DLN: 93493132013267

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

Intern	al Reve	enue Servic	ce									
A F	or the	2015 cal	lendar year, or tax year beginnin	g 07-01-2015 , and ending 06-30-201	6							
_		pplicable	C Name of organization RIVERDALE COUNTRY SCHOOL			D Empl	oyer ide	entification number				
•	ddress o ame ch	change				13-1	74048	:3				
	ame cn iitial ret		Doing business as									
Fi						E Teleph	none nun	nber				
_ `	termın.		Number and street (or P O box if m 5250 FIELDSTON ROAD	ail is not delivered to street address) Room/sui	te	/718)519-	272 <u>8</u>				
		return n pending	City or town, state or province, coun	try, and ZIP or foreign postal code		- (/10	, 515 .	2730				
I AP	plicatio	ii pending	BRONX, NY 10471			G Gross	receipts	\$ 84,933,060				
			F Name and address of princip	al officer	H(a) Is t	his a grou	n returi	n for				
			DANIEL P SCHULTZ			ordinates?		⊤ Yes 🗸				
			5250 FIELDSTON ROAD BRONX,NY 10471		No)						
r Ta	x-exen	npt status	▽ 501(c)(3)	nsert no) 4947(a)(1) or 527	H(b) Are	all subord uded?	linates	□Yes □ No				
				113e1(110) +347(a)(1) 01 327			h a lıst	(see instructions)				
J W	ebsite	e:▶ ww	W RIVERDALE EDU		H(c) Gro	oup exemp	tion nu	mber >				
K For	n of or	ganızatıon	▼ Corporation	tion	L Year of	formation 1	930	1 State of legal domicile N				
Pa	rt I		mary									
			scribe the organization's mission ONAL ACTIVITIES PRE-K THR									
e e												
e e	_											
Ē	3 (Chack th	us how • I if the organization du	scontinued its operations or disposed o	f mara than	2 E 0/- of it	c not n	uss ats				
Governance	_ `	CHECK III	is box > If the organization dis	scontinued its operations of disposed t	i more chan	23 70 01 10	.5 песа	55615				
	3 1	Number o	of voting members of the governi	ng body (Part VI, line 1a)			3	32				
ý. du	4 1	Number o	of independent voting members o		4	31						
Ě	5 1	Total nun	umber of independent voting members of the governing body (Part VI, line 1b)									
Activities &	6 7	Total nun	otal number of volunteers (estimate if necessary)									
•	7a 🗆	Total unr	related business revenue from Pa	rt VIII, column (C), line 12			7a	28,439				
	b N	et unrela	ated business taxable income fro	m Form 990-T, line 34			7b	24,53				
					Pr	ior Year		Current Year				
	8	Contri	butions and grants (Part VIII, lii	ne 1h)		13,725	,961	11,448,300				
Ravenua	9	Progra	am service revenue (Part VIII, li	ne 2g)		53,293	55,768,71					
ĕΛċ	10	Invest	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		789	,406	39,65				
Œ	11	Other	revenue (Part VIII, column (A),		1,282	958,79						
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), line	:	69,090	,611	68,215,465				
	13	12)	and cimilar amounts haid (Part	IX, column (A), lines 1-3)		8 142	862	8,554,717				
	14		, ,	X, column (A), line 4)	8,142,862			0,554,71				
	15		·	e benefits (Part IX, column (A), lines								
83		5-10)				37,384	,50/	39,594,143				
Expenses	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)			0	(
ਡੋ	b	Total fu	ndraising expenses (Part IX, column (D)	, line 25) ▶ <mark>2,074,387</mark>								
	17	Other	expenses (Part IX, column (A), I	ines 11a-11d, 11f-24e)		17,125	,923	19,579,679				
	18			st equal Part IX, column (A), line 25)		62,653	,292	67,728,539				
	19	Reven	ue less expenses Subtract line	18 from line 12		6,437	,319	486,926				
Net Assets or Fund Balances					Beginning	of Current	Year	End of Year				
alai	20	Total a	assets (Part X, line 16)			188,515	,522	194,789,260				
A B	21		liabilities (Part X, line 26)			64,925		72,524,00				
ŠŢ	22		sets or fund balances Subtract			123,589		122,265,259				
Pai	rt II	Sign	ature Block									
	•			mined this return, including accompan								
•		_	peller, it is true, correct, and com nowledge	plete Declaration of preparer (other th	an officer) is	s based or	i all inte	ormation of which				
		, T.										
		****	* * ature of officer			2017-05-11 Date						
Sigr) Signa	ature of officer			Date						
Her	E		EL SCHULTZ CFO/DIRECTOR OF FINANG or print name and title	<u>CE</u>								
		17	nnt/Type preparer's name	Preparer's signature D	ate		PTIN					
Paid	4		ARON SHAPIRO	AARON SHAPIRO	CI	neck if lf-employed	P0133	3816				
	a pare	, F	irm's name ► LOEB & TROPER LLP			rm's EIN 🕨 :		 563				
	on:	1 -	ırm's address ▶ 655 THIRD AVENUE 127	H FLOOR	Ph	one no (21	2) 867-4	1000				
Jac	. JII	'Y	NEW YORK, NY 10017									
May 1	the IR	S discus	ss this return with the preparer sh	nown above? (see instructions)				√Yes No				

Form 990 (2015)

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		N o
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	<u> </u>			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		,,	

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

- Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

- Form 990 (2015)

Yes

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		.,			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>	• •	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	175		res	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to					
·		g (gambling) winnings to prize winners?		· · · · · · ·	1 c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered is return	2a	565			
b	,	east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the	year [,]	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		r time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		nt)?	Journe	or other illiancial	4a		No
b	If"Ye	s," enter the name of the foreign country 🕨					
	Seein	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
_	(FBAR						
		he organization a party to a prohibited tax shelter transaction at any time durin	-	,	5a		No
		ly taxable party notify the organization that it was or is a party to a prohibited t	ax sh	eiter transaction?	5b		No
c	If"Ye	s," 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 \$10	00.00	0, and did the	6a		No
	organı	zation solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?			- •
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6 b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		Νo
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi e organization sell, exchange, or otherwise dispose of tangible personal proper			7b		
C		rm 8282?		· · · · ·	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots \ldots $lacksquare$	7d				
_	Dud th	e organization receive any funds, directly or indirectly, to pay premiums on a p	orcon	al hanafit contract?			
-	Did til	e organization receive any lunus, unectry of munectry, to pay premiums on a p	CISON	ar benefit contract	7e		Νo
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νo
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as	7g		
h		ed'	· · ·	the organization file a	- 9		
	Form :	1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	sines	s holdings at any time			
		the year?			8		
9a	Dıd th	e sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson ⁷	9 b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b			l	
11		on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	11b				
	ayains	st amounts due or received from them)........... _	TIU				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
	.						
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
D	ті ке	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	נוטוו וו	i scriedure U	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No' describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32			
	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 in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7 b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not i	requ.	red by the Internal R	even	ue Cod	e.)
	·		-		Yes	No

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website. ☐ Another's website. ☐ Upon request. ☐ Other (explain in Schedule O)

9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

List the States with which a copy of this Form 990 is required to be filed▶

O State the name, address, and telephone number of the person who possesses the organization's books and records
►DANIEL P SCHULTZ 5250 FIELDSTON ROAD BRONX, NY 10471 (718) 519-2726

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										

rt VII	Section A. Officers,	Directors,	Trustees,	Key Employees,	and Highest	Compensated E	mployees	(continued)
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	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion i han d in is	ne l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptovee	Former	2/1099-MISC)		related organizations	
See	Additional Data Table											
1b c	Sub-Total				•		▶					
d	Total (add lines 1b and 1c)	•			<u>.</u>	· .	•		3,028,360	0	610,610	
2	Total number of individuals (in \$100,000 of reportable compa							e) wl	no received more th	nan		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SHAWMUT DESIGN AND CONSTRUCTION	CONSTRUCTION	9,052,491
3 EAST 54TH STREET 8TH FL NEW YORK, NY 10022		
IDEO	CONSULTING	2,902,247
150 FOREST AVENUE PALO ALTO, NY 94301		
ARCHITECTURE RESEARCH OFFICE	CONSTRUCTION	1,146,355
170 VARICK STREET 7FL NEW YORK, NY 10013		
PLATT BYARD DOVELL WHITE	CONSTRUCTION	795,572
9 WEST 37TH STREET 4FL NEW YORK, NY 10018		
SUPERTRANS NY INC	TRANSPORTATION	739,459
60 ALEXANDER STREET YONKERS, NY 10701		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 33 Yes

No

Form 99								Page 9
Part V	444	Statement o	o f Revenue ule O contains a respor	ase or note to any lir	ne in this Part VIII			Г
		oncer i senedi	are o contains a respon	ise of note to un, in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
F	С	Fundraising eve	ents 1c					
tributions, Gifts, Grants Other Similar Amounts	d	Related organiz	zations 1d					
s, G imil	е	Government grants	s (contributions) 1e	1,180,245				
ion	f		ons, gifts, grants, and 1f	10,268,055				
ibut	g	sımılar amounts no Noncash contributi	ons included in lines	1,029,524				
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f		11,448,300			
<u>ə</u>				Business Code				
Ven	2a	TUITION		611710	55,768,717	55,768,717		
å	b							
٦٨	d		_					
<u>¥</u>	e							
Program Service Revenue	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	s 2a-2f		55,768,717			
	3		ome (including dividender ar amounts)		462,975		28,439	434,536
	4		stment of tax-exempt bond	-				
	5	Royalties	<u></u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	116,771					
	b	Less rental expenses	68,571					
	С	Rental income or (loss)	48,200					
	d	Net rental inco	me or (loss)		48,200			48,200
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	16,183,188					
	ь	Less cost or other basis and	15,967,770	638,738				
		sales expenses Gain or (loss)	215,418	-638,738				
	d	Net gain or (los	·	·	-423,320			-423,320
enne	8a	Gross income f events (not inc	rom fundraising	r				
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
O th			penses b					
_	C Qa		(loss) from fundraising of From gaming activities	events ▶				
	94		ne 19 a					
	b		penses b					
	С	Net Income or (loss) from gamıng actı).	vicies				
	10a	Gross sales of returns and allo		39,736				
	b c	_	oods sold b (loss) from sales of inve	42,516	-2,780			-2,780
		Miscellaneous	s Revenue	Business Code				
	11a	OTHER		900099	722,915			722,915
	Ь	DAY CARE CE	NTER	624410	190,458			190,458
	d	All other reven	ue					
	e	Total. Add lines	ı	•	010.070			
	12	Total revenue.	See Instructions		913,373	EE 760 747	20.420	070.000
	J				68,215,465	55,768,717	28,439	970,009

Part IX Statement of Functional Expenses

	 All other organizations must complete column (A) 	

2016	(3) and 301(c)(4) organizations mast complete an columns. An other organizations ma	131	Comp	icic	Column	$\sqrt{-}$		
Ch	ck if Schedule O contains a response or note to any line in this Part IX							

	Г				
	ot include amounts reported on lines 6b, o, 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	8,554,717	8,554,717		
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	2,230,240	775,942	1,159,745	294,553
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	29,766,002	23,501,427	5,216,153	1,048,422
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,928,105	1,614,816	241,359	71,930
9	Other employee benefits	3,455,885	2,673,766	642,419	139,700
10	Payroll taxes		4 500 444	400 744	
4.4	Fore for corpuses (non-employees)	2,213,911	1,692,144	429,741	92,026
11	Fees for services (non-employees) Management				
a b	Legal	394,783		394,783	
C		77,906		77,906	
d	Accounting	77,900		77,900	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	305,000		305,000	_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,660,362	3,330,460	266,032	63,870
12	Advertising and promotion				
13	Office expenses	5,523,052	2,649,809	2,731,229	142,014
14	Information technology				
15	Royalties				
16	Occupancy	640,415	7,500	632,915	
17	Travel	657,086	589,335	67,751	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	471,617	441,758	29,859	
20	Interest	765,263		765,263	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,455,606	3,455,606		
23	Insurance	462,278	20,230	442,048	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
c					
d	All ables are supposed	5,		2	20:
e 25	All other expenses	3,166,311	1,987,871	956,568	221,872
25	Total functional expenses. Add lines 1 through 24e	67,728,539	51,295,381	14,358,771	2,074,387
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)				

Part X	Balance She
	Check If Schedu

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Fund Balances

Net Assets or

Part X	Balance Shee
	Check If Schedu

Balance Sheet				
Check if Schedule O contains a response or note to any line in this Part X				

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Page	

(B)

End of year

36,857,829

10,932,568

11,363,396

220,778

44,722

1,066,095

95,783,949

16.200.468

21,010,917

1.308.538

9,548,594

36,128,902

26,846,505

72,524,001

85,166,357

15.268.526

21,830,376

122,265,259

194,789,260 Form 990 (2015)

194,789,260

(A)

Beginning of year

35,557,185

22,775,077

12,734,442

97,470

35,930

816,878

76,725,472

15,506,883

23,727,585

538,600

188,515,522

6,700,017

36,918,007

21.307.610

64,925,634

84,553,579

18.462.651

20.573.658

123.589.888

188.515.522

138.988.696

43,204,747

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(Bal	an	ce	Sh	ıe	et	

Part X	Balance	Sheet

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets . . .

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Temporarily restricted net assets .

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

a separate basis, consolidated basis, or both

1 Accounting method used to prepare the Form 990

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

Schedule O

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

Both consolidated and separate basis

Both consolidated and separate basis

Cash ✓ Accrual COther

▽

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Software ID: **Software Version:**

EIN: 13-1740483

Name: RIVERDALE COUNTRY SCHOOL

Form 990 Part VII - Companyation of Officers Directors Trustees Key Employees Highest

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee		Former Highest compensated employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
DOMINIC AA RANDOLPH HEAD OF SCHOOL	40 00	x		х				752,776	0	221,868	
DAVID N ROBERTS CHAIR	1 00	x		х				0	0	C	
DANIEL J ROSEN CO VICE CHAIR	1 00	x		х				0	0	C	
DAVID WESTIN CO VICE CHAIR	1 00	×		x				0	0	C	
ROGER H KIMMEL TREASURER	1 00	×		х				0	0	O	
TERRI D AUSTIN SECRETARY	1 00	x		х				0	0	C	
GWEN ADOLPH BOARD MEMBER	1 00	х						0	0	C	
ELLEN BIBEN BOARD MEMBER	1 00	×						0	0	C	
DAVID BLITZER BOARD MEMBER	1 00	×						0	0	C	
TORY BURCH BOARD MEMBER	1 00	x						0	0	C	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, K	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	than erso icer	not one n is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
JOHN CASTLE BOARD MEMBER	1 00	x						0	0	0
KENNETH EBERTS BOARD MEMBER	1 00	x						0	0	0
SANDRA KIM HOFFEN BOARD MEMBER	1 00	x						0	0	С
MARK D HOSTETTER BOARD MEMBER	1 00	×						0	0	C
JOHN KAO BOARD MEMBER	1 00	x						0	0	C
MICHAEL A KARSCH BOARD MEMBER	1 00	x						0	0	C
BETSY KENNY LACK	1 00						\Box			

1 00

1 00

1 00

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BETSY KENNY LACK BOARD MEMBER

KASS LAZEROW

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

GARY A LIEBERMAN

MARC S LIPSCHULTZ

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ru	stee	S, F	key Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DANIEL C LUBIN BOARD MEMBER	1 00	х						0	0	0
LARA METZ BOARD MEMBER	1 00	х						0	0	C
THOMAS K MONTAG BOARD MEMBER	1 00	x						0	0	C
JOHN A NEUWIRTH BOARD MEMBER	1 00	x						0	0	C
KATHLEEN M PIKE BOARD MEMBER	1 00	x						0	0	C
ALLAN V ROSE BOARD MEMBER	1 00	х						0	0	(
SUSAN DROSSMAN SOKOLOFF	1 00	,,								,

1 00

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WENDY TOPKIS BOARD MEMBER

DEBORAH SONNENBERG

JAMIE ALEXANDER TISCH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	penaent co.	, ici ac		•				1	i	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	nore t ess pe offi direct	than ersor icer tor/t	not one on is and trust	tee)	, a Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PHILIP WATERMAN III BOARD MEMBER	1 00	x						0	0	0
STACEY WEINSTEIN BOARD MEMBER	1 00	x						0	0	0
DANIEL P SCHULTZ CFO/DIRECTOR OF FINANCE	40 00			×				222,401	. 0	54,155
RICHARD LAPIDUS DEAN OF FACULTY	40 00				х			157,885	0	11,485
EDWIN GORDON HEAD OF LOWER SCHOOL	40 00				х			219,402	2 0	15,665
MILTON J SIPP HEAD OF MIDDLE SCHOOL	40 00				х			268,912	0	63,317
BOBBI MARK CHIEF DEVELOPMENT OFFICER	40 00				х			258,430	0	31,090
KELLEY NICHOLSON-FLYNN HEAD OF UPPER SCHOOL	40 00				х			196,121	. 0	48,084
DAVID E PATNAUDE	40 00				Г			!		

40 00

DIRECTOR OF PLANT & SUSTAIN

DIRECTOR OF COLLEGE GUIDANCE

KRISTI H MARSHALL

217,408

209,381

25,697

33,818

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E)
Name and Title Average Position (do not check Reportable Reportable

32,791

	hours per week (list any hours for related organizations below dotted line)	unles	ss pe	ersoi icer tor/t	n is and trust	tee)	an Forme	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
JENNA ROGERS KING DIRECTOR OF ADM AND ENROLL	40 00					х		187,554	0	55,657
MICHAEL GALLIGAN FACILITIES MANAGER	40 00					х		164,923	0	16,983
PATRICK ROMANO	40 00				П	,,		472.467		22.704

etile	GRAPHIC	print -	DO NOT	PROCESS	AS	Filed	Data

DLN: 93493132013267 OMB No 1545-0047

Employer identification number

13-1740483

SCHEDULE A (Form 990 or

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

RIVERDALE COUNTRY SCHOOL

990EZ)

Part I

⊽

2

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Inspection

Nan				1- 9 above (see instructions))	Yes	No		
Nan				`	Yes	No	_	
Nan				`	Vac	No		
Nan				`				
Nan				(described on lines	docum	entz	(see instructions)	instructions)
Nan	ne or s	supported organization		organization	listed in your	governing	monetary support	support (see
	na of c	(i) supported organization	(ii)EIN	(iii) Type of	(iv) Is the orga		(v) A mount of	(vi) A mount of other
g		Provide the following i	mormation ab	out the supported orga	mization(s)			
f -	Ente	r the number of support	3				· · · · · · · · · · · · · · · · · · ·	
	ı	integrated, or Type III	I non-function	ally integrated suppor			, , , , , , , .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e	_	(see instructions) You Check this box if the o					ıs a Type I, Type II, T	vpe III functionally
_	ı	not functionally integra	ated The orga	anızatıon generally mu	st satisfy a dis	trıbutıon requ	rement and an attentive	
d	_	supported organization Type III non-function					D, and E. n with its supported org	anization(s) that is
c							h, and functionally integ	grated with, its
		must complete Part IV			same persons i	.nat control of	manage the supported	organization(s) fou
b	Γ						oorted organization(s), b manage the supported	
		organization You mus				ity of the direc	ctors or trustees of the	supporting
а			-		•	• • •	organization(s), typical	, , , ,
	•						n 509(a)(2) See sectio d complete lines 11e, 1	
11	<u> </u>	An organization organi	zed and opera	ated exclusively for the	e benefit of, to	perform the fu	nctions of, or to carry o	
10	_	3	e 30,1975 S	ee section 509(a)(2) .	(Complete Part	III)	,	s acquired by the
							, and (2) no more than 3 11 tax) from businesse	
		An organization that r	normally recei	ves (1) more than 33	1/3% of its sup	port from con	tributions, membership	fees, and gross
9		A community trust des			,			

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization'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						
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						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L 5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qua 33 1/3% support test—2014. If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	20% and 300	▶┌
							• 1

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization'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 Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction 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	1	Yes	No
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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
.1	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 (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	2a	
	Did the activities described in (a) 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	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? 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

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)		
Section D - Distributions			Current Year		
A mounts paid to supported organizations to accom	plish exempt purposes				
2 Amounts paid to perform activity that directly furth		ported organizations un			
excess of income from activity	ers exempt purposes or supp	orted organizations, in			
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons			
A mounts paid to acquire exempt-use assets					
Qualified set-aside amounts (prior IRS approval required)					
Other distributions (describe in Part VI) See instructions					
7 Total annual distributions. Add lines 1 through 6					
7 Total allilual distributions. And lines 1 through 6					
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide			
9 Distributable amount for 2015 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
	T	····	I		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1 Distributable amount for 2015 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2015					
a					
b					
<u>C</u>					
d From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2015 distributable amount					
i Carryover from 2010 not applied (see instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2015 from Section D, line 7 \$					
a Applied to underdistributions of prior years					
b Applied to 2015 distributable amount					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2015 Subtract					
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2016. Add lines 3j and 4c					
8 Breakdown of line 7					
a					
b					
c Excess from 2013					
d From 2014					
e From 2015					
		Schodulo A	(Form 990 or 990-F7) (2015		

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service Name of the organization

Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493132013267

Inspection

	me of the organization /ERDALE COUNTRY SCHOOL		Em	ployer identification number
				-1740483
Pā	Organizations Maintaining Dono Complete if the organization answer			or Accounts.
		(a) Donor advised funds	(1	b) Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			vised Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Compl	ete if the organization answered "Ye	es" on Fo	rm 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by t	ne organization (check all that apply)		
	Preservation of land for public use (e g , reconducation)		n of an hist	orically important land area
	Protection of natural habitat	Preservation	n of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contributio	on in the for	
_	Total number of conservation easements		3-	Held at the End of the Year
a b	Total acreage restricted by conservation easem	ents	2a 2b	
c	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (• • • • • • • • • • • • • • • • • • • •	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	ninated by t	the organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	rding the periodic monitoring, inspection,		of Yes No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and er	nforcing co	
	>			
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforc	ing conser	vation easements during the year
3	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements o	of section 1	170(h)(4) Yes No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation ea	t of the footnote to the organization's fina		·
a	Organizations Maintaining Colle Complete if the organization answer			ther Similar Assets.
La	If the organization elected, as permitted under S works of art, historical treasures, or other simila			

(ii) Assets included in Form 990, Part X **▶** \$ __

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pai	t III	Organizations Maintaining	g Collections of A	Art, Histo	rical	Treas	ures, or	Other Similar A	\ssets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other rec	ords, chec	k any	of the fo	llowing that	are a significant u	se of its
а		Public exhibition		d	┌ Lo	oan or ex	change pro	grams	
b		Scholarly research		e	Г о	ther			
c		Preservation for future generations							
4	Provi Part >	de a description of the organization	n's collections and exp	plaın how t	hey fur	ther the	organizatio	n's exempt purpos	e in
5		g the year, did the organization soles to be sold to raise funds rather t							es No
Pa	rt IV	Escrow and Custodial Arr. Complete if the organization Part X, line 21.		n Form 99	0, Pa	rt IV, lı	ne 9, or re	ported an amou	nt on Form 990,
1 a	Is the	e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other inter	mediary fo	rcontr	ributions	or other as	sets not	es No
b	If"	'Yes," explain the arrangement in F	Part XIII and complet	e the follow	wing ta	ble		An	nount
c	Ве	ginning balance					10	:	
d	A d	ditions during the year					10	1	
e	Dis	stributions during the year					16	•	
f	End	ding balance					11	F	
2 a	Did th	ne organization include an amount i	on Form 990, Part X,	line 21, for	escro	w or cus	todial acco	unt liability? 🔽 👍	es No
b		es," explain the arrangement in Par							
Pa	art V	Endowment Funds. Comple							
	Begin	nning of year balance	(a)Current year 23,153,355	(b) Рпог у	ear 566,220		o years back 18,463,673	(d)Three years back 15,633,661	(e)Four years back 13,745,847
b	_	ributions	1,460,289		147,780		2,991,323	1,876,003	2,011,699
c	Net ir losse	nvestment earnings, gains, and s	-511,802	:	228,262		1,654,799	1,495,637	29,235
d		ts or scholarships • • • •							
е		r expenditures for facilities orograms • • • • • • • •	1,117,390	-	788,907		543,575	541,628	-153,120
f	A dmı	nistrative expenses							
g	End o	f year balance · · · ·	22,984,451	23,:	153,355		22,566,220	18,463,673	15,633,661
2	Provi	de the estimated percentage of the	current year end bala	ance (line	1g, col	umn (a)) held as		
а	Board	i designated or quasi-endowment 🕨	•						
b	Perm	anent endowment ▶ 94 980 %							
c		orarily restricted endowment > percentages on lines 2a, 2b, and 2c	5 020 %						
За		here endowment funds not in the po	·	nization tha	at are l	neld and	administer	ed for the	
		iization by	3						Yes No
	(i) un	related organizations							a(i) No
		elated organizations							a(ii) No
ь 4		es" on 3a(II), are the related organi ribe in Part XIII the intended uses							3b
	rt VI	Land, Buildings, and Equi		endowinen	tiulius	•			
		Complete if the organization		Form 990	, Part	: IV, lin	e 11a.See	Form 990, Part	X, line 10.
		Description of property			(a) or other vestmer		(b) ost or other ba (other)	Accumulated (c) depreciation	(d)Book value
1a	Land						4,473,	167	4,473,167
b	Buildin	ngs 					86,473,	39,666,7	55,806,654
c	Leasel	nold improvements							
d	Equipn	nent					17,072,	777 12,538,00	9 4,534,768
е	Other 						30,969,	360	30,969,360

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

95,783,949

Part VII Investments—Other Securities. See Form 990, Part X, line 12.			
(a) Description of security or categ	ory	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
(3)Other (A)LIMITED PARTNERSHIPS		21,010,917	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12		21,010,917	
Part VIII Investments—Program Related Complete if the organization answe	• red 'Yes' on Form 99	0, Part IV, line 11c. _{See}	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
	+		Cost or end-of-year market valu
Total. (Column (b) must equal Form 990. Part X. col (B) line 13))		
		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organiz		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organize (a) Do	ration answered 'Yes' on		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Assets. Complete if the organize (a) Do	ration answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Control of the Cont	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Control of the Cont	ration answered 'Yes' on escription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability	ne 15)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete of the of See Form 990, Part X, line 25.	ne 15) organization answere	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability	ne 15) organization answere	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability	me 15) Organization answere (b) Book value	· · · · · · · · · · · · · · · · · · ·	(b) Book value

1

2

а

b

3

58,497,589

Other (Describe in Part XIII) 2d 749,825 Add lines 2a through 2d . . . 2e -858,159 3 Subtract line 2e from line 1 . 59,355,748 Amounts included on Form 990, Part VIII, line 12, but not on line 1

2a

2b

2c

-1,607,984

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 305,000 а b 4b 8,554,717 4c 8,859,717 5 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 68,215,465 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . 1

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

58,979,909 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a 2b b Prior year adjustments 2c 2d d Other (Describe in Part XIII) . 111,087

Add lines 2a through 2d . . 2e 111,087 3 Subtract line **2e** from line **1** 3 58,868,822 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. 305,000

8,554,717 b Add lines **4a** and **4b** 8,859,717 c 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 67,728,539

Part XIII Supplemental Information

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 Return Reference Explanation

PART V, LINE 4 THE SCHOOL'S ENDOWMENTS WERE ESTABLISHED FOR THE CONTINUOUS SUPPORT OF EDUCATION IN THE SCHOOL Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	Page 5
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 42,516 RENTAL EXPENSES 68,571 LOSS ON DISPOSAL OF FIXED ASSETS 638,738
PART XI, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID 8,554,717
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 68,571 COST OF GOODS SOLD 42,516
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID 8,554,717

Schedule D (Form 990) 2015

OMB No 1545-0047

Open to Public Inspection

SCHEDULE E Schools (Form 990 or

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

990-EZ)

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** RIVERDALE COUNTRY SCHOOL 13-1740483 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990EZ) (2015)

SCHEDULE E, PART I, LINE 3	RIVERDALE COUNTRY SCHOOL IS A MEMBER OF THE INDEPENDENT SCHOOL ADMISSION ASSOCIATION OF GREATER NEW YORK (ISAAGNY) TWICE A YEAR, ISAAGNY LISTS ALL MEMBER SCHOOLS AND THEIR RACIALLY NON-DISCRIMINATORY POLICY IN THE NEW YORK TIMES ADDITIONALLY, THE SCHOOL PUBLICIZES ITS POLICY IN ALL ITS ADMISSIONS CATALOGUES AND BROCHURES AS WELL AS IN ITS ANNUAL STUDENT HANDBOOK
SCHEDULE E, PART I, LINE 6	THE SCHOOL RECEIVES REIMBURSEMENT FOR ATTENDANCE REPORTING AS MANDATED BY NEW YORK STATE

Page 2

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ta - DLN: 934931320132					
SCHEDULE F (Form 990)	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047			
Part IV, line 14b, 15, or 16. Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Open to Publication Inspection								
Name of the organization RIVERDALE COUNTRY SCHOOL				Employer identification numb				
Part I General Informatio Complete if the organ								
1 For grantmakers. Does the and other assistance, the grants or used to award the grants or	antees' eligibil			-	∏ Yes ∏ No			
2 For grantmakers. Describe I assistance outside the Unite		rganızatıon's p	rocedures for monitori	ng the use of its gran	ts and other			
3 Activites per Region (The follow	ving Part I, line	3 table can be d	uplicated if additional spa	ice is needed)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region				
(1) NORTH AMERICA			INVESTMENTS		5,009,871			
(2) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		509,946			
(3) EUROPE			INVESTMENTS		5,321,721			
(4)								
(5)								
3a Sub-total	0	· c			10,841,538			
b Total from continuation sheets to Part I	0	C			0			
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0			No 50082W Sched	10,841,538 ule F (Form 990) 2015			

Schedule F (Form 990) 2015

	applicable)		disparsement	assistance	assistance	appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						1	
(2)				1			
(3)							
(4)						<u></u>	
(5)							
(6)				1			
(7)				,			
(8)							
(9)							
(10)							
(11)						1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

- Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships

Yes √ No (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

Additional Data

Software ID: Software Version:

EIN: 13-1740483

Name: RIVERDALE COUNTRY SCHOOL

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments |
Complete if the organiza

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

Department of the

Internal Revenue Service

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

DLN: 93493132013267

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Name of the organization						Employer identification	on number
RIVERDALE COUNTRY SCHOOL						13-1740483	
Part I General Information	on on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization Part II Grants and Other Assist 	ward the grants or as zation's procedures fo	sistance? or monitoring the use	of grant funds in the Un	ited States		orm 990, Part IV, line 21	✓ Yes N
that received more than					unswered res on r		., for any recipient
(a) Name and address of organization or government	(P) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 5			sted in the line 1 table .			· · · · • –	

Cat No 50055P

Part III can be duplicated if addit	ional space is needed				
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID FOR STUDENTS FOR (1) EDUCATIONAL PURPOSES	221	8,554,717			
Part IV Supplemental Informat	ion. Provide the infor	mation required in Pa	art I, line 2, Part III, o	column (b), and any other	additional information.

Part IV Suppleme	ental Information.	Provide the inform	ation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation					
PART I, LINE 2	COMPLETE FIN (INCLUDING SO PFS GENERATE EQUITY, AGE O CHARGING INS AS COST OF LI FINAL DECISIO AGAINST FAMI	NANCIAL AID FILE CO CHEDULES AND W-2: ES A RECOMMENDED OF THE PARENTS (WH STITUTIONS THE RF IVING, UNUSUAL EXF ON BASED ON THE FI	ONTAINS A PARENT S), A FAMILY BUDGE D FAMILY CONTRIBU HEN CONSIDERING FC MAY THEN BE AD PENSES, AND A HON INANCIAL AID DIRE IN THE SPRING AND	T FINANCIAL STATEME ET SHEET AND ANY OT JTION (RFC) BASED PR ASSETS NEEDED FOR I JUSTED AT THE DISCR ME EQUITY PROTECTION ECTOR'S SUGGESTION OAWARDS ARE ADJUST	ENT (PFS), THE PREVIOUS YITHER REQUIRED SUPPORTINIMARILY ON THE FAMILY IN RETIREMENT) AND NUMBER RETION OF THE FINANCIAL ON ALLOWANCE THE FINANCI PFS'S WHICH ARE BASED (ED FOR A FINANCIAL AID GRANT A EARS FEDERAL TAX RETURN NG DOCUMENTS COMPLETING THE NCOME, ASSETS INCLUDING HOME OF CHILDREN IN TUITION AID DIRECTOR FOR SUCH THINGS NCIAL AID COMMITTEE MAKES A ON ESTIMATES ARE THEN CHECKED

EXPENSES FOR SCHOOL TRIPS, COLLEGE AND ATHLETICS

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No 1545-0047

DLN: 93493132013267

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Name of the organization **Employer identification number** RIVERDALE COUNTRY SCHOOL

			13-1740483			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	~	Housing allowance or residence for personal use	ļ		
	Travel for companions		Payments for business use of personal residence	ļ		
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees	ļ		
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for methods			
	▼ Compensation committee	~	Written employment contract			
	✓ Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of		•			
а	The organization?			5a		Νo
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III			5b		Νo
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	i, did the organization pay or accrue any			
а	The organization?			6 a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re					

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

8

Νo

Selledales (Form 550) 2015					r age 🕳				
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·					
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 1A DOMINIC A A RANDOLPH RECEIVED THE FOLLOWING NONTAXABLE BENEFITS. HOUSING AND SOCIAL CLUB DUES, HOUSING IS PROVIDED. ION CAMPUS TO THE HEADMASTER AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER PURSUANT TO

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

TAXABLE BY VIRTUE OF BEING A WORKING CONDITION FRINGE UNDER IRS SECTION 132

Software ID: **Software Version:**

EIN: 13-1740483

Name: RIVERDALE COUNTRY SCHOOL

Form 990, Schedule J,								(E) Composition in
(A) Name and Title	ı	(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DOMINIC AA RANDOLPH HEAD OF SCHOOL	(1)	752,776	0	0	167,375	54,493	974,644	(
	(11)	0	0	0	0	- - 0	_ _ 0	(
1 DANIEL P SCHULTZ CFO/DIRECTOR OF FINANCE	(1)	222,401	0	0	16,484	37,671	276,556	(
0.0,00.00	(11)	0	0	0	0			(
2RICHARD LAPIDUS DEAN OF FACULTY	(1)	157,885	0	0	9,776	1,709	169,370	(
DEAN OF FACOLIT	(11)	0	0	0	0			(
3EDWIN GORDON HEAD OF LOWER SCHOOL	(1)	219,402	0	0	8,129	7,536	235,067	(
HEAD OF LOWER SCHOOL	(11)	0	0	0	0			(
4MILTON J SIPP HEAD OF MIDDLE SCHOOL	(1)	268,912	0	0	26,316	37,001	332,229	(
READ OF MIDDLE SCHOOL	(11)	0	0	0	0			(
5BOBBI MARK CHIEF DEVELOPMENT	(1)	258,430	0	0	18,389	12,701	289,520	(
OFFICER	(11)	0	0	0	0			(
6 KELLEY NICHOLSON-FLYNN HEAD OF UPPER SCHOOL	(1)	196,121	0	0	14,555	33,529	244,205	(
TIEAD OF OTTER SCHOOL	(11)	0	0	0	0			(
7DAVID E PATNAUDE DIRECTOR OF PLANT &	(1)	217,408	0	0	15,369	10,328	243,105	(
SUSTAIN	(11)	0	0	0	0			(
8KRISTI H MARSHALL DIRECTOR OF COLLEGE	(1)	209,381	0	0	20,989	12,829	243,199	(
GUIDANCE	(11)	0	0	0	0			(
9JENNA ROGERS KING DIRECTOR OF ADM AND	(1)	187,554	0	0	13,274	42,383	243,211	(
ENROLL	(11)	0	0	0	0			(
10MICHAEL GALLIGAN FACILITIES MANAGER	(1)	164,923	0	0	16,347	636	181,906	(
WELLIES HAWAGEN	(11)	0	0	0	0			(
11PATRICK ROMANO FACULTY MEMBER	(1)	173,167	0	0	13,814	18,977	205,958	(
TACOLIT PIEMBER	(11)	0	0	0	0			(

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

DLN: 93493132013267

Open to Public Inspection

	e or the organization								Emt	oloyer la	entifica	tion num	iber	
IV	ERDALE COUNTRY SCHOOL								13-	17404	83			
Pa	art I Bond Issues								•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue prid	e	(f) Descriptio	n of purpose	(g) De	feased		On		Pool
												alf of uer	finar	ncing
									Yes	No	Yes	No	Yes	No
· ·	BUILD NYC RESOURCE	45-4040561	NONEAVAIL	07-15-2015	51,691,0	00 CU	RRENT REFUN	IDING AND		X		X		Х
	CORP						NSTRUCTION							
Da	rt III Proceeds					ΕŲ	UIPING FACI	LIII						
	110cccus				Α			В		С	Т			
1	Amount of bonds retired.					568,29								
2	A mount of bonds legally def					,								
3	Total proceeds of issue					1 601 00	20					-		
	<u> </u>				5.	1,691,00	30							
4	Gross proceeds in reserve f													
5	Capitalized interest from pro													
6	Proceeds in refunding escro													
7	Issuance costs from procee					67,50	04							
8	Credit enhancement from pr													
9	Working capital expenditure	s from proceeds												
.0	Capital expenditures from p	roceeds			į	5,614,79	97							
1	O ther spent proceeds				2.1	1,342,67	79							
.2	Other unspent proceeds .			•										
.3	Year of substantial completi	ion												
					Yes	No	Yes	No	Yes	ı	No	Yes		No
.4	Were the bonds issued as pa	art of a current refund	ding issue?		x									
.5	Were the bonds issued as pa	art of an advance refu	ındıng ıssue?			Х						,		
.6	Has the final allocation of pr	roceeds been made?				Х								
.7	Does the organization maint	taın adequate books a	and records to supp	oort the final	X									
		<u> </u>												
a i	rt IIII Private Business	Use												
					A			В		c			D	
_	Was the organization a partr	ner in a narthorobin o	or a member of an I	I.C. which owned	Yes	No	Yes	No	Yes	<u> </u>	No l	Yes	$-\!\!\!\!+\!\!\!\!\!-$	No
1	was the organization a parti	nei in a partnership, t	n a member or an L	LC, WITCH OWING	1 1		1	1		1	- 1		- 1	

Are there any lease arrangements that may result in private business use of bond-

				4	!	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to of bond-financed property?	ousiness use	×							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final		Х							
prope		- 								
с	Are there any research agreements that may result in private business use financed property?	or bond-		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government.			0 %				•		•
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	rsection		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		×							
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?				<u>'</u>		•		'	
а	Rebate not due yet?	Х								
b	Exception to rebate?	Х								
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Albinage (Continuedy								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceed contract (GIC)?	s invested in a guaranteed investment		×						
Name of provider .									
Term of GIC									
value of the GIC sat	safe harbor for establishing the fair market tisfied?								
Were any gross prod period?	ceeds invested beyond an available temporary								
	n established written procedures to monitor section 148? . . .	×							
Part V Procedure	s To Undertake Corrective Action								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
that violations of fed and corrected throu	n established written procedures to ensure deral tax requirements are timely identified gh the voluntary closing agreement program if not available under applicable regulations?	×							
Part VI Supplem	ental Information. Provide additional inform	ation for resp	onses to qu	iestions on S	chedule K (:	see instructio	ns).		
Return Reference		Explanation							
ART III LINE 7	AS PROVIDED IN TREASURY REGULATION SEPAYMENTS TAKEN INTO ACCOUNT UNDER THE AMOUNT OF PRIVATE BUSINESS USE AND/OR THE AMOUNT OF PRIVATE PAYMENTS FOR THE AMOUNT STATED IN PART III, LINE 6 THE OF THE PRIVATE SECURITY TEST WITH RESPECT USE AND/OR UNRELATED TRADE OR BUSINES AMOUNTS PERMITTED UNDER SECTION 145 (IE PRIVATE PAR UNRELATED IE REPORTING RGANIZATION TO THE BON S REPORT IN	AYMENT TES TRADE OR B G PERIOD DO I HAS NOT U DS, AS THE L	T MAY NOT EXUSINESS USE ES NOT EXCE NDERTAKEN A EVEL OF PRIV	XCEED THE ACCORDIN ED THE AN ANALYSIS ATE BUSINI	IGLY, S OF ESS			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493132013267

OMB No 1545-0047

2015

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **Employer identification number** RIVERDALE COUNTRY SCHOOL 13-1740483 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 41 1,029,524 SELLING PRICE **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other ▶ (_____ 28 Other ► (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

b If "Yes," describe the arrangement in Part II

contributions?

Cat No 51227J

31

32a

Νo

Νo

Yes

Schedule M (Form 990) (2015)

PART I. COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -
SCHEDULE O	Supplementa	I Information
(Form 990 or 990-EZ)	•	ide information for re

ormation to Form 990 or 990-EZ

ormation for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015 **Open to Public Inspection**

OMB No 1545-0047

DLN: 93493132013267

Name of the organization RIVERDALE COUNTRY SCHOOL

Department of the

Internal Revenue Service

Treasury

Employer identification number

13-1740483

Return Reference	Explanation
FORM 990,	RIVERDALE COUNTRY SCHOOL IS A PRE-K THROUGH GRADE 12 INDEPENDENT SCHOOL IN NEW YORK CITY COMMITTED TO
PART III,	EMPOWERING LIFELONG LEARNERS BY DEVELOPING MINDS, BUILDING CHARACTER, AND CREATING COMMUNITY IN ORDER
LINE 1	TO CHANGE OUR WORLD FOR THE GOOD OUR IDEA OF LEARNING AND LIVING WITH PURPOSE IS INTRODUCED TO THE PRE-K
	STUDENT AND NURTURED THROUGH EACH SUCCESSIVE YEAR IN EVERYTHING WE DO, WE BALANCE TRADITIONAL
	LEARNING WITH FORWARD-LOOKING STRATEGIES WE SEE GREAT INNOVATORS TRANSFORMING SOCIETY BY RETHINKING
	AND REDESIGNING THE HUMAN EXPERIENCE AT AN EVER FASTER RATE. WE GIVE STUDENTS THE CONFIDENCE TO DEVELOP
	INDEPENDENCE, KNOW HOW TO ASK GOOD QUESTIONS, ADAPT TO CHANGE, SOLVE PROBLEMS, MAKE OPPORTUNITY, AND
	BECOME AGENTS OF CHANGE OUR GOAL IS ALWAYS TO ENGAGE THE MIND, BUILD CHARACTER, AND ENCOURAGE
	COMMUNITY BECAUSE RIVERDALE IS SO MUCH MORE THAN A SCHOOL, IT IS PREPARATION FOR LIFE. AT RIVERDALE, WE
	KNOW THAT LEARNING IS DIFFICULT IT IS RATIONAL AND EMOTIONAL IT CAN PROCEED SEQUENTIALLY, IT CAN ALSO
	HAPPEN SERENDIPITOUSLY, AS THE RESULT OF AN UNEXPECTED EXPERIENCE, AN UNLIKELY CONVERGENCE, A NEW WAY
	OF LOOKING AT INFORMATION LEARNING CAN BE ILLUMINATING AND INSPIRING AS WELL AS UNSETTLING INCREASINGLY,
	RESEARCH SHOWS THAT LEARNING IMPROVES THROUGH THE DEVELOPMENT OF CHARACTER STRENGTHS AND WHAT
	PSYCHOLOGIST CAROL DWECK HAS TERMED A "GROWTH MINDSET" THE VIA INSTITUTE OF CHARACTER IDENTIFIES 24
	CHARACTER STRENGTHS AT RIVERDALE, WE EMPHASIZE SEVEN GRIT, OPTIMISM, SELF-CONTROL, CURIOSITY, ZEST,
	GRATITUDE, AND SOCIAL INTELLIGENCE BY DEVELOPING THESE QUALITIES, STUDENTS IMPROVE PERFORMANCE,
	RELATIONSHIPS, AND OVERALL QUALITY OF LIFE THEY DEVELOP PURPOSE

Return Reference	Explanation
	AT RIVERDALE, WE RELY ON A POMERFUL MODEL BASED ON GUIDING PRINCELSS IN THREE KEY AREAS MIND, CHARACTER AND COMMANITY. WE ARRENIFONDALLY TRYNO TO LED E-OF STLOGHTS IN-OF-ANCE MINDS THAT JUNGSETS TAND CHARACTER AND COMMANITY. WE ARRENIFONDALLY TRYNOSTO DE JUNGSET AND THAT DEVELOPED CHARACTER. AND COMMANITY WE ARRENIFONDALLY TRYNOSTO DEVELOP THE COURT OF AN EMPTION OF MINDS THAT DEVELOPED CHARACTER. AND COMMANITY ME ARRENIFONDALLY TRYNOSTORY OF THE COURT OF
	IS A THREAD THROUGHOUT THE CURRICULUM IN THE UPPER SCHOOL, STUDENTS HAVE UNDERTAKEN INDEPENDENT PROJECTS THAT EXAMINE THE CONSUMPTION OF RESOURCES AMONG THEM O CONDUCTING FULL ENERGY SURVEYS OF BUILDINGS O PARTICIPATING IN ANALYSIS FOR THE POSSIBILITY OF WIND POWER O CONDUCTING A SITE ANALYSIS FOR A GREENHOUSE O DESIGNING RECYCLING CONTAINERS FOR THE SCHOOL O RESEARCHING COMPOSTING ALTERNATIVES FOR FOOD WASTE EVERYONE AT RIVERDALE - OUR FACULTY, STUDENTS, PARENTS, ADMINISTRATORS, DINING SERVICES STAFE GROUNDS STAFE ENVIRONMENTAL SERVICES STAFE AND MAINTENANCE EMPLOYEES. IS COMMITTED TO A
	STAFF, GROUNDS STAFF, ENVIRONMENTAL SERVICES STAFF, AND MAINTENANCE EMPLOYEES - IS COMMITTED TO A SUSTAINABLE FUTURE

Return	Explanation
Return Reference FORM 990, PART III, LINE 4A	RESTRICTION OF THE RESTRICT SCHOOL THAT BENEFITS FROM COLLABORATIONS WITH OTHER GREAT CIVIC, EXICATIONAL, AND CALTURAL ORGANIZATIONS IN NEW YORK, AGROSS THE WITHOUT AND THE GLOSE. HERE IS A LIST OF THE RECRUEA AND COMMANDATION WERE ASSESS MADE WAS THE COMMANDATION. AND CHEAT WAS AN
	RESEARCH, POLICY, AND EDUCATION DISCHOOL AT STANFORD UNIVERSITY MEMBERS OF DISCHOOL ARE WAYWARD

Return Reference	Explanation
	DESIGNATION OF PROPERCY IS AN AWARD-WINNING CLOBAL DESIGN FEMTHAT TAKES A HAMAN CENTERED. DESIGNATION AND STATE AND GROW THE PLOTTED WAY NOT TO SERVICE AND SHAPE AND STATE AND GROW THE PROPERCY WAY ST TO SERVICE AND SHAPE AND
	AGENDA IN THE ARTS WHILE GRADUALLY EXPANDING TO INCLUDE INVESTIGATIONS INTO THE NATURE OF INTELLIGENCE, UNDERSTANDING, THINKING, CREATIVITY, CROSS-DISCIPLINARY AND CROSS-CULTURAL THINKING, AND ETHICS PROJECT ZERO'S WORK TAKES PLACE NATIONALLY AND INTERNATIONALLY, IN A VARIETY OF SETTINGS, WHILE MUCH OF THE RESEARCH OCCURS IN SCHOOLS, AN INCREASING AMOUNT IS FOCUSED ON BUSINESSES, CULTURAL ORGANIZATIONS SUCH AS MUSEUMS, AND ONLINE IN ADDITION, PROJECT ZERO OFFERS SYMPOSIA AND WORKSHOPS, MOST NOTABLY THE ANNUAL SUMMER INSTITUTES VERONICA BOIX-MANSILLA HAS WORKED WITH RIVERDALES UPPER SCHOOL FACULTY ON
	INTERDISCIPLINARY COURSE DEVELOPMENT MANY OF OUR FACULTIES HAVE ATTENDED THEIR SUMMER CONFERENCES PUBLIC PREP PUBLIC PREP IS A NETWORK OF COLLEGE-PREPARATORY CHARTER SCHOOLS COMMITTED TO HIGH ACADEMIC STANDARDS, MERIT, CITIZENSHIP AND RESPONSIBILITY THEY SEEK TO EMPOWER STUDENTS WITH CRITICAL-THINKING SKILLS AND A STRONG CHARACTER, PREPARING THEM TO PURSUE THEIR PAS

Return Reference	Explanation
FORM 990, PART	THE COMPLETE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND FINANCE STAFF IT IS THEN PRESENTED IN
VI, SECTION B, LINE	ITS ENTIRETY, EXCEPT FOR SCHEDULE B (SCHEDULE OF CONTRIBUTORS) DUE TO THE PRIVACY OF THE DONORS, TO
11	THE AUDIT COMMITTEE AND CIRCULATED TO THE BOARD OF TRUSTEES PRIOR TO SUBMISSION, HENCE, THE
	QUESTION HAS BEEN ANSWERED NO

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS BOARD MEMBERS AND OFFICERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE AT THE FIRST BOARD MEETING OF THE SCHOOL YEAR, THE CHAIRMAN OF THE BOARD DISTRIBUTES THE CONFLICT OF INTEREST FORM TO EACH MEMBER AT THE END OF THAT SESSION, EACH CONFLICT OF INTEREST FORM IS COLLECTED AND REVIEWED IF A CONFLICT OF INTEREST IS IDENTIFIED, THE BOARD WILL REVIEW THE ITEM AND DETERMINE WHETHER TO ALLOW THE ACTIVITY, OR EXCLUDE THE INDIVIDUALS FROM ITEMS INVOLVING THEIR CONFLICT WHEN ANY MATTER IN WHICH A BOARD MEMBER OR OFFICER HAS AN INTEREST COMES BEFORE THE BOARD FOR DECISION OR APPROVAL, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD BY THAT BOARD MEMBER OR OFFICER AND THE PERSON IN CONFLICT SHALL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE RELATING THERETO

Return Reference	Explanation
' ' '	AN INDEPENDENT COMPENSATION CONSULTANT IS USED ADDITIONALLY, IT IS ALSO REVIEWED BY THE CHAIRMAN OF THE BOARD AND THE CHAIR OF THE FINANCE COMMITTEE THE LAST REVIEW TOOK PLACE IN JUNE 2014 THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE SCHOOL'S COMPENSATION
	AND BENEFITS COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI,	TRANSPARENCY IS VERY IMPORTANT TO RIVERDALE COUNTRY SCHOOL, AS SUCH, RIVERDALE COUNTRY
SECTION C, LINE 19	SCHOOL PROVIDES CERTAIN DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BAD DEBT LOSS -203,571

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R Polated O

For Paperwork Reduction Act Notice, see the Instructions for 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.

2015

DLN: 93493132013267

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

13-1740483

Department of the Treasury
Internal Revenue Service
Name of the organization

RIVERDALE COUNTRY SCHOOL

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) PLUSSED LLC **EDUCATIONAL** NY 0 RIVERDALE COUNTRY SCHOOL 5250 FIELDSTON ROAD BRONX, NY 10471 35-2564750 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 organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropr allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing		General or managing partner?		General or managing partner?		General or managing partner?	General or managing partner?	Gene mana parti	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No											
											<u> </u>											

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

chedule k (Form 990) 2015					Pag	ge 3	
Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				١.	Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a			
b Gift, grant, or capital contribution to related organization(s)				1 b			
c Gift, grant, or capital contribution from related organization(s)				1 c			
d Loans or loan guarantees to or for related organization(s)				1d			
e Loans or loan guarantees by related organization(s)				1e			
f Dividends from related organization(s)				1f			
g Sale of assets to related organization(s)				1 g			
h Purchase of assets from related organization(s)				1h			
i Exchange of assets with related organization(s)				1i			
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)				1k			
l Performance of services or membership or fundraising solicitations for related organization(s)				11			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	ı		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n			
Sharing of paid employees with related organization(s)				10			
${f p}$ Reimbursement paid to related organization(s) for expenses				1 p			
q Reimbursement paid by related organization(s) for expenses							
r Other transfer of cash or property to related organization(s)				1r			
${f s}$ Other transfer of cash or property from related organization(s)				1 s			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount				
						-	

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

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 section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	otal end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
													<u></u>				
				l		L				l .	l						

