rolled tity?	
		country)						Yes	No	
									<u> </u>	
									<u> </u>	

Schedule R (Form 990) 2020 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.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		X
g	Sale of assets to related organization(s)	1g		Х
	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		X
	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		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
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	X	
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	90,657.	соят
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2020 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2020

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20

(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 eac	ch 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.

Туре о	r Name of exempt organization or other filer, see inst	Taxpayer identification number (TIN)						
print	RIVERDALE NEIGHBORHOOD HOU		13-1740024					
File by the due date f filing your return. Se	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructior		foreign add	ress, see instructions.					
Enter th	ne Return Code for the return that this application is for (file a separa	e application for each return)					
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above) JOSEPHINE PERF	06	Form 8870			12		
 If thi box 1 I the set of the se	request an automatic 6-month extension of time until ne organization named above. The extension is for the or ▶ calendar year or	it Group Exe	mption Number (GEN) ch a list with the names and TINs or <u>7 16, 2022</u> , to fil return for: d ending <u>JUN 30, 2021</u>	If this is fo all memb	r the whole ers the extension opt organization	group, check this		
	this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						5.		
	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$							
	: If you are going to make an electronic funds withdraw	al (direct det	oit) with this Form 8868, see Form 8		d Form 887	0 • 79-EO for payment 8868 (Rev. 1-2020)		