For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

# **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

DLN: 93493126015391 OMB No. 1545-0047

2019

Inspection

		2019 6		nning 07-01-2019 , and ending 06	5-30-2	020			
		pplicable:	C Name of organization	ming 07 01 2015 , and chang oc	3 30 2	.020	D Employ	er identifi	ication number
		change	Riverdale Country School Inc						
□ Na	me ch	ange	% DANIEL P SCHULTZ				13-174	0483	
	tial ret		Doing business as						
		n/terminated I return		mail is not delivered to street address) Room	n/suite		E Telephon	ne number	
		on pending	5250 Fieldstop Poad	Than is not delivered to street address, hour	,, 54,125		(718) 5	19-2726	
				untry, and ZIP or foreign postal code			,		
			Bronx, NY 10471				<b>G</b> Gross re	ceipts \$ 93	3,500,848
			<b>F</b> Name and address of princip	pal officer:	Н	l(a) Is this	a group re	turn for	
			DOMINIC A A RANDOLPH 5250 FIELDSTON ROAD				linates?		□Yes <b>☑</b> No
			BRONX, NY 10471		⊦	l(b) Are all		es	☐ Yes ☐No
<b>I</b> Ta:	x-exen	npt status:	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or 527	,	include If "No.		ist. (see	instructions)
J W	ebsit	e:▶ WW	/W.RIVERDALE.EDU		- 1	I(c) Group		-	-
<b>K</b> Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Ass	sociation  Other	L	Year of forma	tion: 1930	M State	of legal domicile: NY
Pa	art I		mary						
			scribe the organization's mission DNAL ACTIVITIES PRE-K THROUG						
၁၄	-								
Ē	-								
Kell Kell	-		🗆		_				
Governance				iscontinued its operations or disposed of ing body (Part VI, line 1a)	of more	e than 25%	of its net a	ssets.	26
			-	of the governing body (Part VI, line 1b)	· · ·			4	25
<u>e</u> s				alendar year 2019 (Part V, line 2a)				5	619
<u> </u>			• •	ecessary)			•	6	25
Activities &	l		•	rt VIII, column (C), line 12			•	7a	2,862
•				* * * * * * * * * * * * * * * * * * * *				7a 7b	
	B	Net unrei	lated business taxable income inc	om Form 990-T, line 39	•	Duit	V	/B	-26,625
			tions and grants (Part VIII, line 1h			Pric	or Year 10,914,6		Current Year
3:	l			7,695,497					
Ravenue		-	service revenue (Part VIII, line 2g	64,467,7		67,519,338			
ą.				lines 3, 4, and 7d )			1,071,		2,498,116
			/enue (Part VIII, column (A), lines				1,774,4		911,204
	_			ust equal Part VIII, column (A), line 12)	)		78,227,9	_	78,624,155
	l		, , ,	column (A), lines 1–3 )			9,486,:	_	9,692,546
			paid to or for members (Part IX,	0	0				
8		•		penefits (Part IX, column (A), lines 5-10	0)		45,084,0		46,785,143
e) s			<del>-</del> ,	umn (A), line 11e)				0	0
Expenses	l		raising expenses (P <b>art</b> IX, column (D)	·					
ш	l			s 11a-11d, 11f-24e)			22,530,9	927	22,660,238
	l	•	enses. Add lines 13–17 (must ed	• • • • • • • • • • • • • • • • • • • •			77,101,		79,137,927
	19	Revenue	less expenses. Subtract line 18 f	rom line 12			1,126,8	330	-513,772
Net Assets or Fund Balances						Beginning o	of Current Y	ear	End of Year
alar	20	Total acc	ets (Part X, line 16)				238,932,8	237	230,702,058
A B			vilities (Part X, line 26)				100,755,3		94,754,427
ž,š			ts or fund balances. Subtract line				138,177,4		135,947,631
			ature Block	21 110111 11111 20			130,177,	+02	133,947,031
	rt II r pena			mined this return, including accompany	ina sch	nedules and	statements	s. and to	the best of my
knowl	edge	and belie		e. Declaration of preparer (other than					
any k	nowle	edge.							
		*****	*			2020	)-11-15		
Sign		Signati	ure of officer			Date			
Here		DOMIN	IIC A A RANDOLPH Head of School						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	CI.		PTIN	
Paid	t						ck 🗀 if   p employed	P01333816	
Pre		er 🕝	irm's name ► BKD LLP				's EIN ▶		
Use		ı  -	irm's address ▶ 1155 Avenue of the A	mericas 1200		Dhor	ne no. (212)	867-4000	
		<b>,</b>				Pillor	io iio. (ZIZ)	JU/ -4000	
			NEW YORK, NY 1003						
May t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)				<b>⊻</b> Y	'es 🗌 No

Cat. No. 11282Y

Form **990** (2019)

orm	990 (2019)				Page <b>2</b>
Pa	rt III Staten	nent of Program Service Acc	omplishments		
	Check if	Schedule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe	the organization's mission:			
	ONG LEARNERS	SCHOOL IS A PRE-K THROUGH GRA BY DEVELOPING MINDS, BUILDING			
2	Did the organiz	ation undertake any significant prog	ram services during the year whi	ch were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule (	).		
3	Did the organiz	ation cease conducting, or make sig	nificant changes in how it conduc	ts, any program	
	services? .  If "Yes," describ	be these changes on Schedule O.			✓ Yes □ No
4	Section 501(c)(	ganization's program service accom (3) and 501(c)(4) organizations are revenue, if any, for each program se	required to report the amount of		
4a	(Code: See Additional Da		649,375 including grants of \$	9,692,546 ) (Revenue \$	67,519,338 )
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including g	rants of \$	) (Revenue \$	)
4e	Total program	n service expenses ▶ 5	9.649.375		

FORM	990 (2019)			Page 3
Par	Checklist of Required Schedules		V-2	N.
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 Yes	No_
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		No
4	<b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule D,</i> Part   <b>3.</b>	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? <i>If "Yes," complete Schedule D,</i> Part III	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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b	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	11c		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? If "Yes," complete Schedule D, Part IX 2	11d		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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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? If "Yes," complete Schedule G, Part II	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

 $\mathbf{b}$  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . . . . . .

20b

21

Form 990 (2019) Page <b>4</b>											
Pai	Checklist of Required Schedules (continued)										
			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? <i>If "Yes," complete Schedule J</i>	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 and complete Schedule K. If "No," go to line 25a	24a	Yes								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No							
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No							
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\ref{Matter}$	29	Yes								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes								
Pa	Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u>Ц</u>							
			Vec	Nο							

**1**a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

201

0

**1**c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage <b>3</b>		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b				
	Organizations that may receive deductible contributions under section 170(c).	_				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No 		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
a	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14a 14b		140		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	1-70				
	parachute payment(s) during the year?	15 16	Yes	 No		
	If "Yes," complete Form 4720, Schedule O.	-5				

Form	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to l	ines
Se	ction A. Governing Body and Management			
		$\longrightarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	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  1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
	NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
10	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
19	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  DANIEL P SCHULTZ 5250 FIELDSTON ROAD BRONX, NY 10471 (718) 519-2726		orm CC	n (2019)

Name and title

Part VII

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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 $\checkmark$ 

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated	<u>ب</u>		, .				- (W-2/1099-	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

MARIO BULFAMANTE AND SONS LANDSCAPI,

compensation from the organization ▶ 18

75 PORTMAN ROAD NEW ROCHELLE, NY 10801 KEE ELECTRIC INC,

107 CAROLL STREET CITY ISLAND, NY 10464

Part VII

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one booth a direct	n off tor/t	t che inles ficer rust		son	(D) Reportable compensation from the organization (W-2/1099-	from related organizations		Estima Estima amount o compens from t organizati	ited f other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relate organiza	
See Additional Data Table												
										$\bot$		
										$\bot$		
										+		
										+		
										+		
1b Sub-Total	<u> </u>			<u> </u>		<u> </u> ▶				十		
c Total from continuation sheets to P	art VII, Section	Α.				•						
d Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	but not limited	to thos				<b>▶</b>   e) who	rece	3,597,139 eived more than		0		412,044
<u> </u>											Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule.								ghest compensa	ted employee on	3		N-
For any individual listed on line 1a, is organization and related organization	the sum of reposes s greater than \$	ortable ( 3150,00	comp 0? <i>If</i>	ensa "Yes	tion	and o				3		No
individual							• • -+-d	organization or	individual for	4	Yes	
services rendered to the organization									· · · ·	5		No
Section B. Independent Contract	tors										<u>'</u>	
1 Complete this table for your five high from the organization. Report compe										npens	ation	
Name :	(A) and business addre	ess						C	(B) Description of services		(C) Compen	
VP BUSES LLC, 150 SOUTH MACQUESTEN PKWY 1ST FL								TRANSP	ORTATION		2,	470,796
MOUNT VERNON, NY 10550 HARDWARE NEW YORK, 5782 BROADWAY BRONX, NY 10463								CONTRA	CT WORK		1,	425,696
VALLEY MECHANICAL SERVICES INC, PO BOX 319 VALLEY COTTAGE, NY 10989								CONTRA	CT WORK			482,166
MADIO BULEAMANTE AND SONS LANDSCADI								CONTRA	CT WORK	+		E20 712

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)

(D)

CONTRACT WORK

CONTRACT WORK

528,713

466,718

Form 9 Part		(2019) Statement	of E	Povonuo						Page <b>9</b>
Pan	VIII				a respo	nse or note to any	line in this Part VIII			🗆
					•	ĺ	(A) Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
4	1a	Federated campa	igns	s	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	<b>b</b> Membership dues	5.		<b>1</b> b					
وق	(	c Fundraising even	ts .		1c					
ifts, ar A	C	d Related organiza			1d					
	e	e Government grants			1e	721,960				
ion	f	F All other contributio and similar amounts	ns, g s not	jifts, grants, included	1f	6,973,537				
tributio Other	ي ا	above g Noncash contributio	ns in	ıcluded in		· · · · ·				
Contri		lines 1a - 1f:\$			<b>1</b> g	263,834				
<u>ح</u>	' '	<b>h Total.</b> Add lines :	1a-1	f	•	>	7,695,497	1		
		TUTTON				Business Code	67,519,338	67,519,338		
e	2a	TUITION				611110	0,,515,550	0,,313,330		
ne Je	ь									
Program Service Revenue										
rvice	C									
32	d									
gran	e									
Æ	`									
		All other program								
		Total. Add lines 2 Investment income				67,519,338	1	T		T
	s	imilar amounts) .				•	690,159		2,862	687,297
		Income from invest								
	5	Royalties	_	(i) Rea		(ii) Personal	1			
	6-	Cross rents	6-			, ,	1			
		Gross rents Less: rental	6a		88,795		-			
	_	expenses	6b		59,927	,				
		Rental income or (loss)	6с		28,868	c	,			
	d	Net rental income	or				28,868	3		28,868
		Crass areaunt		(i) Secur	ities	(ii) Other	-			
	7a Gross amount from sales of assets other 7a 16,573,239			,						
		than inventory								
	-	Less: cost or other basis and	7b	14,	765,282	!				
		sales expenses					-			
		Gain or (loss)  Net gain or (loss)	7с	1,	807,957		1,807,95	7		1,807,957
		Gross income from fu		ising events		• • • •	1,007,333			1,007,337
nue		(not including \$contributions reported	d on	of line 1c).						
eve		See Part IV, line 18			8a	0				
۳ ج	l	Less: direct expen			8b	0	]			
Other Revenue	°	Net income or (los	s) fr	om fundrais	ing ev	ents <del> </del>	1			
		Gross income from See Part IV, line 19		ing activities.		0				
		Less: direct expen			9a 9b	0	-			
		Net income or (los				es <b>&gt;</b>		p		
	102	aGross sales of inve	nto	ny less						
		returns and allowa			10a	17,605				
	Ь	Less: cost of good	s so	ld	<b>10</b> b	51,484	]			
	С	Net income or (los Miscellaneo			invent		-33,880	0		-33,880
	11	aOTHER	us K	evenue		Business Code 900099	207,013	3		207,013
	Ь	DAY CARE CENTER	٦			624410	206,47	5		206,475
	c	SUMMER CAMPUS	PRO	OGRAM		624410	500,500	3		500,503
	.	All at					0.55	-		2.0==
		All other revenue   <b>Total.</b> Add lines 1			_		2,22			2,225
		Total revenue. S					916,216	5		1
			JU 11	.5., 4000115	• •	• • • •	78,624,15	67,519,338	2,862	3,406,458 Form <b>990</b> (2019)

Check if Schreide Constants a response or note to any line in this Part IX.    On not include amounts reported on lines 6b, 70, 70, 89, 99, and 10b of Part VIII.   Total environses   Part VIII.   Total environses   Part VIII.   Part Constant	Р	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete colu	mn (A).
Do not Include amounts reported on lines 6by, 8b, 9b, 9b, and 100 of Plant VIII.         Call The State of Plant VIII.         CO Processing Plant VIII.         CO Processing Plant VIII.         CO Processing Plant VIII.         CO Processing Plant VIII.         Processing Plant VIII.         CO Processing Plant VIII.         Processing Plant VIII.<			·		·	🗆
Grants and other assistance to domestic individuals   See   Part IV, line 21   9,692,546		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	Fundraising
Part IV, Ine 2 2 3	1		0			
governments, and foreign individuals. See Part IV, lines 15 and 15.  4 Benefits pald to or for members.  5 Compensation of current officers, directors, trustees, and levy employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(0/L1)) and persons described in section 4958(0/L1) and 493(0) employer contributions)  7 Other employee benefits  8 Densine plan accruals and contributions (include section 491 (I)) and 493(0) employer contributions)  9 Other employee benefits  9 Other employee benefits  10 Payrol taxes  11 Pees for services (non-employees):  12 Payrol taxes  13 Described in a section 4958(0/L1) and 493(0) employee contributions)  13 Described in a section 4958(0/L1) and 493(0) employee contributions)  14 Described in a section 4958(0/L1) and 493(0) employee contributions)  15 Reyaltime in a section 4958(0/L1) and 493(0) employee contributions)  16 Described in a section 4958(0/L1) and 493(0) employee contributions)  17 Described in a section 4958(0/L1) and 493(0) employee contributions)  18 Payrol taxes  19 Described in a section 4958(0/L1) and 493(0) employee contributions 493(0) employee contributio	2		9,692,546	9,692,546		
5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Other subject (0,1%) and persons described in section 4936 (1,1%) and persons 4936 (1,1%) an	3	governments, and foreign individuals. See Part IV, lines 15	0			
key employees 6 Compensation not included above, to cisqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and 493(b) employer contributions (include section 401 (f)) and 493(b) employer contributions (include section 401 (g)) and 493(b) employer contributions (g) and	4	Benefits paid to or for members	0			
defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3) and a section 401 (2, 327,201 1,399,062 340,618 47,521 (3) and 403(b) employer contributions (include section 401 (2, 327,201 1,399,062 340,618 47,521 (3) and 403(b) employer contributions)   3,811,007 3,117,233 614,577 81,197   3,117	5		2,853,875	984,587	1,484,015	385,273
35,115,874   28,883,91   5,467,185   760,007	6	defined under section 4958(f)(1)) and persons described in	0			
Pension plan accruals and contributions (include section 401 (2,327,201 1,939,062 340,618 47,521 (2) and 403(b) employer contributions)	7	l l	35.115.874	28.888.591	5.467.186	760.097
9 Other employee benefits		Pension plan accruals and contributions (include section 401				<u></u>
10   Payroll taxes   2,675,186   2,096,148   491,699   85,339     11   Fees for services (non-employees):	9	· · · · · · · · · · · · · · · · · · ·	3.813.007	3.117.233	614.577	81.197
11 Fees for services (non-employees): a Management . 0 0		<b>.</b>		, ,		
a Management		,	2,0,0,200	_,000,010	,	
Disciplinary   Disc		` ´ ´ ´	0			
Company   Comp			_		530.811	
Conference   Company   Com		-			· · ·	
e Professional fundraising services. See Part IV, line 17 f Investment management fees		<del>-</del>	· •		87,203	
Finvestment management fees		, -	_			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  2,582,297  2,265,200  253,768  63,329  3,101  3,103,929  3,108,234  3,1		- · · · · · · · · · · · · · · · · · · ·				
(A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion		-	· ·	2.255.222	· ·	
13 Office expenses	g			2,265,200		63,329
14 Information technology	12	Advertising and promotion	· ·			
15 Royalties	13	Office expenses	, ,	2,578,929	4,120,914	69,076
16 Occupancy	14	Information technology	0			
17 Travel	15	Royalties	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .       0       319,834       314,799       5,035         20 Interest	16	Occupancy	2,186,234		2,186,234	
19   Conferences, conventions, and meetings   319,834   314,799   5,035     20   Interest   59,479   59,479     21   Payments to affiliates   0     22   Depreciation, depletion, and amortization   5,130,892   5,130,892     23   Insurance   574,806   23,966   550,840     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.)   a   STUDENT & ALUMNI ACTIVITIES   3,248,373   1,989,513   993,997   264,863     b   BAD DEBT   207,070   207,070     c   CAPITAL EXPENDITURES   50,214   50,214     d   e   All other expenses   4   4   4     e   All other expenses   79,137,927   59,649,375   17,731,857   1,756,695     Total functional expenses. Add lines 1 through 24e   79,137,927   59,649,375   17,731,857   1,756,695     Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17	Travel	672,176	625,909	46,267	
20 Interest	18		0			
21 Payments to affiliates	19	Conferences, conventions, and meetings	319,834	314,799	5,035	
22 Depreciation, depletion, and amortization . 5,130,892 5,130,892 23 Insurance	20	Interest	59,479		59,479	
23 Insurance	21	Payments to affiliates	0			_
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.)  a STUDENT & ALUMNI ACTIVITIES  3,248,373  1,989,513  993,997  264,863  b BAD DEBT  207,070  c CAPITAL EXPENDITURES  50,214  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  79,137,927  59,649,375  17,731,857  1,756,695  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization	5,130,892	5,130,892		
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a STUDENT & ALUMNI ACTIVITIES  3,248,373  1,989,513  993,997  264,863  b BAD DEBT  207,070  c CAPITAL EXPENDITURES  50,214  d e All other expenses  25 Total functional expenses. Add lines 1 through 24e  79,137,927  59,649,375  17,731,857  1,756,695  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23	Insurance	574,806	23,966	550,840	
a STUDENT & ALUMNI ACTIVITIES  50,214  C CAPITAL EXPENDITURES  6 All other expenses  Total functional expenses. Add lines 1 through 24e  79,137,927  50,649,375  1,756,695  264,863  1,989,513  993,997  264,863  207,070  207,070  207,070  207,070  50,214  50,214  79,137,927  59,649,375  17,731,857  1,756,695  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c CAPITAL EXPENDITURES  50,214  d e All other expenses  Total functional expenses. Add lines 1 through 24e  79,137,927  59,649,375  17,731,857  1,756,695  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·	3,248,373	1,989,513	993,997	264,863
d e All other expenses  Total functional expenses. Add lines 1 through 24e  79,137,927  59,649,375  17,731,857  1,756,695  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		b BAD DEBT	207,070		207,070	
e All other expenses  Total functional expenses. Add lines 1 through 24e  79,137,927  59,649,375  17,731,857  1,756,695  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		c CAPITAL EXPENDITURES	50,214		50,214	
Total functional expenses. Add lines 1 through 24e 79,137,927 59,649,375 17,731,857 1,756,695  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		·	70 127 027	FO 640 375	17 704 057	1 750 005
		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	/9,13/,92/	27,544,375	1/,/31,85/	1,/50,095
		<u></u> -				

Form 990 (2019)

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

0 5

0 6 0

20,463

1,921,399

133,926,125

22,716,096

17.626.920

238,932,837

9,392,614

43.866.871

47,495,890

7

10c

11

12 0 13

14

15

16

17

19

20

23 0

24

26

27

28

29

30

31

32

33

0

0

0 18

0 21

0 22

0

0 25

100.755.375

99,509,336

38,668,126

138,177,462

238,932,837

Page **11** 

248.977

14.989

1,713,065

131,578,713

15,020,876

18.634.257

230,702,058

9,807,033

38,847,724

46.099.670

94.754.427

100,676,040

35,271,591

135,947,631

230,702,058

Form 990 (2019)

0

0

0

0

0

0

Check if Schedule	O contains a	response o	r note to	any line in	this Part IX	

	beginning or year		Life of year
1 Cash-non-interest-bearing	42,658,675	1	37,155,558
2 Savings and temporary cash investments	11,695,866	2	21,100,034
3 Pledges and grants receivable, net	7,593,900	3	5,235,589

192,471,795

60,893,082

Pledges and grants receivable, net . . 7,593,900 773.393 Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Assets

Inventories for sale or use . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities .

10a 10b Investments—other securities. See Part IV, line 11 .

11 12 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . .

16

**Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable .

19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 23

24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

26

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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 . . .

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.

Nο

Form 990 (2019)

3h

#### Additional Data

Software ID:

Software Version:

**EIN:** 13-1740483

Name: Riverdale Country School Inc

Form 990 (2019)

#### Form 990, Part III, Line 4a:

FOUNDED IN 1907, RIVERDALE IS SITUATED ON TWO CAMPUSES ENCOMPASSING 27.5 ACRES IN THE RIVERDALE SECTION OF THE BRONX, ABOUT 80% OF THE FACULTY HOLDS ADVANCED DEGREES. GRADUATES ATTEND SOME OF THE MOST SELECTIVE COLLEGES AND UNIVERSITIES IN THE COUNTRY. RIVERDALE SEEKS A DIVERSE POPULATION, IN 2020, THE SCHOOL HAD AN ENROLLMENT OF APPROXIMATELY 1,200 STUDENTS; STUDENTS OF COLOR REPRESENTED 42 PERCENT OF THAT TOTAL. FINANCIAL ASSISTANCE, TOTALING APPROXIMATELY \$9.5 MILLION, WAS AWARDED TO ABOUT 20 PERCENT OF THE STUDENT BODY, STUDENTS TRAVEL TO THE SCHOOL FROM MORE THAN 100 ZIP CODES; ABOUT 85% LIVE IN MANHATTAN OR THE BRONX WITH OTHERS COMING FROM BROOKLYN, QUEENS, WESTCHESTER COUNTY, NEW JERSEY, AND CONNECTICUT, ONGOING PARTNERSHIPS WITH ORGANIZATIONS THAT IDENTIFY HIGH-ACHIEVING STUDENTS FROM UNDERSERVED COMMUNITIES CONTRIBUTE TO A WIDENING APPLICANT POOL. THOSE ORGANIZATIONS INCLUDE RIISE, OLIVER SCHOLARS, REACH PREP, EARLY STEPS, AND PREP FOR PREP. AMID THE NATIONAL RECKONING ON RACIAL INJUSTICE IN AMERICA, RIVERDALE HAS TAKEN SEVERAL SIGNIFICANT STEPS TO ADDRESS INSTITUTIONAL EQUITY AND STRENGTHEN ITS ANTI-RACIST AND ANTI-BIAS PROGRAMS. THE SCHOOL HAS PUBLISHED THE RIVERDALE STATEMENT ON CAMPUS DISCOURSE. EXPLAINING SKILLS FOR ENGAGING IN CONSTRUCTIVE DIALOGUE SO THAT MEMBERS OF THE COMMUNITY CAN LEARN FROM OPPOSING VIEWS IN THE CLASSROOM AND OUT IN THE WORLD. THE SCHOOL HAS FORMED THE DIVERSITY, EQUITY, INCLUSION, AND BELONGING COMMITTEE OF THE BOARD OF TRUSTEES AND NAMED TWO ADMINISTRATORS TO REVIEW AND STRENGTHEN THE SCHOOL'S COMMITMENT TO INCLUSIVITY AND ANTI-RACISM. THE OFFICE HAS CREATED BIPOC, WHITE ANTI-RACIST, AND LGBTQIA+ AFFINITY GROUPS FOR RIVERDALE GRADUATES AND HOSTED WEBINARS FEATURING ALUMNI WHO ARE INVOLVED IN THE FIELDS OF PUBLIC SERVICE AND SOCIAL JUSTICE AND WORKING TOWARD A MORE EQUITABLE SOCIETY. SINCE THE ONSET OF THE COVID-19 PANDEMIC IN MARCH 2020, RIVERDALE HAS REDESIGNED SOME ACADEMIC PROGRAMS AND PUT OTHERS ON HOLD BECAUSE OF HEALTH PROTOCOLS, TRAVEL RESTRICTIONS, AND SOCIAL-DISTANCING RULES. VISITORS HAVE BEEN RESTRICTED AND CAMPUS ACTIVITIES LIMITED TO PREVENT THE SPREAD OF DISEASE. THE SCHOOL HAS INVESTED IN INFRASTRUCTURE UPGRADES AND TECHNOLOGY IN ORDER TO PROVIDE A FLEXIBLE ACADEMIC PROGRAM OF IN-PERSON, HYBRID, AND REMOTE LEARNING, VIDEO CONFERENCING TOOLS, SUCH AS ZOOM AND GOOGLE MEET, HAVE ENABLED TEACHERS AND STUDENTS TO PARTICIPATE REMOTELY WHEN NEEDED AND ALLOWED SPEAKERS FROM ACROSS THE COUNTRY TO TAKE PART IN ASSEMBLIES AND CLASSES WITHOUT HAVING TO TRAVEL. VIDEO CONFERENCING ENABLED BRONX PUBLIC SCHOOL STUDENTS IN RIVERDALE'S ENRICHMENT PROGRAM TO JOIN ONLINE SUMMER COURSES OFFERED BY THE RIVERDALE FACULTY AT NO COST. A SUMMER PILOT PROGRAM WITH HORIZONS NATIONAL ON ZOOM GAVE BRONX FIRST GRADERS AN OPPORTUNITY TO PARTICIPATE IN ENRICHMENT ACTIVITIES WITH RIVERDALE LOWER SCHOOL TEACHERS. A PARTNERSHIP WITH ROUND SOUARE, AN INTERNATIONAL CONSORTIUM OF SCHOOLS, LED TO A ZOOM EVENT HOSTED BY RIVERDALE AND ATTENDED BY STUDENTS AROUND THE WORLD. THE UPPER SCHOOL'S GLOBAL STUDIES PROGRAM OFFERED VIRTUAL EXCHANGES WITH England AND SPAIN IN LIEU OF TRIPS TO THOSE COUNTRIES. RIVERDALE EXPECTS TO FULLY RESUME ITS PROGRAMS IN THE 2021-2022 SCHOOL YEAR IF LOCAL HEALTH CONDITIONS PERMIT. DURING THE PANDEMIC. RIVERDALE HAS CONTINUED TO FOSTER RELATIONSHIPS WITH SERVICE ORGANIZATIONS IN THE NEW YORK AREA, ESPECIALLY THOSE SERVING VULNERABLE POPULATIONS. THE SCHOOL DONATED MASKS AND CLEANING SUPPLIES TO LOCAL ORGANIZATIONS DURING INITIAL SHORTAGES, AND SURPLUS FOOD TO COMMUNITY PANTRIES. STUDENTS ORGANIZED VIRTUAL CELEBRATIONS FOR BEST BUDDIES AND LSA FAMILY HEALTH SERVICES AND FUNDRAISING PROJECTS FOR PART OF THE SOLUTION, CITY MEALS ON WHEELS, AND RIVERDALE SENIOR SERVICES, AMONG OTHERS. THE ANNUAL RIVERDALE COMMUNITY ACTION DAY MOVED ONLINE AND ENLISTED COMMUNITY SUPPORT FOR THE HUNTS POINT ALLIANCE FOR CHILDREN, PART OF THE SOLUTION, HEBREW HOME AT RIVERDALE, AND THE JAMES J PETERS VA MEDICAL CENTER, STUDENTS CREATED VIDEOS TO THANK FIRST RESPONDERS AND FRONT-LINE WORKERS AND TO OFFER EMOTIONAL SUPPORT TO MEMBERS OF THE CHALLENGED ATHLETES FOUNDATION AND THE HEBREW HOME. MIDDLE SCHOOLERS PROVIDED PEER TUTORING FOR CHILDREN ASSOCIATED WITH POTS.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation organizations any hours and a director/trustee) organization from the

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
DOMINIC A A RANDOLPH HEAD OF SCHOOL	40.0	Х		х				1,018,857	0	56,647
DANIEL P SCHULTZ CHIEF FINANCIAL OFFICER	40.0			х				334,220	0	44,341
MILTON SIPP HEAD OF MIDDLE SCHOOL	40.0				х			310,400	0	52,741
KELLEY NICHOLSON-FLYNN	40.0									

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HEAD OF MIDDLE SCHOOL	0.0
KELLEY NICHOLSON-FLYNN	40.0
HEAD OF UPPER SCHOOL	0.0
KRISTI MARSHALL	40.0
DIRECTOR OF COLLEGE GUIDANCE	0.0

JENNA ROGERS KING

JONATHAN KING

JAMES DUVAL

ANDREW ABATE

FACULTY MEMBER

RICHARD LAPIDUS

DEAN OF FACULTY

DIRECTOR OF ADMISSION AND ENRO

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DIRECTOR OF TECHNOLOGY

HEAD OF LOWER SCHOOL

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LORRAINE MAHONY FACULTY MEMBER	40.0					×		193,984	0	13,259	
ANN GRASING CHIEF DEVELOPMENT OFFICER	40.0				х			191,238	0	13,772	
DAVID WESTIN CHAIR	0.0	Х		х				0	0	0	
DANIEL J ROSEN VICE CHAIR	0.0	Х		х				0	0	0	

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CHAIR	0.0
DANIEL J ROSEN	1.0
VICE CHAIR	0.0
DAVID BLITZER	1.0
TREASURER	0.0

TERRI AUSTIN

DAVID RHODES

BOARD MEMBER

BOARD MEMBER

KAREN ELIZAGA

BOARD MEMBER

BOARD MEMBER

JAMIE ALEXANDER TISCH

TORY BURCH

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**SECRETARY** 

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	<i>   </i>	, ,						(1) 2/4000	(1) 2/1000	avanniantion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOHN A NEUWIRTH	1.0	х						0	0	0	
BOARD MEMBER	0.0										
GWEN ADOLPH BOARD MEMBER	0.0	Х						0	0	0	
KAZUMI YANAI BOARD MEMBER	1.0	х						0	0	0	
	4.0	<b>†</b>									

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BOARD MEMBER	0.0
KAZUMI YANAI	1.0
BOARD MEMBER	0.0
KASS LAZEROW	1.0
BOARD MEMBER	0.0

GARY A LIEBERMAN

ELLEN Nachtigall BIBEN

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ANAND MORE

MICHAEL A KARSCH

JOHN KAO

THOMAS K MONTAG

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.......

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

and Independent Contractors

JESSICA ELGHANAYAN SHELL

BOARD MEMBER

EDEM DZUBEY

BOARD MEMBER

SUSAN MOLDOW

**BOARD MEMBER** 

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
MARC S LIPSCHULTZ BOARD MEMBER	0.0	Х						0	0	0
SANDRA KIM HOFFEN BOARD MEMBER	0.0	х						0	0	0
Philip Tod WATERMAN III BOARD MEMBER	1.0	Х						0	0	0

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BOARD MEMBER	0.0					_	
Philip Tod WATERMAN III	1.0	_			0	0	
BOARD MEMBER	0.0	^			0	0	
MARK HOSTETTER	1.0				0	0	
BOARD MEMBER	0.0	^			١	0	

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SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047					
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019					
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection					
Nam	e of th	<b>he organiza</b> Intry School In					Employer identific	ation number					
Nivero	are coc	,					13-1740483						
	rt I		for Public Charity Statual private foundation because				See instructions.						
1	nganiz		onvention of churches, or as	`	•		(A)(i)						
2		•	,										
	<b>✓</b>		scribed in section 170(b)(		,								
3		·	or a cooperative hospital serv	-			-						
4	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:											
5			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170 (b)(1)(A)(iv).</b> (Complete Part II.)										
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).						
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in					
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)							
9			ural research organization de rant college of agriculture. Se					ege or university or a					
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross					
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).						
12		more public	ation organized and operated cly supported organizations on through 12d that describes	escribed in section 5	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a						
а		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by						
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar									
C		Type III f	unctionally integrated. A sorganization(s) (see instructi	upporting organizatio				ted with, its					
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi	th its supported orgar						
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally					
f	Enter	the number	of supported organizations				<u> </u>						
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '			(vi) Amount of					
	(i) Name of supported organization (ii) E			(ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) in instructions)									
					Yes	No							
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		8-1	 90 or 990-EZ) 2019					

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	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						
4	under section 513  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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ı	b 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 each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	7 Total annual distributions. Add lines 1 through 6.			
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)  (i) (ii) Underdistributions  Pro 2010		(iii) Distributable	

o other distributions (describe in Fare V2). See mad decions				
7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				
Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

## **Additional Data**

### Software ID: Software Version:

**EIN:** 13-1740483

Name: Riverdale Country School Inc

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

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493126015391

OMB No. 1545-0047

2019

## **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.

So to www irs gov/Form 990 for instructions and the latest information.

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service	1990 for instructions and the latest infor	mation.	In	spection
	me of the organization erdale Country School Inc		Employer id	entification	number
			13-1740483		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye		r Accounts.		
	Complete if the organization answered fre	(a) Donor advised funds	(b) Fund	ds and other	accounts
L	Total number at end of year	(a) Done advised failes	(D) Full		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				-
	Did the organization inform all donors and donor adviso	rs in writing that the assets held in donor ad	 lvised funds are	the	
•	organization's property, subject to the organization's ex				Yes 🗌 No
5	Did the organization inform all grantees, donors, and do	onor advisors in writing that grant funds can	be used only fo		
	charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of			
	private benefit?				Yes ∐ No
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the organ	· · · · · · · · · · · · · · · · · · ·			
•	Preservation of land for public use (e.g., recreation		historically imr	ortant land	area
		, L			aica
	☐ Protection of natural habitat	☐ Preservation of a c	ertified historic	structure	
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for		ation at the End o	-f the Vee
а	Total number of conservation easements		2a	at the End t	Ji the rear
b	Total acreage restricted by conservation easements	<b>-</b>	2b		
c	Number of conservation easements on a certified historic		2c		
d	Number of conservation easements included in (c) acqui	` ´	2d		
•	structure listed in the National Register	[			
3	Number of conservation easements modified, transferre tax year ►	d, released, extinguished, or terminated by t	the organization	n during the	
1	Number of states where property subject to conservatio	n easement is located <b>&gt;</b>			
5	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violations.		
-	and enforcement of the conservation easements it holds	s?		☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation eas	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conserv	vation easemen	its during the	e year
2	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	70(h)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?		70(11)(4)(1)(1)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial state			
9ar	the organization's accounting for conservation easement III Organizations Maintaining Collections		er Similar A	ccetc	
	Complete if the organization answered "Ye		Ci Jiiiiidi A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue statem			
	following amounts relating to these items:		<b>.</b> .		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·		
(i	ii)Assets included in Form 990, Part X		_		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1		· —		
b	Assets included in Form 990, Part X		▶\$		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

e Other .

Sche	edule D (Form 990) 2019						Page <b>2</b>
Par	t III Organizations Maintaining (	Collections of Art, His	torical Treas	ures, or Other S	Similar Assets (	continued)	
3	Using the organization's acquisition, acces items (check all that apply):	sion, and other records, ch	eck any of the f	ollowing that are a	significant use of its	collection	
а	Public exhibition		d Loa	n or exchange prog	rams		
b	Scholarly research		e 🗌 Oth	er			
С	Preservation for future generations						
4	Provide a description of the organization's Part XIII.	collections and explain how	v they further th	ne organization's ex	empt purpose in		
5	During the year, did the organization solic assets to be sold to raise funds rather than		•			es 🗆 N	lo
Pa	rt IV Escrow and Custodial Arran Complete if the organization an X, line 21.		990, Part IV,	line 9, or reporte	d an amount on I	Form 990,	Part
<b>1</b> a	Is the organization an agent, trustee, cust included on Form 990, Part X?					es 🗆 N	lo
b	If "Yes," explain the arrangement in Part )	KIII and complete the follow	ving table:		Amount		_
С	Beginning balance			1c			_
d	Additions during the year			1d			_
е	Distributions during the year						_
f	Ending balance			46			_
2a	Did the organization include an amount or			<u> </u>	hility2 🗆 🗆 🗸	es 🗆 N	_
2a b	_					s LIN	10
	irt V Endowment Funds.	tiii. Check here if the explo	anation has bee	n provided in Part A	ш Ш		
re	Complete if the organization as	nswered "Yes" on Form	990. Part IV.	line 10.			
	Somples in the organization an		(b) Prior year		(d) Three years back	(e) Four yea	irs back
<b>1</b> a	Beginning of year balance	29,555,518	27,933,790	25,989,417	22,984,452	23,	153,355
b	Contributions	555,494	1,744,237	1,737,504	3,759,426	1,	460,289
С	Net investment earnings, gains, and losses	498,855	1,144,217	1,502,324	1,637,510	-	511,802
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	1,326,991	1,266,726	1,295,455	1,191,970	1,	117,390
f	Administrative expenses						
g	End of year balance	29,282,876	29,555,518	27,933,790	27,189,418	22,	984,452
2	Provide the estimated percentage of the c	urrent year end balance (lin	ne 1g, column (	a)) held as:			
а	Board designated or quasi-endowment						
b	Permanent endowment ► 96.280 %						
С	Temporarily restricted endowment ▶	 3.720 %					
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.					
3a	Are there endowment funds not in the pos organization by:	session of the organization	that are held a	nd administered for	the	Yes	No
	(i) unrelated organizations				3.	a(i)	No
	(ii) related organizations				<u> </u>	a(ii)	No
b			Schedule R?			3b	
4	Describe in Part XIII the intended uses of					<u> </u>	<u> </u>
Pa	rt VI Land, Buildings, and Equipm	nent.					
	Complete if the organization a	nswered "Yes" on Form					
		other basis (b) Cost or other basis (b) Cost or other basis	other basis (other)	(c) Accumulated d	epreciation (	( <b>d)</b> Book valu	e
1a	Land		4,473,16	7			4,473,167
b	Buildings		166,016,43	2	44,182,048	12:	1,834,384
	Leasehold improvements						
	Equipment		21,720,859	9	16,711,034		5,009,825

261,337

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

261,337

	Investments—Other Securities. Complete if the organization answered "Yes" on F  (a) Description of security or category	orm 990, Part IV, li (b) Book value	ne 11b	o.See Form 990, F			2.
	(including name of security)	(b) book value		Cost or end-of-			alue
<ul><li>(1) Financia</li><li>(2) Closely-</li><li>(3) Other</li></ul>	I derivatives						
(A) LIMITED	PARTNERSHIPS	18,634,257			F		
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Columnia Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	18,634,257					
	Complete if the organization answered 'Yes' on F	orm 990, Part IV, li	ne 11c				
	(a) Description of investment			(b) Book value		end-d	of valuation: of-year market alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6) (7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 13.)						
Part IX	Other Assets.		<u> </u>				
	Complete if the organization answered 'Yes' on Fo		ie 11a	. See Form 990, Par	t X, line 1.		Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
	ma (h) must squal Form 000 Part V cal (P) line 15						
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.				<u> </u>		
1.	Complete if the organization answered 'Yes' on Fo		<u>e 11e</u>	or 11f.See Form	990, Part		ine 25. (b) Book value
(1) Federal	income taxes						
(2)						$\dashv$	
(3)							
(4)						$\top$	
(5)							
(6)							
(7)							
(8)						$\top$	
(9)							
(10)							
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the or	nanizat	ion's financial state	ments that	ren	orts the
•	's liability for uncertain tax positions under FIN 48 (ASC 7		_				

2

а

b

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

-1,604,647

68,766,138

9,858,017

78,624,155

69,391,322

111,412

69,279,910

9,858,017

79.137.927

Schedule D (Form 990) 2019

#### 2c d Other (Describe in Part XIII.) 2d 111.412 е 2e 3 3

Subtract line **2e** from line **1** . . . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1: 233,829

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Investment expenses not included on Form 990, Part VIII, line 7b . 

Total expenses and losses per audited financial statements . . . . . .

4 b

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 . . . . .

Add lines **4a** and **4b** . . . . . . . .

C 5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 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.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . . . .

Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . . .

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 . . .

Donated services and use of facilities . .

Prior year adjustments . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

9,624,188

4c

111,412

233,829

9.624.188

2e

3

4c

5

-1,716,059

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-1740483

Name: Riverdale Country School Inc

THE SCHOOL'S ENDOWMENTS WERE ESTABLISHED FOR THE CONTINUOUS SUPPORT OF EDUCATION IN THE

SCHEDULE D, PART V, LINE 4

**Supplemental Information** 

Return Reference Explanation

SCHOOL.

upplemental Information			
Return Reference	Explanation		
schedule D, Part XI, Line 2D	Rent Expense: 59,927 Cost of Goods Sold: 51,485		

Sı

pplemental Information		
Return Reference	Explanation	
chedule D, Part XI, Line 4B	Financial Aid: 9,624,188	

Su

upplemental Information			
Return Reference	Explanation		
Schedule D, Part XII, Line 2D	Rent Expense: 59,927 Cost of Goods Sold: 51,485		

Sı

ipplemental Information		
Return Reference	Explanation	
chedule D, Part XII, Line 4B	Financial Aid: 9,624,188	

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126015391 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Riverdale Country School Inc 13-1740483 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No 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 **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No 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. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Page <b>2</b> explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide ons.
Explanation
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.
THE SCHOOL RECEIVES REIMBURSEMENT FOR ATTENDANCE REPORTING AS MANDATED BY NEW YORK STATE.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126015391 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Riverdale Country School Inc 13-1740483 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 8.174.041 3a Sub-total . b Total from continuation sheets to Part I . . . 8,174,041 c Totals (add lines 3a and 3b)

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>☑</b> Yes	□No
5	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 (see Instructions for Form 8865)		
	· ·	<b>✓</b> Yes	□No
6	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	<b>☑</b> No

	Page	chedule F (Form 990) 2019	Schedu
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	ditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Part
Explanation	Explanation	ReturnReference	
		_	

## **Additional Data**

EUROPE (INCLUDING ICELAND

AND GREENLAND)

## Software ID: Software Version:

**EIN:** 13-1740483

Name: Riverdale Country School Inc

5,409,234

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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	(f) Total expenditures for region
NORTH AMERICA			PASSIVE INVESTMENTS		2,764,807

PASSIVE INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493126015391

2019

Open to Public Inspection

Internal Revenue Service							
Name of the organization Riverdale Country School Inc						Employer identific	ation number
						13-1740483	
		and Assistance					
Does the organization mai the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the org							
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
	. , . ,	-					
For Paperwork Reduction Act Notice				Cat. No. 5005			nedule I (Form 990) 2019

FINANCIAL AID FOR STUDENTS FOR

Schedule I (Form 990) 2019

Part III

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Part I, Line 2

Return Reference

**EDUCation** 

(e) Method of valuation (book,

Explanation

"EXTRA" COSTS.

Part III can be duplicated if additional space is needed.

210

(b) Number of

recipients

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

9,692,546

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. GRANTS ARE NEED BASED. FAMILIES MUST HAVE A COMPLETE FINANCIAL AID FILE TO BE CONSIDERED FOR A FINANCIAL AID GRANT. A COMPLETE FINANCIAL AID

> FILE CONTAINS A COMPLETED FINANCIAL AID APPLICATION, THE PREVIOUS YEARS FEDERAL TAX RETURN (INCLUDING SCHEDULES AND W-2S) AND ANY OTHER REQUIRED SUPPORTING DOCUMENTS, COMPLETING THE FINANCIAL AID APPLICATION GENERATES A RECOMMENDED FAMILY CONTRIBUTION BASED PRIMARILY ON THE FAMILY INCOME, ASSETS INCLUDING HOME EQUITY, AGE OF THE PARENTS (WHEN CONSIDERING ASSETS NEEDED FOR RETIREMENT) AND NUMBER OF CHILDREN IN TUITION CHARGING INSTITUTIONS. THE RECOMMENDED CONTRIBUTION MAY THEN BE ADJUSTED AT THE DISCRETION OF THE FINANCIAL AID DIRECTOR FOR SUCH THINGS AS COST OF LIVING, UNUSUAL EXPENSES, AND ASSET PROTECTION. THE FINANCIAL AID COMMITTEE MAKES A FINAL DECISION BASED ON THE FINANCIAL AID DIRECTOR'S ADJUSTED FINANCIAL AID AWARDS WHICH ARE BASED ON ESTIMATES AND ARE THEN CHECKED AGAINST FAMILIES'S FILED TAXES IN THE SPRING AND TED AS NEEDED. CONSIDERATION OF FUNDING FROM OTHER PARTS OF THE FINANCIAL AID BUDGET IS ALSO GIVEN TO SUCH

(d) Amount of

Page **2** 

(f) Description of noncash assistance

Schedule I (Form 990) 2019

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93493	312	6015	391
Sch	edule J	Coi	mpensati	ion Information	ОМВ	No. 1	1545-0	)047
(Forr	n 990)		Compensa nization answ	rustees, Key Employees, and Highest ated Employees vered "Yes" on Form 990, Part IV, line 23. ato Form 990.	2	20	19	<del></del>
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		instructions and the latest information.			o Pub	
	al Revenue Service ne of the organiz	lation		Employe	r identification		ectio mber	
Rive	erdale Country Schoo	bl Inc		13-17404				
Pa	rt I Questi	ons Regarding Compensati	on	13-17404	.03			
							Yes	No
<b>1</b> a				the following to or for a person listed on Form y relevant information regarding these items.				· · · · · · · · · · · · · · · · · · ·
	First-class	s or charter travel	$\overline{\checkmark}$	Housing allowance or residence for personal u	se			Í
	_	companions		Payments for business use of personal resider	nce			1
		nification and gross-up payments	lacksquare	Health or social club dues or initiation fees				1
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeur, chef)	)			ı
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1	lb	Yes	ı
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/Ex	ecutive Directo	r, regarding the items checked on Line 1a? .				
3	organization's C	EO/Executive Director. Check all t	:hat apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in Part III.				l
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				ì
	_ '	ent compensation consultant	<u> </u>	Compensation survey or study				1
		of other organizations	$\checkmark$	Approval by the board or compensation comm	nittee			ı
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filing organ	ization or a			ı
а	Receive a sever	ance payment or change-of-contro	ol payment? .		4	la		No
b		• •		ified retirement plan?		1b		No
c	Participate in, o	r receive payment from, an equity	-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	plicable amounts for each item in Part III.				ı
	Only E01(a)(2	), 501(c)(4), and 501(c)(29) c	rasnizations	must complete lines E-0				ı
5			_	the organization pay or accrue any				ı
_		ontingent on the revenues of:						ı
а	The organization	1?			5	5a		No
b	Any related orga	anization?			. 5	5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						ı
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any				Ī
а	-	1?				5a		No
b					_ 6	5b		No
_	•	6a or 6b, describe in Part III.						ì
7	payments not d	escribed in lines 5 and 6? If "Yes,"	' describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·		8		No
9				presumption procedure described in Regulation	ns section	9		
For F	Paperwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm <b>990.</b> Cat. No. 50053T	Schedule J (F	orm	990)	2019

Schedule J (Form 990) 2019							Page 2
Paritit Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	est Compen	sated Employee	<b>:s.</b> Use duplicate	copies if additic	onal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	ompensation fro ), Part VII.	om the organization	on row (i) and froi	n related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	amount of For	m 990, Part VII, Se	ction A, line 1a, ap	plicable column (D	) and (E) amoun	ts for that indiv	idual.
(A) Name and Title	( <b>B)</b> Break	(B) Breakdown of W-2 and/or 1099-MISC compensation	r 1099-MISC	(C) Retirement (D) Nontaxable (E) Total of and other benefits	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in
	(i) Base compensation	(i) Base (ii) compensation compensation	(iii) Other reportable compensation	deferred compensation		(B)(I)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Inform	nation
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
	DOMINIC RANDOLPH WAS PROVIDED HOUSING CLOSE TO CAMPUS AS A REQUIREMENT OF HIS EMPLOYMENT AND SOCIAL CLUB MEMBERSHIP FOR ENTERTAINING. SOCIAL CLUB DUES WERE ONLY USED FOR BUSINESS PURPOSES. NEITHER BENEFIT IS TREATED AS TAXABLE.
	Schedule I (Form 990) 2019

CHIEF FINANCIAL OFFICER

2KRISTI MARSHALL

GUIDANCE

3JONATHAN KING

DIRECTOR OF TECHNOLOGY

AND ENRO

**5**ANDREW ABATE

FACULTY MEMBER

FACULTY MEMBER

7MILTON SIPP

8ANN GRASING

10JAMES DUVAL

OFFICER

CHIEF DEVELOPMENT

**6LORRAINE MAHONY** 

HEAD OF MIDDLE SCHOOL

KELLEY NICHOLSON-FLYNN HEAD OF UPPER SCHOOL

HEAD OF LOWER SCHOOL

11RICHARD LAPIDUS

DEAN OF FACULTY

DIRECTOR OF COLLEGE

4JENNA ROGERS KING

DIRECTOR OF ADMISSION

(ii)

(i)

(i)

(ii)

(i)

(ii)

(i)

(i)

(i)

(i)

(i)

(ii)

(i)

(ii)

245,025

223,271

219,079

199,293

193,984

310,400

191,238

266,229

192,811

202,732

Software ID:

Software Version:

**EIN:** 13-1740483

Name: Riverdale Country School Inc

24,661

14,957

15,569

15,339

12,850

28,000

13,177

27,740

14,301

13,977

(E) Total of columns

(B)(i)-(D)

10,275

756

43,499

9,129

409

24,741

595

20,340

20,118

623

1,075,504

378,561

279,961

238,984

278,147

223,761

207,243

363,141

205,010

314,309

227,230

217,332

(F) Compensation in column (B)

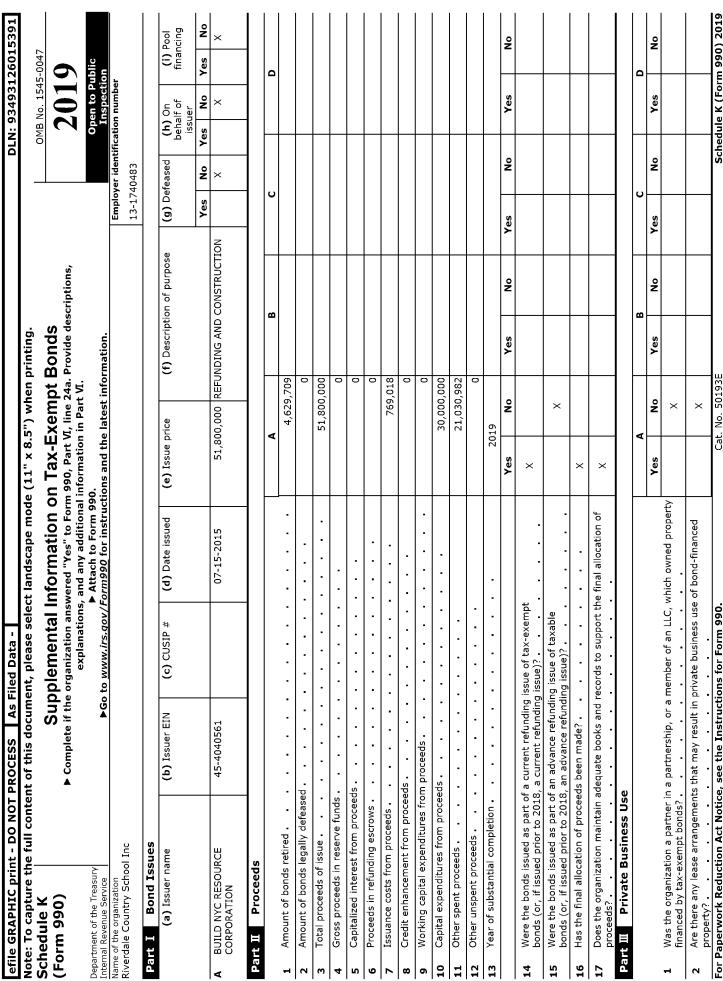
reported as deferred on

prior Form 990

(A) Name and Title	( <b>B</b> ) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

		(i) base compensation	Bonus & incentive compensation	Other reportable compensation	compensation		
1DOMINIC A A RANDOLPH HEAD OF SCHOOL	(i)	1,018,857	0	0	27,750	28,897	
	(ii)	0	0	0	0	0	_
1DANIEL P SCHULTZ	(i)	334,220	0	0	19,600	24,741	



hedule K (Form 990) 2019								Page 2
Private Business Use (Continued)								
	A		В		0		٥	
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?	×							
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×							
Are there any research agreements that may result in private business use of bond-financed property?		×						
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								

39 ٩

Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government $\blacktriangleright$	% 0	
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		
Total of lines 4 and 5		
Does the bond issue meet the private security or payment test?	×	

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Х	×

ŝ

Yes

ŝ

Yes

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Yes

ŝ  $\times$ 

Yes

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "No" to line 1, did the following apply?

Exception to rebate? .

9

æ

Rebate not due yet?

No rebate due? .

Penalty in Lieu of Arbitrage Rebate?

⋖

×

×  $\times$ 

 $\times$  $\times$ 

Has the organization or the governmental issuer entered into a qualified

hedge with respect to the bond issue?

**4**a

Name of provider. Term of hedge Was the hedge superintegrated? Was the hedge terminated?

Is the bond issue a variable rate issue? .

computation was performed.

If "Yes" to line 2c, provide in Part VI the date the rebate

8

×

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 Has the organization established written procedures to ensure that all nonqualified bonds of

and 1.145-2?

issued?

9 O

8a

the issue are remediated in accordance with the requirements under

Regulations sections 1.141-12 and 1.145-2?.

Arbitrage

Part IV

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. .

nongovernmental person other than a 501(c)(3) organization since the bonds were

Has there been a sale or disposition of any of the bond-financed property to a

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Schedule K (Form 990) 2019

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V	
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(Form 990) 2019				Page 3
Arbitrage (Continued)				
	Ą	8	3	Q

rt IV Arbitrage (Continued)							
	1	4	B	8	3		
	Yes	No	Yes	No	Yes	No	
Were gross proceeds invested in a guaranteed investment contract (GIC)?		×					

ŝ

Yes

Name of provider	Term of GIC	Was the regulatory safe harbor for establishing the fair market value of

×

Has the organization established written procedures to monitor the Were any gross proceeds invested beyond an available temporary

requirements of section 148?

Part V

period?

the GIC satisfied? . . . . . . . . .

5a

Procedures To Undertake Corrective Action

PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORT IN

PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE

PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(1)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT

Explanation

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

requirements are timely identified and corrected through the voluntary closing agreement program|

if self-remediation is not available under applicable regulations?

Return Reference

Part VI

Part III, Line 7

Has the organization established written procedures to ensure that violations of federal tax

ŝ

Yes

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Yes

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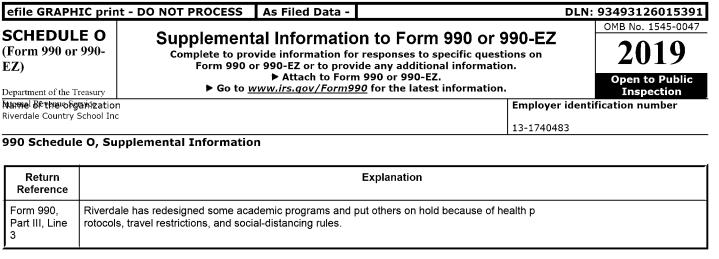
Yes

ŝ

Yes

DLN: 93493126015391 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Riverdale Country School Inc 13-1740483 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 33 263,834 SELLING PRICE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ ( \_\_\_\_\_ Other ▶ ( \_\_\_\_\_\_) 26 27 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2019) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Part I, Column (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS. Schedule M (Form 990) (2019)



Return Explanation
Reference

FORM 990,	THE COMPLETE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND FINANCE STAFF. IT IS THEN
PART VI,	PRESENTED IN ITS ENTIRETY, EXCEPT FOR SCHEDULE B (SCHEDULE OF CONTRIBUTORS) DUE TO THE PRI
SECTION B,	VACY OF THE DONOR, TO THE AUDIT COMMITTEE AND CIRCULATED TO THE BOARD OF TRUSTEES PRIOR TO
LINE 11B	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 INTER EST DISCLOSURE. AT THE FIRST BOARD MEETING OF THE SCHOOL YEAR, THE CHAIRMAN OF THE BOARD D ISTRIBUTES THE CONFLICT OF INTEREST FORM TO EACH MEMBER AT THE END OF THAT SESSION. EACH C ONFLICT OF INTEREST FORM IS COLLECTED AND REVIEWED. IF A CONFLICT OF INTEREST IS IDENTIFIE D, 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 MEMB ER OR OFFICER HAS AN INTEREST COMES BEFORE THE BOARD FOR DECISION OR APPROVAL, THAT INTERE ST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD BY THAT BOARD MEMBER OR OFFICER AND THE PER SON IN CONFLICT SHALL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE RELATING THERETO.

Return Explanation

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

AN INDEPENDENT COMPENSATION CONSULTANT IS USED. ADDITIONALLY, IT IS ALSO REVIEWED BY THE C
HAIRMAN OF THE BOARD AND THE CHAIR OF THE FINANCE COMMITTEE. A CONTRACT DATED DECEMBER 3,
2019 WAS SIGNED BY THE HEADMASTER ON DECEMBER 6, 2019.

Return Explanation

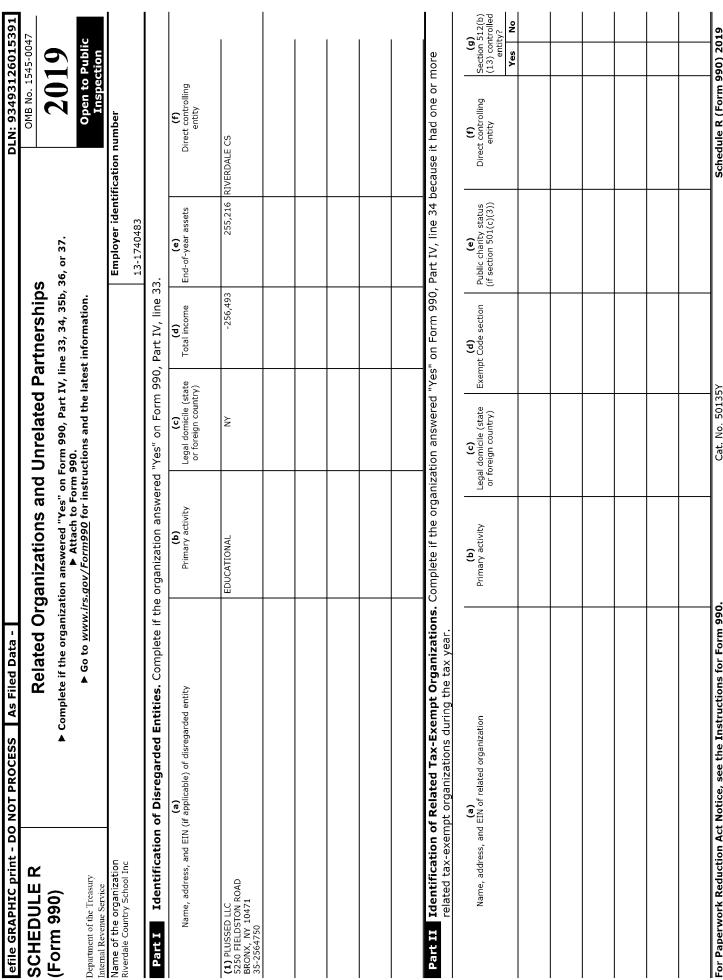
Line 15B

FORM 990, THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE SCHOOL'S COMPENSATION AND BENEFITS COMMITTEE.

SECTION D,

Return Explanation
Reference

FORM 990, TRANSPARENCY IS VERY IMPORTANT TO RIVERDALE COUNTRY SCHOOL. AS SUCH, RIVERDALE COUNTRY SCHOOL PROVIDES CERTAIN DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UP ON REQUEST.

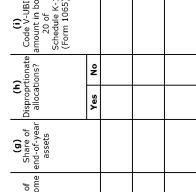


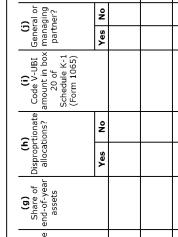
(b)         (c)         (d)         (e)         (f)         (g)         (h)         (i)         (j)         (k)           Primary         Legal         Direct         Predominant         Share of S	Disproprtionate Code	(g) Share of	(f) Share of	(e) Predominant	(d) Direct	(c) Legal	(b) Primary	(a) Name, address, and EIN of related romanization
Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	n 990, Part IV, lin	s" on Form	wered "Ye	ganization ans	e if the org	Complet x year.	<b>artnership.</b> Iuring the ta	Part III Identification of Related Organizations Taxable as a Partnership. Comple one or more related organizations treated as a partnership during the tax year.
Page 2								

Identification of Related Organizations Taxable as a Pa one or more related organizations treated as a partnership d	artnership. Compleduring the tax year.	Complet x year.	te if the org	<b>Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	wered "Yes	" on Form	1 990, Part I	V, line 34, b	ecause it	had
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predominant Share of Share of Disproprtionate Income(related, total income end-of-year allocations) Schedule K-1    Code V-UBI   General or Percentage annount in box managing ownership sectors and the state of the sectors of the state of the stat	(f) Share of total income	(g) Share of end-of-year assets	Share of Disproprtionate Code V-UBI General or Percentage end-of-year allocations? amount in box managing ownership assets Schedule K-1	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	<b>(k)</b> Percentage ownership

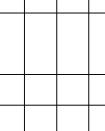
one or more related organizations treated as a partnership during the tax year.	ring the ta	x year.	'							
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under	Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
		country)		sections 512- 514)			Yes		Yes No	

Dispropri allocati	Yes	
(g) Share of end-of-year assets		
(f) Share of total income		
ant ted, 1, om 12-		



















































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- Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

  - (f) Share of total income

because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity

(a)
Name, address, and EIN of related organization

- (g) Share of end-of-year assets

Direct controlling Type of entity (C corp, S corp, or trust)

(c)
Legal
domicile
(state or foreign
country)

- (h) Percentage ownership
- (i) Section 512(b) (13) controlled entity?

  - Yes No

Schedule R (Form 990) 2019

chedule R (Form 990) 2019	Ä	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	ŝ
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	_	
c Gift, grant, or capital contribution from related organization(s)	υ	
d Loans or loan guarantees to or for related organization(s)	-	
e Loans or loan quarantees by related organization(s)	6)	

Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.         titly is listed in Parts II, III, or IV of this schedule.         nization engage in any of the following transactions with one or more related organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?       Yes       No         ion to related organization(s)			
Aving transactions with one or more related organizations listed in Parts II-IV?  1a	Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
wing transactions with one or more related organizations listed in Parts II-IV?  Tom a controlled entity	itity is listed in Parts II, III, or IV of this schedule.	Yes	٥
rom a controlled entity	nization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
ion to related organization(s)       1b         ion from related organization(s)       1c         ion from related organization(s)       1c         ion from related organization(s)       1c	uities, (iii) royalties, or (iv) rent from a controlled entity	1a	
ion from related organization(s)	ion to related organization(s)	1b	
for related organization(s)	ion from related organization(s)	1c	
	for related organization(s)	<b>1</b> d	

Schedule R (Form 990) 2019

(d)
Method of determining amount involved

Amount involved છ

Transaction type (a-s) 9

1m

Ţ, 10 1р 19 11

**1**s

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Other transfer of cash or property from related organization(s) .

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(a)
Name of related organization

Other transfer of cash or property to related organization(s).

Reimbursement paid by related organization(s) for expenses . Reimbursement paid to related organization(s) for expenses .

۵ 0

Sharing of paid employees with related organization(s) .

1k

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Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Ε

Lease of facilities, equipment, or other assets from related organization(s) .

Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s). Exchange of assets with related organization(s).

Sale of assets to related organization(s). Dividends from related organization(s) .

Loans or loan guarantees by related organization(s)

19 7

Ξ

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

**(k)** Percentage ownership 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. ŝ (j) General or managing partner? Yes (i) Code V-UBI amount in box K-1 (Form 1065) of Schedule ŝ (h)
Disproprtionate
allocations? Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? ŝ Yes (d)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019		Page <b>5</b>	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	