

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2016**

**Open to Public  
Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2016** and Ending (mm/dd/yyyy) **06/30/2017**

<b>Check if Applicable:</b> <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	<b>Name of Organization:</b> <b>GODDARD RIVERSIDE COMMUNITY CENTER</b>	<b>Employer Identification Number (EIN):</b> <b>13-1893908</b>
	<b>Mailing Address:</b> <b>593 COLUMBUS AVENUE</b>	<b>NY Registration Number:</b> <b>00-52-20</b>
	<b>City / State / ZIP:</b> <b>NEW YORK, NY 10024</b>	<b>Telephone:</b> <b>212 873-6600</b>
	<b>Website:</b> <b>WWW.GODDARD.ORG</b>	<b>Email:</b> <b>MWONG@GODDARD.ORG</b>

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:

Signature

**DR. RODERICK JONES**  
**EXECUTIVE DIRECTOR**

Print Name and Title

Date

**5/15/18**

Chief Financial Officer or Treasurer:

Signature

**HOWARD STEIN**  
**TREASURER**

Print Name and Title

Date

**5/15/18**

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☒ Yes

☐ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes

☐ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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**CHAR500**

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☒ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable Independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☒ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**Is my Registration Category 7A, EPTL, DUAL or EXEMPT?**

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers &amp; Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)**Where do I find my organization's NET WORTH?**

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

## 1. Organization Information

Name of Organization:	NY Registration Number:
GODDARD RIVERSIDE COMMUNITY CENTER	00-52-20

## 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input type="checkbox"/> Professional Fund Raiser	ELAINE MORALES ENTERPRISES LLP	
<input checked="" type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	602 FOURTH AVENUE	973-509-2204
	City / State / ZIP:	
	BRADLEY BEACH, NJ 07720	

## 3. Contract Information

Contract Start Date:	Contract End Date:
07/01/2016	06/30/2017

## 4. Description of Services

Services provided by FRP:
SEE STATEMENT 1

## 5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
\$15,860 PER MONTH	199,800.

## 6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No	If services were provided by a CCV, did the CCV provide the charitable organization with the Interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
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## Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).  
A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).  
A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

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Schedule 4b: Government Grants  
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

Name of Organization:	NY Registration Number:
GODDARD RIVERSIDE COMMUNITY CENTER	00-52-20

## 2. Government Grants

Name of Government Agency	Amount of Grant
1.CITY MEALS ON WHEELS (PASS THROUGH)	1. 308,094.
2.ENCORE COMMUNITY SERVICES, INC.(PASS THROUGH)	2. 884,891.
3.NYC DEPARTMENT OF HOMELESS SERVICES	3. 10,757,441.
4.NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4. 1,475,352.
5.NYC FUND FOR PUBLIC SCHOOLS/ DEPARTMENT OF EDUCATION	5. 204,052.
6.NYS JUDICIARY CIVIL LEGAL SERVICES	6. 60,796.
7.ON POINT FOR COLLEGE (PASS THROUGH)	7. 27,498.
8.NYC ADMINISTRATION OF CHILDREN'S SERVICES	8. 1,904,441.
9.NYC HOUSING AUTHORITY SUMMER EVENING PROGRAM	9. 96,000.
10.THE CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION	10. 784,498.
11.CAMBA (PASS THROUGH)	11. 25,000.
12.NYC DEPARTMENT OF EDUCATION	12. 156,881.
13.NYC DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT	13. 598,168.
14.NYC DEPARTMENT FOR THE AGING	14. 751,796.
15.NYS DEPARTMENT OF HEALTH (OFFICE OF HEALTH INSURANCE	15. 100,748.
Total Government Grants:	Total:

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Schedule 4b: Government Grants  
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

Name of Organization:	NY Registration Number:
GODDARD RIVERSIDE COMMUNITY CENTER	00-52-20

## 2. Government Grants

Name of Government Agency	Amount of Grant
1.NYS DIVISION OF CRIMINAL JUSTICE SERVICES	1. 203,750.
2.NYS OFFICE OF CHILDREN SERVICES	2. 71,194.
3.NYS EDUCATION DEPARTMENT	3. 67,444.
4.NYS DEPARTMENT OF HEALTH (CHILD & ADULT CARE FOOD PRO	4. 167,682.
5.US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT	5. 649,776.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 19,295,502.

SCH 4A (PFR)

STATEMENT 1

DEVELOP/WRITE PROPOSALS, REPORTS, OR LETTERS OF INQUIRY FOR CAPITAL OR PROGRAM NEEDS; RESEARCH/IDENTIFY LIKELY FUNDING SOURCES; HELP STIMULATE FUNDERS' INTEREST IN GRCC; AND PROVIDE GENERAL FUND-RAISING ADVICE AND COUNSEL AS NECESSARY.

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**GODDARD RIVERSIDE COMMUNITY CENTER**

**Financial Statements**

For the years ended June 30, 2017 and 2016

# **GODDARD RIVERSIDE COMMUNITY CENTER**

## **Financial Statements**

**June 30, 2017 and 2016**

### **Contents**

	<b>Page</b>
Independent Auditors' Report.....	1-2
Statements of Financial Position.....	3
Statements of Activities .....	4-5
Statements of Cash Flows.....	6
Notes to Financial Statements.....	7-19
 <b>Supplementary Information</b>	
Schedule of Functional Expenses .....	20



# NCheng LLP

accountants and advisors

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## Independent Auditors' Report

To the Board of Directors  
Goddard Riverside Community Center

### *Report on the financial statements*

We have audited the accompanying financial statements of Goddard Riverside Community Center "GRCC", which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

### *Management's responsibility for the financial statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' responsibility*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of GRCC as of June 30, 2017 and 2016, and the changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Report on supplementary information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on page 20 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

NChing LLP

New York, New York  
March 30, 2018



**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Statements of Financial Position**  
**As of June 30, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
<b><u>Assets</u></b>		
Cash	\$ 1,271,689	\$ 446,645
Accounts receivable	4,513,491	5,504,600
Contributions receivable – Note 7	1,042,961	959,136
Interest receivable	6,587	8,545
Due from related parties – Note 9	1,263,433	39,220
Prepaid expenses	123,778	172,860
Investments – Note 5	18,298,560	19,106,179
Fixed assets (net) – Note 4	2,561,559	2,734,399
Mortgage receivable – Note 16	<u>2,735,227</u>	<u>2,981,845</u>
<b>Total assets</b>	<b><u>\$ 31,817,285</u></b>	<b><u>\$ 31,953,429</u></b>
<b><u>Liabilities and Net Assets</u></b>		
Accounts and accrued expenses payable	\$ 2,937,441	\$ 3,428,778
Refundable advances	2,316,518	2,204,312
Line of credit – Note 8	750,000	1,100,000
Other current liabilities	<u>229,382</u>	<u>257,640</u>
<b>Total liabilities</b>	<b><u>6,233,341</u></b>	<b><u>6,990,730</u></b>
<b>Commitments and contingencies – Notes 6 and 12</b>		
<b>Net assets</b>		
Unrestricted		
Operating	131,062	946,034
Board designated fund – Note 13	<u>18,355,578</u>	<u>17,002,421</u>
<b>Total unrestricted</b>	<b>18,486,640</b>	<b>17,948,455</b>
Temporarily restricted – Notes 13 and 14	2,546,140	2,468,080
Permanently restricted – Note 13	<u>4,551,164</u>	<u>4,546,164</u>
<b>Total net assets</b>	<b><u>25,583,944</u></b>	<b><u>24,962,699</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 31,817,285</u></b>	<b><u>\$ 31,953,429</u></b>

The accompanying notes are an integral part of these financial statements.

**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Statement of Activities**  
For the year ended June 30, 2017

	Operating	Board designated	Unrestricted		
			Total	Temporarily restricted	Permanently restricted
					Total
<b>Revenues</b>					
Contributions	\$ 1,110,943	\$	\$ 1,110,943	\$	\$ 3,548,380
Government grants	21,007,783		21,007,783		21,007,783
Program fees	1,010,259		1,010,259		1,010,259
Benefit events	1,238,433		1,238,433		1,238,433
Less: direct benefit events expense	(300,171)		(300,171)		(300,171)
In-kind services – Note 10	346,013		346,013		346,013
Net investment income – Notes 5 and 13	85	1,705,756	1,705,841	568,586	2,274,427
Reimbursements from affiliates	1,088,713		1,088,713		1,088,713
Other – Note 11	77,535	722,866	800,401		800,401
Releases from restriction – Notes 13 and 14	3,998,428	(1,075,465)	2,922,963	(2,922,963)	-
<b>Total revenues</b>	<b>29,578,021</b>	<b>1,353,157</b>	<b>30,931,178</b>	<b>78,060</b>	<b>31,014,238</b>
<b>Expenses</b>					
<b>Program services</b>					
Youth	3,941,173		3,941,173		3,941,173
Senior citizens and adults	3,923,054		3,923,054		3,923,054
Homeless and mentally ill	12,303,191		12,303,191		12,303,191
Housing	3,684,191		3,684,191		3,684,191
Preschool	2,572,073		2,572,073		2,572,073
<b>Total program services</b>	<b>26,423,682</b>		<b>26,423,682</b>		<b>26,423,682</b>
<b>Supporting services</b>					
Management and general	2,951,541		2,951,541		2,951,541
Fund raising	1,017,770		1,017,770		1,017,770
<b>Total supporting services</b>	<b>3,969,311</b>		<b>3,969,311</b>		<b>3,969,311</b>
<b>Total expenses</b>	<b>30,392,993</b>		<b>30,392,993</b>		<b>30,392,993</b>
<b>Change in net assets</b>	<b>(814,972)</b>	<b>1,353,157</b>	<b>538,185</b>	<b>78,060</b>	<b>621,245</b>
<b>Net assets at beginning of year</b>	<b>946,034</b>	<b>17,002,421</b>	<b>17,948,455</b>	<b>2,468,080</b>	<b>24,962,699</b>
<b>Net assets at end of year</b>	<b>\$ 131,062</b>	<b>\$ 18,355,578</b>	<b>\$ 18,486,640</b>	<b>\$ 2,546,140</b>	<b>\$ 25,583,944</b>

The accompanying notes are an integral part of these financial statements.

# GODDARD RIVERSIDE COMMUNITY CENTER

## Statement of Activities

For the year ended June 30, 2016

	Unrestricted			Temporarily restricted	Permanently restricted	2016
	Operating	Board designated	Total			
<b>Revenues</b>						
Contributions	\$ 5,552,775	\$	\$ 5,552,775	\$ 2,136,154	\$ 246,508	\$ 7,935,437
Government grants	18,158,726		18,158,726			18,158,726
Program fees	1,183,747		1,183,747			1,183,747
Benefit events	1,124,546		1,124,546			1,124,546
Less: direct benefit events expense	(260,809)		(260,809)			(260,809)
In-kind services – Note 10	329,475		329,475			329,475
Net investment income – Notes 5 and 13	7	(728,313)	(728,306)	72,360		(655,946)
Reimbursements from affiliates	924,125		924,125			924,125
Other – Note 11	237,053	4,153,815	4,390,868			4,390,868
Releases from restriction – Notes 13 and 14	3,608,454	(507,980)	3,100,474	(3,100,474)		-
Total revenues	30,858,099	2,917,522	33,775,621	(891,960)	246,508	33,130,169
<b>Expenses</b>						
<b>Program services</b>						
Youth	4,265,489		4,265,489			4,265,489
Senior citizens and adults	4,062,682		4,062,682			4,062,682
Homeless and mentally ill	9,280,247		9,280,247			9,280,247
Housing	3,823,337		3,823,337			3,823,337
Preschool	2,657,044		2,657,044			2,657,044
Total program services	24,088,799		24,088,799			24,088,799
<b>Supporting services</b>						
Management and general	2,460,158		2,460,158			2,460,158
Fund raising	978,686		978,686			978,686
Total supporting services	3,438,844		3,438,844			3,438,844
Total expenses	27,527,643		27,527,643			27,527,643
Change in net assets	3,330,456	2,917,522	6,247,978	(891,960)	246,508	5,602,526
Net assets at beginning of year	(2,384,422)	14,084,899	11,700,477	3,360,040	4,299,656	19,360,173
Net assets at end of year	\$ 946,034	\$ 17,002,421	\$ 17,948,455	\$ 2,468,080	\$ 4,546,164	\$ 24,962,699

he accompanying notes are an integral part of these financial statements.

**GODDARD RIVERSIDE COMMUNITY CENTER****Statements of Cash Flows**

For the years ended June 30,

	<u>2017</u>	<u>2016</u>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 621,245	\$ 5,602,526
Adjustments to reconcile change in net assets to net cash provided by/(used in) operating activities:		
Depreciation and amortization	413,565	356,692
Net realized and unrealized loss/(gain) on investments	(1,851,051 )	850,836
Donated securities	(163,085 )	(4,392,214 )
Proceeds from donated securities	163,441	4,402,864
Change in accounts receivable	991,109	(1,174,745 )
Change in contributions receivable	(83,825 )	261,811
Change in interest receivable	1,958	4,008
Change in prepaid expenses	49,082	133,982
Change in accounts and accrued expenses payable	(519,596 )	(304,076 )
Change in due from related parties	(1,224,212 )	196,031
Change in mortgage receivable	246,618	-
Change in refundable advances	<u>112,206</u>	<u>132,716</u>
Net cash (used in)/provided by operating activities	<u>(1,242,545 )</u>	<u>6,070,431</u>
<b>Cash flows from investing activities</b>		
Purchase of fixed assets	(240,725 )	(287,136 )
Purchase of investments	(4,901,814 )	(15,770,443 )
Proceeds from sale of investments	<u>7,560,128</u>	<u>10,505,494</u>
Net cash provided by/(used in) investing activities	<u>2,417,589</u>	<u>(5,552,085 )</u>
<b>Cash flows from financing activities</b>		
Loan proceeds	1,650,000	1,100,000
Loan payments	<u>(2,000,000 )</u>	<u>(2,025,000 )</u>
Net cash used in by financing activities	<u>(350,000 )</u>	<u>(925,000 )</u>
Net increase /(decrease) in cash	825,044	(406,654 )
Cash at beginning of year	<u>446,645</u>	<u>853,299</u>
Cash at end of year	<u>\$ 1,271,689</u>	<u>\$ 446,645</u>
<b>Supplemental information</b>		
Cash paid for interest	\$ 46,424	\$ 32,397
Noncash transactions		
Donated securities	\$ 163,085	\$ 4,392,214

The accompanying notes are an integral part of these financial statements.

## **GODDARD RIVERSIDE COMMUNITY CENTER**

### **Notes to Financial Statements**

June 30, 2017 and 2016

#### **Note 1 Organization**

Goddard Riverside Community Center ("GRCC") was organized in the State of New York under Section 805 of the Not-for-profit Corporation Law to provide various social services to its community.

GRCC builds community, changes lives and supports New Yorkers in need through services including early childhood and youth programs, college counseling, supportive housing, employment readiness, and assistance to homeless and older adults in Manhattan. GRCC embraces the potential and worth of each individual, connecting them across social, economic and other barriers, and acknowledges the importance of a strong community.

GRCC cares for families with a variety of educational and recreational programs for toddlers, children, and young people, including making college accessible to low-income youngsters. GRCC helps people who are living on the streets to address the underlying issues that led to their homelessness, acquire basic life skills and reintegrate into the community. GRCC prevents evictions and preserves affordable housing by providing free legal-representation for low-income tenants and organizing tenants to advocate for their rights. Older adults are helped to live in their own homes for as long as possible; in addition, GRCC provides elders with health and social services, meals, recreation, companionship, and arts activities. GRCC educates community members on important civic issues and mobilizes them to advocate for better public policies at the city, state and federal levels. GRCC operates 27 programs at 21 different sites on the Upper West Side, in Harlem, and in Lower Manhattan.

GRCC is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been classified as a publicly supported organization as described in Code Sections 509(a)(1) and 170(b)(1)(A)(vi).

On June 1, 2015, GRCC formed a formal strategic alliance agreement with Lincoln Square Neighborhood Center, Inc. ("LSNC"), a not-for-profit organization organized in the state of New York under Internal Revenue Code Section 501(c)(3) that provides various services to meet the social, educational, recreational and cultural needs of those within the greater Lincoln Center neighborhood. GRCC became the sole member of LSNC and elected the directors of the corporation. On February 6, 2017, the New York State Attorney General's Office approved the merger of GRCC and LSNC. The merger was made on the close of business on June 30, 2017.

#### **Note 2 Summary of significant accounting policies**

**Basis of Accounting.** The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America as applicable to not-for profit entities.

**Principles of Consolidation.** GRCC also presents consolidated financial statements with its affiliates and subsidiary in conformity with accounting principles generally accepted in the United States of America, and will issue consolidated financial statements. The accompanying financial statements are prepared to comply with the requirements of a grantor of GRCC, and therefore do not include the activities of the affiliates and subsidiary.

## **GODDARD RIVERSIDE COMMUNITY CENTER**

### **Notes to Financial Statements**

June 30, 2017 and 2016

#### **Note 2 Summary of significant accounting policies - (continued)**

**Basis of Presentation.** The statements of financial position and activities are presented according to three classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors:

**Unrestricted:**

- Operating - these net assets represent resources that are not subject to donor-imposed restrictions and are available for general use.
- Board designated fund - these represent resources designated by the Board of Directors for long term support.

**Temporarily restricted:** these net assets represent those resources that are subject to donor-imposed restrictions that will be met by the actions of the organization or the passage of time. Net assets released from restriction represent the satisfaction of the restricted purposes specified by the donors.

**Permanently restricted:** these net assets represent contributions restricted by the donor with no specified expiration date. Annual investment income is available for support of specified purposes. Investment income is recognized in the temporarily restricted or unrestricted classes of net assets based on donor stipulations.

**Functional allocation of expenses.** The costs of providing the various programs, fund-raising and other activities have been summarized on a functional basis in the accompanying statements of activities. Accordingly, certain costs have been allocated among the programs and fund-raising activities benefited. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of management.

**Use of estimates.** The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

**Cash and cash equivalents.** Cash and cash equivalents consist of cash held in checking, and money market accounts, except for cash balance in the money market funds held in investment portfolio.

**Contributions receivable.** Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are to be received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.



## **GODDARD RIVERSIDE COMMUNITY CENTER**

### **Notes to Financial Statements**

June 30, 2017 and 2016

#### **Note 2 Summary of significant accounting policies - (continued)**

**Support.** Contributions received and unconditional promises to give are measured at their fair value and are reported as an increase in net assets. Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit their use.

**Government grant advances.** Government grant awards are classified as refundable advances until expended for the purposes of the grants, since they have traits that bear a closer resemblance to exchange transactions (purchase of services) than to contributions.

**Deferred revenue.** Program fees received in advance that relate to future fiscal years have been recorded as deferred revenue and will be recognized in the period to which they apply.

**Concentrations of credit and market risk.** Financial instruments that potentially expose GRCC to concentrations of credit and market risk consist primarily of cash and cash equivalents and investments. Cash and cash equivalents is maintained at a major financial institution that is one of the nation's largest banks; investments consist of a variety of investments including mutual funds, exchange traded funds, limited partnerships, corporate bonds, government bonds and money market funds - all of which are managed by professional investment advisors. Management understands the risks implicit in investing and believes that, with the guidance of the Investment Committee of the Board of Directors and the consultation by the brokerage advisor with respect to managing and investing of the assets, appropriate oversight is being exercised and GRCC's diverse portfolio carries a reasonable overall level of risk.

**Investments valuation.** Investments, other than alternative investments, are recorded at fair market value. Alternative investment are recorded using net asset value per share as the practical expedient.

**Donated assets.** Donated investments and other noncash donations are recorded as contributions at their fair values at the date of donation. Donated investments are promptly sold after receipt.

**Fair value measurements.** GRCC follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted market prices in active markets which may include quoted prices for similar assets and liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

In 2015, the Financial Accounting Standards Board ("FASB") issued guidance amending the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. The amendments within this update must be applied retrospectively to all periods presented. As such, GRCC adopted this guidance for the years ended June 30, 2017 and 2016. The new guidance only amended disclosure requirements and did not have any impact on GRCC's statements of financial position or statements of activities and changes in net assets for the years presented.

**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Notes to Financial Statements**  
June 30, 2017 and 2016

**Note 2 Summary of significant accounting policies - (continued)**

**Fixed assets.** Depreciation of fixed assets and amortization of leasehold improvements are provided over the estimated useful lives of the respective assets or life of the lease whichever is shorter on a straight-line method as follows:

	<u>Estimated Life</u>
Leasehold improvements	3 - 15 years
Office equipment and computers	3 - 5 years
Transportation vehicles	5 years

**Uncertainty in income taxes.** Because of its general tax-exempt status, Management has not and is not anticipated to have material and uncertain tax positions on its financial statements in accordance with Accounting Standards Codification ("ASC") Topic 740, Income Taxes, which provides standards for establishing and classifying any tax provision for uncertain tax positions. Tax filing periods ending June 30, 2014 and later are subject to examinations by appropriate tax authorities.

**Subsequent events.** Management evaluated its June 30, 2017 financial statements for subsequent events through March 30, 2018, which is the date the financial statements were available to be issued. GRCC has determined that there are no subsequent events that require additional recognition or disclosures in the financial statements.

**Note 3 Pension plan**

GRCC maintains a defined contribution pension plan covering eligible employees with at least one year of eligible service. GRCC's annual contribution is at the discretion of the Board of Directors. GRCC contributed 3% and 6% of annual compensation for the years ended June 30, 2017 and 2016, respectively. The total expense for the years ended June 30, 2017 and 2016 was \$478,778 and \$294,359, respectively.

**Note 4 Fixed assets**

	<u>2017</u>	<u>2016</u>
Leasehold improvements	\$ 6,788,941	\$ 6,665,235
Equipment	763,567	763,567
Transportation equipment	482,074	456,465
Computer systems and software	466,386	374,976
Total fixed assets	8,500,968	8,260,243
Less: accumulated depreciation and amortization	<u>(5,939,409)</u>	<u>(5,525,844)</u>
Net fixed assets	<u>\$ 2,561,559</u>	<u>\$ 2,734,399</u>

**GODDARD RIVERSIDE COMMUNITY CENTER****Notes to Financial Statements**

June 30, 2017 and 2016

**Note 5 Investments and investment income**

The fair value of investments measured on a recurring basis as of June 30, 2017 and 2016 are as follows:

<b>Recurring fair value measurements</b>	<b>Total</b>	<b>Quoted prices in active markets for identical assets (Level 1)</b>
<b>Fair value measurements at June 30, 2017</b>		
Cash and cash equivalents	\$ 119,065	\$ 119,065
Government fixed income	241,477	241,477
Corporate fixed income	409,582	409,582
Equity(Domestic/Global)	11,755,136	11,755,136
Bond funds	<u>4,018,726</u>	<u>4,018,726</u>
Total investments at published fair value	<u>\$ 16,543,986</u>	<u>\$ 16,543,986</u>
Alternative investments measured at Net Asset Value ("NAV"):		
Hedge equity	954,241	
Limited partnership	<u>800,333</u>	
Total alternative investments measured at NAV	<u>1,754,574</u>	
Total investments	<u>\$ 18,298,560</u>	

**GODDARD RIVERSIDE COMMUNITY CENTER****Notes to Financial Statements**

June 30, 2017 and 2016

**Note 5 Investments and investment income – (continued)**

<b>Recurring fair value measurements</b>	<b>Total</b>	<b>Quoted prices in active markets for identical assets (Level 1)</b>
<b>Fair value measurements at June 30, 2017</b>		
Cash and cash equivalents	\$ 1,419,166	\$ 1,419,166
Government fixed income	269,089	269,089
Corporate fixed income	525,869	525,869
Real assets	207,225	207,225
Equity(Domestic/Global)	10,823,339	10,823,339
Bond funds	2,830,344	2,830,344
<b>Total investments at published fair value</b>	<b>\$ 16,075,032</b>	<b>\$ 16,075,032</b>
<b>Alternative investments measured at Net Asset Value ("NAV"):</b>		
Hedge equity	1,815,841	
Hybrid equity	580,376	
Limited partnership	634,930	
<b>Total alternative investments measured at NAV</b>	<b>3,031,147</b>	
<b>Total investments</b>	<b>\$ 19,106,179</b>	

Investment income as of June 30, is as follows:

	<b>2017</b>	<b>2016</b>
Dividends and interest	\$ 389,567	\$ 301,500
Net realized gain / (loss)	131,746	(148,710)
Net unrealized gain / (loss)	1,851,051	(702,126)
Fees	(98,021)	(106,617)
Other interest	84	7
<b>Total investment income / (loss)</b>	<b>\$ 2,274,427</b>	<b>\$ (655,946)</b>

**Note 6 Contingencies**

GRCC receives a significant amount of financial assistance from the federal government. Grants and contracts normally provide for the recovery of direct and indirect costs. Entitlement to the recovery of the direct and related indirect costs are conditional upon compliance with the terms and conditions of the grant agreements and with applicable federal regulations, including the expenditure of the resources for eligible purposes. Substantially all grants are subject to financial and compliance reviews and audits by the grantors. In management's opinion, it is highly unlikely that an adverse material outcome will result from those reviews and audits.

**GODDARD RIVERSIDE COMMUNITY CENTER****Notes to Financial Statements**

June 30, 2017 and 2016

**Note 7 Contributions receivable**

Contributions receivable is comprised of unconditional promises to give shown below. Unconditional promises to give are recorded at the present value of their estimated future cash flows. In determining the present value of the expected future cash flows, a discount rate of 2.35% was applied to long term receivable at June 30,:

Amounts due in	<u>2017</u>	<u>2016</u>
Less than one year	\$ 1,042,961	\$ 720,930
One to two years	-	243,772
Less: discount	-	(5,566)
	<u>\$ 1,042,961</u>	<u>\$ 959,136</u>

As of June 30, 2017, \$1,042,961 of contributions receivable is temporarily restricted. Management expects all pledges to be fully collected and, accordingly, no allowance for doubtful pledges has been provided.

**Note 8 Line of credit**

GRCC has a total line of credit of \$2,000,000. The interest rate is LIBOR rate. For the periods ending June 30, 2017 and 2016, the interest rates charged amounted to 4.39% and 3.76%, respectively. All business assets, inventory, equipment, accounts and general intangibles are pledged as collateral. The line of credit matures on annually. As of June 30, 2017 and 2016, the outstanding balance was \$750,000 and \$1,100,000, respectively.

**Note 9 Due from related parties**

As of June 30, 2017 and 2016, the balance due from/(to) the related parties in connection with these services consisted of:

	<u>2017</u>	<u>2016</u>
Capitol Hall Preservation HDFC	\$ 89,394	\$ (7,384)
Corner House Associates HDFC	131,139	129,717
Phelps House Associates, L.P.	173,213	104,532
New Senate Associates, L.P.	(322,622)	(442,962)
140 W 140 <sup>th</sup> St. HDFC	35,016	28,320
Lincoln Square Neighborhood Center	<u>1,157,293</u>	<u>226,997</u>
Due from related parties	<u>\$ 1,263,433</u>	<u>\$ 39,220</u>

**GODDARD RIVERSIDE COMMUNITY CENTER****Notes to Financial Statements**

June 30, 2017 and 2016

**Note 10 In-kind services**

In-kind contributions are recorded as income and expenses at the time the items are received, which is also the time they are placed into service or distributed. Donated services are reported as income at their fair value if such services create or enhance non-financial assets or would have been purchased if not provided by donation, require specialized skills, and are provided by individuals possessing such specialized skills. The in-kind services as of June 30, 2017 and 2016, are as follows:

	<u>2017</u>	<u>2016</u>
Occupancy	\$ 285,243	\$ 275,076
Program volunteers (teachers)	<u>60,770</u>	<u>54,399</u>
Total	<u>\$ 346,013</u>	<u>\$ 329,475</u>

**Note 11 Developer's fee**

GRCC is a party to an agreement with Phelps House Associates, L.P. whereby GRCC oversaw the development and renovations of a 169-unit building for the elderly located at 595 Columbus Avenue, New York, NY. The construction was completed on December 31, 2005. For these services, Phelps House Associates, L.P. agreed to pay GRCC a net developer's fee of \$2,483,463 of which \$1,468,294 has been paid. Interest on the deferred development fee shall accrue from and after the completion date, March 1, 2006 at the rate of 8% per annum, compounded annually. The balance of \$1,015,169 plus interest are payable only to the extent cash flow from the property permits, and income is recognized only when cash is received. As of June 30, 2016, a total principal and interest payment of \$2,235,984 was received.

GRCC is a party to an agreement with Capitol Hall Preservation Associates LP ("Capitol Hall") whereby GRCC is overseeing the development and renovations of a 202 unit residential building for formally homeless adults located at 166 West 87<sup>th</sup> Street, New York, NY. The renovation project was scheduled to be completed in December 2014. For these services, Capitol Hall agreed to pay a developer fee of \$5,130,655, of which \$900,000 is for the advisory consultant fee to Rockabill Advisors (GRCC is responsible to collect and remit these amounts). For the years ended June 30, 2017 and 2016, GRCC collected and recognized \$476,248 and \$2,308,615, respectively, in its statements of activities. The balance of \$1,545,792 is payable only to the extent that cash flow from the property permits, and income will be recognized only when cash is received.

# **GODDARD RIVERSIDE COMMUNITY CENTER**

## **Notes to Financial Statements**

June 30, 2017 and 2016

### **Note 12 Commitments**

GRCC leases various facilities under operating leases expiring between the years 2017 and 2022. The minimum future leases commitment is as follows:

Year ending June 30,	
2018	\$ 435,858
2019	252,294
2020	256,698
2021	264,690
2022	<u>62,821</u>
Total	<u>\$ 1,272,361</u>

### **Note 13 Endowment and board designated funds**

The Board of Directors established a Board designated fund to generate income to support the operations of GRCC. The fund was initially established by the unrestricted proceeds from the sales of certain real properties and other funds. GRCC also receives contributions from donors which are restricted.

The primary investment objectives for all of the institutional funds under the control of GRCC including endowment funds (collectively the "Fund") are, except as otherwise required by the terms of restricted funds, to provide for:

- long-term growth of principal and income by maximizing total return consistent with prudent risk taking; and
- a stable source of perpetual financial support and liquidity to GRCC.

The Investment Committee is responsible for actively determining the allocation of assets between various investment categories. Asset allocation decisions should be focused on longer-term trends and projections. The spending policy is intended to ensure that the Fund's purchasing power, at a minimum, is maintained over time by keeping the long-term rate of annual spending from the Fund in support of operations equal to or less than the long-term inflation-adjusted investment return of the Fund. The amount to be drawn from the Fund and spent in any year will be determined as part of GRCC's budget process.

Endowment is comprised of donor restricted funds. GRCC may fund operations from the endowment funds (temporarily restricted) with up to 4.5% of a 20-quarter rolling average of the value of the Fund. This amount is estimated and set by the Board during the approval of the annual operating budget. The total return basis for calculating spending is intended to comply with the NYPMIFA and the directive of the attorney general of New York which has set guidelines under which an institution's spending is reasonably deemed prudent.

**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Notes to Financial Statements**  
June 30, 2017 and 2016

**Note 13 Endowment and board designated funds - (continued)**

The endowment and board designated funds consist of the following as of June 30, 2017:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
<b>Donor restricted funds</b>				
Lester Martin scholarship fund		\$ 23,312	\$ 106,000	\$ 129,312
Community Arts		39,310	500,000	539,310
Options endowment		193,058	1,605,000	1,798,058
Bernie Wohl endowment		<u>469,411</u>	<u>2,340,164</u>	<u>2,809,575</u>
Total donor restricted funds		725,091	4,551,164	5,276,255
<b>Board designated funds</b>				
Other *	<u>\$ 18,355,578</u>			<u>18,355,578</u>
Total donor restricted and board designated funds as of June 30, 2017	<u>\$ 18,355,578</u>	<u>\$ 725,091</u>	<u>\$ 4,551,164</u>	<u>\$ 23,631,833</u>

\*This balance includes a mortgage note receivable of \$2,735,227 from Phelps House Associates, L.P. See note 16, for additional disclosures.

The endowment and board designated funds consist of the following as of June 30, 2016:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
<b>Donor restricted funds</b>				
Lester Martin scholarship fund		\$ 13,889	\$ 106,000	\$ 119,889
Community Arts		11	500,000	500,011
Options endowment		62,033	1,851,508	1,913,541
Bernie Wohl endowment		<u>265,040</u>	<u>2,088,656</u>	<u>2,353,696</u>
Total donor restricted funds		340,973	4,546,164	4,887,137
<b>Board designated funds</b>				
Other *	<u>\$ 17,002,421</u>			<u>17,002,421</u>
Total donor restricted and board designated funds as of June 30, 2017	<u>\$ 17,002,421</u>	<u>\$ 340,973</u>	<u>\$ 4,546,164</u>	<u>\$ 21,889,558</u>

\*This balance includes a mortgage note receivable of \$2,981,845 from Phelps House Associates, L.P. See note 16, for additional disclosures.



**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Notes to Financial Statements**  
June 30, 2017 and 2016

**Note 13 Endowment and board designated funds - (continued)**

Roll-forward of the fund balances as of June 30, 2017, is as follows:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Fund net assets, beginning of year	<u>\$ 17,002,421</u>	<u>\$ 340,972</u>	<u>\$ 4,546,164</u>	<u>\$ 21,889,557</u>
Investment returns:				
Investment income	292,175	97,392		389,567
Realized/unrealized (loss)	<u>1,413,581</u>	<u>471,194</u>		<u>1,884,775</u>
Total investment return	<u>1,705,756</u>	<u>568,586</u>		<u>2,274,342</u>
Appropriation of fund assets for expenditure	(1,075,465 )	(184,467 )		(1,259,932 )
Changes/contributions	<u>722,866</u>	<u>-</u>	<u>5,000</u>	<u>727,866</u>
	<u>(352,599 )</u>	<u>(184,467 )</u>	<u>5,000</u>	<u>(532,066 )</u>
Fund net assets, June 30, 2017	<u>\$ 18,355,578</u>	<u>\$ 725,091</u>	<u>\$ 4,551,164</u>	<u>\$ 23,631,833</u>

For fiscal year ended June 30, 2017, the Board approved \$1,259,932 (\$1,075,465 Board-designated and \$184,467 temporarily restricted) to be used for operations.

Roll-forward of the fund balances as of June 30, 2016, is as follows:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Fund net assets, beginning of year	<u>\$ 14,084,899</u>	<u>\$ 437,317</u>	<u>\$ 4,299,656</u>	<u>\$ 18,821,872</u>
Investment returns:				
Investment income	229,140	72,360		301,500
Realized/unrealized (loss)	<u>(957,453 )</u>			<u>(957,453 )</u>
Total investment return	<u>(728,313 )</u>	<u>72,360</u>		<u>(655,953 )</u>
Appropriation of fund assets for expenditure	(507,980 )	(168,704 )		(676,684 )
Changes/contributions	<u>4,153,815</u>	<u>-</u>	<u>246,508</u>	<u>4,400,323</u>
	<u>3,645,835</u>	<u>(168,704 )</u>	<u>246,508</u>	<u>3,723,639</u>
Fund net assets, June 30, 2016	<u>\$ 17,002,421</u>	<u>\$ 340,973</u>	<u>\$ 4,546,164</u>	<u>\$ 21,889,558</u>

For fiscal year ended June 30, 2016, the Board approved \$676,684 (\$507,980 Board-designated and \$168,704 temporarily restricted) to be used for operations.

**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Notes to Financial Statements**  
June 30, 2017 and 2016

**Note 14 Temporarily restricted net assets**

As of June 30, 2017 temporarily restricted net assets consist of:

	<u>2016</u>	<u>Additions</u>	<u>Releases</u>	<u>2017</u>
Time restricted	\$ 269,318	\$ 229,532	\$ (326,317 )	\$ 172,533
Program restricted:				
Youth	1,225,308	1,449,175	(1,544,592 )	1,129,891
Youth promise campaign	67,063	-	(30,000 )	37,063
Housing and homeless	467,069	623,630	(676,737 )	413,962
Senior citizens and adults	98,350	130,100	(160,850 )	67,600
Temporarily restricted endowment	<u>340,972</u>	<u>568,586</u>	<u>(184,467 )</u>	<u>725,091</u>
Total	<u>\$ 2,468,080</u>	<u>\$ 3,001,023</u>	<u>\$ (2,922,963 )</u>	<u>\$ 2,546,140</u>

As of June 30, 2016 temporarily restricted net assets consist of:

	<u>2015</u>	<u>Additions</u>	<u>Releases</u>	<u>2016</u>
Time restricted	\$ 475,299	\$ 171,051	\$ (377,032 )	\$ 269,318
Program restricted:				
Youth	1,687,474	1,070,675	(1,532,841 )	1,225,308
Youth promise campaign	172,063	65,000	(170,000 )	67,063
Housing and homeless	422,797	725,179	(680,907 )	467,069
Senior citizens and adults	165,090	104,250	(170,990 )	98,350
Temporarily restricted endowment	<u>437,317</u>	<u>72,359</u>	<u>(168,704 )</u>	<u>340,972</u>
Total	<u>\$ 3,360,040</u>	<u>\$ 2,208,514</u>	<u>\$ (3,100,474 )</u>	<u>\$ 2,468,080</u>

**Note 15 Client representative payee accounts**

GRCC is acting as “rep-payee” for 42 clients in 2017 and 45 clients in 2016 who receive services from several of the GRCC programs. Funds, received on behalf of each client, are deposited in individual client accounts. Funds are disbursed from these accounts to pay each client’s expenses and provide cash to individual clients from each client’s fund, based on need. The activity in these accounts, which is not reflected in the accompanying statements of financial position, is summarized below:

	<u>2017</u>	<u>2016</u>
Balance at beginning of year	\$ 331,750	\$ 312,170
Deposits during the year	445,993	463,017
Disbursements during the year	<u>(424,175 )</u>	<u>(443,437 )</u>
Balance at end of year	<u>\$ 353,568</u>	<u>\$ 331,750</u>

**GODDARD RIVERSIDE COMMUNITY CENTER**  
**Notes to Financial Statements**  
June 30, 2017 and 2016

**Note 16 Mortgage receivable**

In December 2004, Goddard Riverside Housing Development Fund Company, Inc. ("GRHDFC"), an unconsolidated affiliate of GRCC, sold real estate it owned at 595 Columbus Avenue, New York, NY to Phelps House Associates, L.P. (the "Partnership"). Part of the consideration received by GRCC is a mortgage receivable in the amount of \$2,981,845. Subsequently, as part of a plan of liquidation, GRHDFC assigned the note and mortgage to GRCC. The outstanding mortgage receivable amounted to \$2,735,227 and \$2,981,845 for the years ended June 30, 2017 and 2016, respectively.

The note bears an annual interest rate of 4.7% with principal and interest payments due annually over 30 years. These payments will be made only to the extent of available cash flow from the property as defined in the Partnership agreement. Because the amount of cash flow is uncertain, the interest income will be recognized only as and when payments are received by GRCC. Interest payments of \$246,618 and \$0 were received in fiscal years ended June 30, 2017 and 2016, respectively, and was recognized as interest income in the statements of activities.

**Note 17 Concentration of revenue**

GRCC provide various social services, and the majority of this revenue is generated from government funds which account for about 68% and 56% of this total revenue on June 30, 2017 and 2016, respectively.

**Note 18 Subcontracts**

GRCC was awarded a three-year contract with the New York City Department of Homeless Services (DHS) and is the lead agency in the Manhattan Outreach Consortium. The consortium is the single point of accountability in the borough responsible for all outreach and housing placement services. The Manhattan Outreach Consortium includes other neighborhood based centers as shown below.

Total revenue amount in 2017 was \$9,747,736 and was \$6,756,461 in 2016. GRCC's portion of the contract for both its service delivery and administrative roles was \$5,760,277 and \$4,159,642, for 2017 and 2016 respectively, with the remaining shared by the consortium partners as follows:

	<u>2017</u>	<u>2016</u>
Common Ground Community	\$ 1,800,253	\$ 1,285,472
Center for Urban Community Services	<u>2,187,207</u>	<u>1,311,347</u>
Total	<u>\$ 3,987,460</u>	<u>\$ 2,596,819</u>

# GODDARD RIVERSIDE COMMUNITY CENTER

## Schedule of Functional Expenses

For the year ended June 30,

	Youth	Senior citizens and adults	Homeless and mentally ill	Housing	Preschool	Total	Management and general	Fund raising	Total	Total Program and Supporting services 2017	Total Program and Supporting services 2016
Salaries	\$ 2,311,028	\$ 2,117,127	\$ 3,972,819	\$ 2,381,816	\$ 1,270,345	\$ 12,053,135	\$ 1,541,187	\$ 542,101	\$ 2,083,288	\$ 14,136,423	\$ 13,464,037
Employee benefits	574,177	644,011	1,075,110	664,967	304,492	3,262,757	629,587	174,424	804,011	4,066,768	3,763,342
Total personnel	2,885,205	2,761,138	5,047,929	3,046,783	1,574,837	15,315,892	2,170,774	716,525	2,887,299	18,203,191	17,227,379
Professional fees -- in-kind of											
\$133,770											
Supplies	166,766	131,078	259,864	178,166	119,268	855,142	537,161	215,638	752,799	1,607,941	1,758,450
Telephone	92,461	115,232	133,165	65,438	62,703	468,999	14,951	11,192	26,143	495,142	522,394
Postage	47,294	27,616	130,817	39,175	17,241	262,143	46,392	-	46,392	308,535	265,204
Occupancy costs -- in-kind of	2,747	4,440	3,742	1,850	806	13,585	7,729	10,868	18,597	32,182	43,267
\$338,553											
Transportation and travel	129,839	96,948	2,061,134	125,961	524,130	2,938,012	-	-	-	2,938,012	2,219,760
Printing and publications	34,752	29,609	149,220	3,528	3,119	220,228	15,930	1,500	17,430	237,658	239,874
Insurance	33,491	14,873	10,217	6,159	3,622	68,362	5,052	34,319	39,371	107,733	90,743
Repairs and maintenance	43,788	103,079	215,088	81,501	59,576	503,032	2,297	1,017	3,314	506,346	542,999
Food	78,348	55,519	119,603	60,292	49,994	363,756	10,415	3,402	13,817	377,573	374,399
Memberships dues	89,614	525,781	25,362	44,100	77,262	762,119	10,387	801	11,188	773,307	771,274
College Access Training Program	2,932	2,094	7,739	12,261	2,400	27,426	18,603	55	18,658	46,084	53,537
Scholarships	61,506	-	13,755	-	1,857	77,118	-	-	-	77,118	55,626
Other	60,963	26,346	35,500	10,043	14,720	147,572	101,391	18,825	120,216	267,788	334,073
Subcontractors	13,358	-	3,987,460	-	-	4,000,818	-	-	-	4,000,818	2,671,972
Depreciation and amortization	198,109	29,301	107,596	8,934	60,538	399,478	10,459	3,628	14,087	413,565	356,692
Total other than personnel	1,055,968	1,161,916	7,255,262	637,408	997,236	11,107,790	780,767	301,245	1,082,012	12,189,802	10,300,264
Total expenses	\$ 3,941,173	\$ 3,923,054	\$ 12,303,191	\$ 3,684,191	\$ 2,572,073	\$ 26,423,682	\$ 2,951,541	\$ 1,017,770	\$ 3,969,311	\$ 30,392,993	\$ 27,527,643

Form **990**Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**GODDARD RIVERSIDE COMMUNITY CENTER**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**593 COLUMBUS AVENUE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NEW YORK, NY 10024****F** Name and address of principal officer: **DR. RODERICK JONES****593 COLUMBUS AVE, NEW YORK, NY 10024****D** Employer identification number**13-1893908****E** Telephone number**2128736600****G** Gross receipts \$ **36,643,748.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.GODDARD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1959** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>GODDARD RIVERSIDE BUILDS COMMUNITY, CHANGES LIVES AND SUPPORTS NEW YORKERS IN NEED THROUGH</b>		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	44
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	660
	6	Total number of volunteers (estimate if necessary)	6	600
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 27,090,949.	Current Year 23,975,615.
	9	Program service revenue (Part VIII, line 2g)	1,183,747.	2,722,540.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,932.	764,939.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,181,944.	1,449,025.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,580,572.	28,912,119.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,376.	61,506.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,227,379.	18,203,191.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	199,800.	199,800.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1,017,770.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,794,365.	11,677,428.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,275,920.	30,141,925.
	19	Revenue less expenses. Subtract line 18 from line 12	6,304,652.	-1,229,806.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 31,953,429.	End of Year 31,817,285.
	21	Total liabilities (Part X, line 26)	6,990,730.	6,233,341.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,962,699.	25,583,944.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	<b>DR. RODERICK JONES, EXECUTIVE DIRECTOR</b>	<b>5/15/18</b>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<b>ALWAYNE BURKE</b>	<b>5/14/18</b>
	Firm's name	Firm's EIN
	<b>NCHENG LLP</b>	<b>81-0926770</b>
	Firm's address	Phone no.
	<b>40 WALL STREET 32ND FLOOR NEW YORK, NY 10005</b>	<b>212-785-0100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X

1 Briefly describe the organization's mission:

SEE SCHEDULE O FOR A FULL DESCRIPTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,941,173. Including grants of \$ 61,506. ) (Revenue \$ 320,725. )

YOUTH PROGRAM - PROVIDE RECREATIONAL, EDUCATION, TUTORING, AND COLLEGE COUNSELING SERVICES TO YOUTH.

4b (Code: ) (Expenses \$ 3,923,054. Including grants of \$ ) (Revenue \$ 137,873. )

SENIOR CITIZENS AND ADULTS: PROVIDES MEALS, RECREATIONAL ACTIVITIES AND OTHER SERVICES TO SENIOR CITIZENS.

4c (Code: ) (Expenses \$ 12,303,191. Including grants of \$ ) (Revenue \$ 1,894,760. )

HOMELESS AND MENTALLY ILL - PROVIDES HOUSING, SHELTER AND PLACEMENT SERVICES FOR LOW INCOME AND HOMELESS PEOPLE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 5,910,251. Including grants of \$ ) (Revenue \$ 369,182. )

4e Total program service expenses 26,077,669.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d 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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Form 990 (2016)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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		X
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)



**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	102	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	660	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... 44		
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 ..... 44		
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	X	
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5		X
6 Did the organization have members or stockholders? ..... 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? ..... 8a	X	
b Each committee with authority to act on behalf of the governing body? ..... 8b	X	
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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? ..... 10a	X	
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	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... 11a		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... 12c	X	
13 Did the organization have a written whistleblower policy? ..... 13	X	
14 Did the organization have a written document retention and destruction policy? ..... 14	X	
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?		
a The organization's CEO, Executive Director, or top management official ..... 15a	X	
b Other officers or key employees of the organization ..... 15b		X
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		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... 16b		

**Section C. Disclosure**

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MAY WONG - 212-873-6600**  
**593 COLUMBUS AVENUE, NEW YORK, NY 10024-1198**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID PHILLIPS MEMBER	1.00	X						0.	0.	0.
(2) NANCY ROCHFORD MEMBER	1.00	X						0.	0.	0.
(3) SABIN DANZIGER MEMBER	1.00	X						0.	0.	0.
(4) RICHARD BURGHEIM MEMBER	1.00	X						0.	0.	0.
(5) JOAN AMRON MEMBER	1.00	X						0.	0.	0.
(6) MARCIA HAMMILL BYSTRYN MEMBER	1.00	X						0.	0.	0.
(7) LESLIE RUBIN MEMBER	1.00	X						0.	0.	0.
(8) BETSY DEAN MEMBER	1.00	X						0.	0.	0.
(9) MICHAEL FRIEDMAN MEMBER	1.00	X						0.	0.	0.
(10) AMY S. MINTZER MEMBER	1.00	X						0.	0.	0.
(11) MAUREEN GOLDEN MEMBER	1.00	X						0.	0.	0.
(12) MARY ELLEN KEATING MEMBER	1.00	X						0.	0.	0.
(13) STANLEY D. HECKMAN MEMBER	1.00	X						0.	0.	0.
(14) PAOLA LOZANO MEMBER	1.00	X						0.	0.	0.
(15) JANE ZENKER MEMBER	1.00	X						0.	0.	0.
(16) SABINA MENSCHER MEMBER	1.00	X						0.	0.	0.
(17) SUSAN GROBMAN MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH LUBETKIN LIPTON MEMBER	1.00	X						0.	0.	0.
(19) EILEEN D'AGOSTINO HONORARY MEMBER	1.00	X						0.	0.	0.
(20) RHONDA WHITE MEMBER	1.00	X						0.	0.	0.
(21) SUGENI PEREZ-SADLER MEMBER	1.00	X						0.	0.	0.
(22) ANNE M. POWELL HONORARY MEMBER	1.00	X						0.	0.	0.
(23) SHEILA C. THIMBA MEMBER	1.00	X						0.	0.	0.
(24) BETSY NEWELL PRESIDENT	3.00	X		X				0.	0.	0.
(25) JOSH MARWELL MEMBER	1.00	X						0.	0.	0.
(26) WAIDE WARNER FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								572,695.	0.	66,900.
<b>d Total (add lines 1b and 1c)</b>								572,695.	0.	66,900.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR URBAN COMMUNITY SERVICES 198 EAST 121ST STREET, NEW YORK, NY 10035	MENTAL HEALTH SERVICES	213,746.
ELAINE MORALES ENTERPRISES, LLC 602 FOURTH AVENUE, BRADLEY BEACH, NJ 07720	FUNDRAISING	199,800.
THE NETHERWOOD GROUP, 776 DIXIE LANE, SUITE 311, PLAINFIELD, NJ 07062	HUMAN RESOURCES CONSULTANT	118,313.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN RICHMAN MEMBER	1.00	X						0.	0.	0.
(28) CAROLAN WORKMAN MEMBER	1.00	X						0.	0.	0.
(29) FERN J. KHAN MEMBER	1.00	X						0.	0.	0.
(30) MARY ELLEN RUDOLPH MEMBER	1.00	X						0.	0.	0.
(31) DANIEL E. SIFF MEMBER	1.00	X						0.	0.	0.
(32) HOWARD S. STEIN TREASURER	3.00	X		X				0.	0.	0.
(33) KENNA REEHIL MEMBER	1.00	X						0.	0.	0.
(34) PAGE D. EDMUNDS MEMBER	1.00	X						0.	0.	0.
(35) CHRISTOPHER AUGUSTE MEMBER	1.00	X						0.	0.	0.
(36) VICTOR A. GONZALEZ MEMBER	1.00	X						0.	0.	0.
(37) J.P. LEVENTHAL MEMBER	1.00	X						0.	0.	0.
(38) BARRY LEVINE MEMBER	1.00	X						0.	0.	0.
(39) JACQUELINE LONG MEMBER	1.00	X						0.	0.	0.
(40) KAYALYN A. MARAFIOTI SECRETARY	1.00	X		X				0.	0.	0.
(41) BARBARA TARMY MEMBER	1.00	X						0.	0.	0.
(42) LINN CARY MEHTA MEMBER	1.00	X						0.	0.	0.
(43) BRADLEY MURO MEMBER	1.00	X						0.	0.	0.
(44) THERESA M. GILLIS MEMBER	1.00	X						0.	0.	0.
(45) STEPHAN RUSSO EXECUTIVE DIRECTOR	35.00			X				183,895.	0.	53,640.
(46) RICHARD BENGLOFF CHIEF FINANCIAL OFFICER	35.00			X				102,452.	0.	2,880.
Total to Part VII, Section A, line 1c										



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,131,733.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	19,295,502.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,548,380.				
	g Noncash contributions included in lines 1a-1f: \$		163,441.				
	h Total. Add lines 1a-1f		23,975,615.				
<b>Program Service Revenue</b>	2 a MEDICARE/MEDICAID PAYMENTS	Business Code	900099	1,712,281.	1,712,281.		
	b PROGRAM FEES		711190	1,010,259.	1,010,259.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,722,540.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			636,269.			636,269.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			128,670.			128,670.
	8 a Gross income from fundraising events (not including \$ 1,131,733. of contributions reported on line 1c). See Part IV, line 18	a	106,700.				
	b Less: direct expenses	b	300,171.				
	c Net income or (loss) from fundraising events			-193,471.			-193,471.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a REIMB. FROM AFFILIATES		900099	1,088,713.			1,088,713.	
b DEVELOPER'S FEE		900099	476,248.			476,248.	
c OTHER REVENUES		900099	77,535.			77,535.	
d All other revenue							
e Total. Add lines 11a-11d			1,642,496.				
12 Total revenue. See instructions.			28,912,119.	2,722,540.	0.	2,213,964.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,506.	61,506.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	572,695.		440,281.	132,414.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,563,728.	12,053,135.	1,100,906.	409,687.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	478,778.	353,781.	92,471.	32,526.
9 Other employee benefits	2,542,478.	2,022,835.	419,216.	100,427.
10 Payroll taxes	1,045,512.	886,141.	117,900.	41,471.
11 Fees for services (non-employees):				
a Management				
b Legal	47,279.	16,559.	30,720.	
c Accounting	106,550.		106,550.	
d Lobbying	48,000.	17,920.	30,080.	
e Professional fundraising services. See Part IV, line 17	199,800.			199,800.
f Investment management fees	94,945.		94,945.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,145,542.	759,893.	369,811.	15,838.
12 Advertising and promotion	107,733.	68,362.	5,052.	34,319.
13 Office expenses	835,859.	744,727.	69,072.	22,060.
14 Information technology				
15 Royalties				
16 Occupancy	2,652,769.	2,652,769.		
17 Travel	237,658.	220,228.	15,930.	1,500.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	46,424.		46,424.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413,565.	399,478.	10,459.	3,628.
23 Insurance	506,346.	503,032.	2,297.	1,017.
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 SUBCONTRACTORS	4,000,818.	4,000,818.		
b FOOD	773,307.	762,119.	10,387.	801.
c REPAIRS AND MAINTENANCE	377,573.	363,756.	10,415.	3,402.
d OTHER	221,364.	147,572.	54,967.	18,825.
e All other expenses	61,696.	43,038.	18,603.	55.
25 Total functional expenses. Add lines 1 through 24e	30,141,925.	26,077,669.	3,046,486.	1,017,770.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)



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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	167,059.	1	1,020,282.
	2 Savings and temporary cash investments .....	1,698,752.	2	370,472.
	3 Pledges and grants receivable, net .....	6,463,736.	3	5,556,452.
	4 Accounts receivable, net .....	8,545.	4	6,587.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....	2,981,845.	7	2,735,227.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	172,860.	9	123,778.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 8,500,968.		
	b Less: accumulated depreciation .....	10b 5,939,409.	10c	2,561,559.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	17,687,013.	12	18,179,495.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	39,220.	15	1,263,433.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	31,953,429.	16	31,817,285.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	3,686,418.	17	3,166,823.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	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 .....	3,304,312.	25	3,066,518.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	6,990,730.	26	6,233,341.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	17,948,455.	27	18,486,640.
	28 Temporarily restricted net assets .....	2,468,080.	28	2,546,140.
	29 Permanently restricted net assets .....	4,546,164.	29	4,551,164.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	24,962,699.	33	25,583,944.
34 <b>Total liabilities and net assets/fund balances</b> .....	31,953,429.	34	31,817,285.	

Form 990 (2016)

**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,912,119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,141,925.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,229,806.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,962,699.
5	Net unrealized gains (losses) on investments	5	1,851,051.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,583,944.

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

Form 990 (2016)

**Department of the Treasury**  
**Internal Revenue Service**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**▶ Attach to Form 990 or Form 990-EZ.**

2016

**Open to Public  
Inspection**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

GODDARD RIVERSIDE COMMUNITY CENTER

**Employer identification number**  
**13-1893908**

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

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

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21598233.	22562841.	22924933.	26094163.	23975615.	117155785
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	21598233.	22562841.	22924933.	26094163.	23975615.	117155785
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.						117155785

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	21598233.	22562841.	22924933.	26094163.	23975615.	117155785
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	373,083.	329,401.	295,006.	301,507.	636,269.	1935266.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	361,946.	444,180.	77,996.	237,053.	77,535.	1198710.
11 Total support. Add lines 7 through 10 .....						120289761
12 Gross receipts from related activities, etc. (see instructions) .....					12	21,572,495.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	97.39 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	93.00 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2016

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>3b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
<b>3c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>4b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>4c</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>5b</b> Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5c</b> Substitutions only. Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
<b>7</b> 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
<b>9b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>9c</b> 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.		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>10b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
<b>11a</b>		
b A family member of a person described in (a) above?		
<b>11b</b>		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
<b>2</b> Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
<b>2a</b>	Yes	No
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.	
<b>2b</b>	Yes	No
<b>3</b> 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? Provide details in Part VI.	
<b>3a</b>	Yes	No
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	
<b>3b</b>	Yes	No

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

  

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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**Part VI**

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

GODDARD RIVERSIDE COMMUNITY CENTER

Employer identification number

13-1893908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

GODDARD RIVERSIDE COMMUNITY CENTER

13-1893908

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ENCORE COMMUNITY SERVICES INC. 239 WEST 49TH ST NEW YORK, NY 10019	\$ 884,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC ADMIN. FOR CHILDREN'S SERVICES 150 WILLIAM STREET, 9TH FLOOR NEW YORK, NY 10038	\$ 1,904,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYC DEPT OF HOMELESS SERVICES 33 BEAVER STREET, 14TH FLOOR NEW YORK, NY 10004	\$ 10,757,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYC DEPT OF YOUTH & COMMUNITY DEVELOPMENT 156 WILLIAM STREET, 6TH FLOOR NEW YORK, NY 10038	\$ 598,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBIN HOOD FOUNDATION 826 BROADWAY, FL 9 NEW YORK, NY 10003	\$ 573,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYC DEPARTMENT OF DESIGN & CONSTRUCTIONS 30-30 THOMSON AVENUE LONG ISLAND CITY, NY 11101	\$ 1,475,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GODDARD RIVERSIDE COMMUNITY CENTER

13-1893908

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION  150 GREENWICH STREET  NEW YORK, NY 10007	\$ 784,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYC DEPARTMENT FOR THE AGING  2 LAFAYETTE STREET  NEW YORK, NY 10007	\$ 751,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

GODDARD RIVERSIDE COMMUNITY CENTER

13-1893908

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

GODDARD RIVERSIDE COMMUNITY CENTER

Employer identification number

13-1893908

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		48,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			48,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

GODDARD HIRED THE WRIGHT GROUP NY, INC. TO REPRESENT GODDARD RIVERSIDE COMMUNITY CENTER IN CONNECTION WITH LOBBYING THE EXECUTIVE, LEGISLATIVE, AND ADMINISTRATIVE BRANCHES OF NEW YORK CITY AND NEW YORK STATE GOVERNMENTS.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

GODDARD RIVERSIDE COMMUNITY CENTER

Employer identification number  
13-1893908**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last  
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax  
year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  
violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and  
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for  
conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,  
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,  
the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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Schedule D (Form 990) 2016

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 331,750.
d Additions during the year	1d 445,993.
e Distributions during the year	1e 424,175.
f Ending balance	1f 353,568.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,889,558.	18,821,872.	19,204,175.	15,988,137.	14,841,975.
b Contributions	727,866.	4,400,323.		1,500,000.	
c Net investment earnings, gains, and losses	2,274,342.	-655,953.	207,037.	2,278,215.	1,712,369.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,259,932.	676,684.	589,340.	562,177.	566,207.
f Administrative expenses					
g End of year balance	23,631,833.	21,889,558.	18,821,872.	19,204,175.	15,988,137.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 77.70 %  
 b Permanent endowment ☒ 19.20 %  
 c Temporarily restricted endowment ☒ 3.10 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,788,941.	4,510,351.	2,278,590.
d Equipment		1,245,641.	1,039,764.	205,877.
e Other		466,386.	389,294.	77,092.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,561,559.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....	954,241.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests .....		
(3) Other		
(A) EQUITY SECURITIES	5,559,989.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME - GOVERNMENT		
(C) & CORPORATE	651,059.	END-OF-YEAR MARKET VALUE
(D) INTNTL GLOBAL EQUITY	6,195,147.	END-OF-YEAR MARKET VALUE
(E) BOND FUNDS	4,018,726.	END-OF-YEAR MARKET VALUE
(F) LIMITED PARTNERSHIP	800,333.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	18,179,495.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	2,316,518.
(3) LINE OF CREDIT	750,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,066,518.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	31,014,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,851,051.
b	Donated services and use of facilities	2b	346,013.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,197,064.
3	Subtract line 2e from line 1	3	28,817,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,945.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	94,945.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,912,119.

**Part XII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	30,392,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	346,013.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	346,013.
3	Subtract line 2e from line 1	3	30,046,980.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,945.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	94,945.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,141,925.

**Part XIII** Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 1B:**

GODDARD IS ACTING AS "REP-PAYEE" FOR 45 CLIENTS WHO RECEIVE SERVICES FROM SEVERAL OF THE GRCC PROGRAMS. FUNDS RECEIVED ON BEHALF OF EACH CLIENT, ARE DEPOSITED IN INDIVIDUAL CLIENT ACCOUNTS. FUNDS ARE DISBURSED FROM THESE ACCOUNTS TO PAY EACH CLIENTS EXPENSES AND PROVIDE CASH TO INDIVIDUAL CLIENT'S FROM EACH CLIENT'S FUND, BASED ON NEED. THE ACTIVITY IN THESE ACCOUNTS, IS NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS

**PART V, LINE 4:**

THE BOARD DESIGNATED ENDOWMENT GENERATES INCOME TO SUPPORT OPERATIONS. THE PERMANENT ENDOWMENT PROVIDES A PERMANENT SOURCES OF INCOME THAT CAN BE USED BY THE ORGANIZATION.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

BECAUSE OF ITS GENERAL TAX-EXEMPT STATUS, MANAGEMENT HAS NOT AND IS NOT ANTICIPATED TO HAVE MATERIAL AND UNCERTAIN TAX POSITIONS ON ITS FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISION FOR UNCERTAIN TAX POSITIONS. TAX FILING PERIODS ENDING JUNE 30, 2014 AND LATER ARE SUBJECT TO EXAMINATIONS BY APPROPRIATE TAX AUTHORITIES.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
		GALA	BOOK BASH & SALES	4			
		Revenue		(event type)	(event type)	(total number)	
1	Gross receipts .....	958,816.	113,581.	166,036.	1,238,433.		
2	Less: Contributions .....	864,316.	110,701.	156,716.	1,131,733.		
3	Gross Income (line 1 minus line 2) .....	94,500.	2,880.	9,320.	106,700.		
Direct Expenses		4	Cash prizes .....				
		5	Noncash prizes .....				
		6	Rent/facility costs .....	21,140.	4,634.	25,774.	
		7	Food and beverages .....	171,694.	5,741.	14,084.	191,519.
		8	Entertainment .....				
		9	Other direct expenses .....	41,712.	26,762.	14,403.	82,877.
		10	Direct expense summary. Add lines 4 through 9 in column (d) .....				300,170.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-193,470.		

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: ELAINE MORALES ENTERPRISES, LLP

(I) ADDRESS OF FUNDRAISER: 602 FOURTH AVENUE, BRADLEY BEACH, NJ 07720

PART I, LINE 2B, COLUMN (V):

PAYMENT TO FUNDRAISER WAS SET ON CONTRACT AT \$15,860 PER MONTH.

Schedule G (Form 990 of 990-EZ)		GODDARD RI	
<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# 2016

**Open to Public Inspection**

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**GODDARD RIVERSIDE COMMUNITY CENTER**

**Employer identification number**  
**13-1893908**

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3 Enter total number of other organizations listed in the line 1 table**

**11-HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2016)



**Part IV** Supplemental Information

\$500 - \$2,000 ANNUALLY BASED ON NEED. THE REMAINING THREE AWARDS, WITH AMOUNTS OF \$1,000 - \$2,000, ARE DETERMINED BY AN AD HOC BOARD/STAFF COMMITTEE WHICH CONVENES ONCE A YEAR TO RANK THE NOMINATED APPLICANTS AND SELECT THE FINANLISTS AFTER REVIEWING THEIR PERSONAL STATEMENTS, COUNSELOR RECOMMENDATIONS, AND ACADEMIC AND FINANCIAL PROFILES.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**GODDARD RIVERSIDE COMMUNITY CENTER**

Employer identification number

**13-1893908**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2016





Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**GODDARD RIVERSIDE COMMUNITY CENTER**

Employer identification number

**13-1893908**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>1,571</b>	<b>163,441.</b>	<b>FAIR MARKET VALUE</b>
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

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 purposes for the entire holding period? .....

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	
33		

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2016)

**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.

SCHEDULE M, LINE 32B:

DEVELOP/WRITE PROPOSALS, REPORTS, OR LETTERS OF INQUIRY FOR CAPITAL OR  
PROGRAM NEEDS; RESEARCH/IDENTIFY LIKELY FUNDING SOURCES; HELP STIMULATE  
FUNDERS' INTEREST IN GRCC; AND PROVIDE GENERAL FUND-RAISING ADVICE AND  
COUNSEL AS NECESSARY.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

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Inspection

Name of the organization

GODDARD RIVERSIDE COMMUNITY CENTER

Employer identification number  
13-1893908

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

SERVICES INCLUDING EARLY CHILDHOOD AND YOUTH PROGRAMS, COLLEGE COUNSELING, SUPPORTIVE HOUSING, EMPLOYMENT READINESS, AND ASSISTANCE TO HOMELESS AND OLDER ADULTS IN MANHATTAN. GODDARD RIVERSIDE EMBRACES THE POTENTIAL AND WORTH OF EACH INDIVIDUAL, CONNECTING THEM ACROSS SOCIAL, ECONOMIC AND OTHER BARRIERS, AND ACKNOWLEDGES THE IMPORTANCE OF A STRONG COMMUNITY. GODDARD RIVERSIDE CARES FOR FAMILIES WITH A VARIETY OF EDUCATIONAL AND RECREATIONAL PROGRAMS FOR TODDLERS, CHILDREN, AND YOUNG PEOPLE, INCLUDING MAKING COLLEGE ACCESSIBLE TO LOW-INCOME YOUNGSTERS. WE HELP PEOPLE WHO ARE LIVING ON THE STREETS TO ADDRESS THE UNDERLYING ISSUES THAT LED TO THEIR HOMELESSNESS, ACQUIRE BASIC LIFE SKILLS, AND REINTEGRATE INTO THE COMMUNITY. WE PREVENT EVICTIONS AND PRESERVE AFFORDABLE HOUSING BY PROVIDING FREE LEGAL REPRESENTATION FOR LOW-INCOME TENANTS AND ORGANIZING TENANTS TO ADVOCATE FOR THEIR RIGHTS. (CONT.EF-2)

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

PRESCHOOL- (\$2,226,060) COMPREHENSIVE EARLY CHILDHOOD PROGRAMS FOR CHILDREN AGES 2 TO 6.

HOUSING - (\$3,684,191) PROVIDES HOUSING AND PLACEMENT SERVICES FOR LOW INCOME AND HOMELESS PEOPLE.

EXPENSES \$ 5,910,251. INCLUDING GRANTS OF \$ 0. REVENUE \$ 369,182.

**FORM 990, PART VI, SECTION A, LINE 2:**

THE BOARD MEMBERS LESLIE RUBIN AND JANE ZENKER ARE SISTERS.

Name of the organization

GODDARD RIVERSIDE COMMUNITY CENTER

Employer identification number

13-1893908

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

BY AGREEMENT AND RESOLUTION, A MEMBER OF THE BOARD OF DIRECTORS WILL REVIEW THE AGENCY 990 ANNUALLY BEFORE IT IS FILED. A COPY OF THE 990 IS TO BE DISTRIBUTED TO ALL BOARD MEMBERS AFTER FILING.

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

CONFLICT OF INTEREST: THIS POLICY REQUIRES BOARD MEMBERS AND STAFF TO DISCLOSE AN INTEREST (I.E., AN ECONOMIC BENEFIT, WHETHER DIRECT OR INDIRECT) THAT MAY BE AFFECTED BY A BOARD OR AGENCY DECISION. SUCH DISCLOSURE MAY OR MAY NOT, IN THE JUDGMENT OF THE BOARD OR THE EXECUTIVE DIRECTOR AFTER DELIBERATION, PRECLUDE PARTICIPATION BY THAT BOARD MEMBER OR EMPLOYEE IN THE DECISION OR ACTION AFFECTING THE DISCLOSED INTEREST.

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

COMPENSATION FOR EXECUTIVE DIRECTOR: THIS IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE BOARD REGULARLY RESEARCHES SALARIES OF LEADERS OF COMPARABLE AGENCIES IN NEW YORK CITY TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW SENATE ASSOCIATES, LP - 13-3439077, 593 COLUMBUS AVENUE, NEW YORK, NY 10024	LOW INCOME HOUSING	NY	SRO-GP HOUSING CORP	RELATED					N/A			X
PHELPS HOUSE ASSOCIATES, LP - 20-1940003, 593 COLUMBUS AVENUE, NEW YORK, NY 10024	LOW INCOME HOUSING	NY	PHELPS HOUSE INC.	RELATED					N/A			X
CAPITAL HALL PRESERVATION ASSOCIATES, LP - 90-0841879, 593 COLUMBUS AVENUE, NEW YORK, NY 10024	LOW INCOME HOUSING	NY	CAPITAL HALL GP	RELATED					N/A			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CORNER HOUSE HDFC - 13-3770169 593 COLUMBUS AVENUE NEW YORK, NY 10024	LOW INCOME HOUSING	NY	NO	C CORP					X
CORNER HOUSE GP - 13-4109097 593 COLUMBUS AVENUE NEW YORK, NY 10024	LOW INCOME HOUSING	NY	NO	C CORP					X
SRO-GP HOUSING CORP. - 13-3542197 593 COLUMBUS AVENUE NEW YORK, NY 10024	LOW INCOME HOUSING	NY	NO	C CORP					X
PHELPS HOUSE INC - 20-1939960 593 COLUMBUS AVENUE NEW YORK, NY 10024	LOW INCOME HOUSING	NY	NO	C CORP					X
CAPITAL HALL GP, INC. - 45-5239697 593 COLUMBUS AVENUE NEW YORK, NY 10024	LOW INCOME HOUSING	NY	N/A	C CORP					X
	LOW INCOME HOUSING	NY	NO	C CORP					X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/> 1a
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/> 1b
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/> 1c
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1d
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/> 1e
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/> 1f
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/> 1g
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/> 1h
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/> 1i
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/> 1j
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/> 1k
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/> 1l
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/> 1m
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/> 1n
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/> 1o
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/> 1p
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/> 1q
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/> 1r
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/> 1s

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> CAPITOL HALL		Q	236,071.	ACTUAL EXPENSES
<b>(2)</b> PHELPS		Q	529,373.	ACTUAL EXPENSES
<b>(3)</b> CORNER HOUSE		Q	84,555.	ACTUAL EXPENSES
<b>(4)</b> SENATE		Q	278,514.	ACTUAL EXPENSES
<b>(5)</b> SENATE		P	168,092.	ACTUAL EXPENSES
<b>(6)</b> CORNER HOUSE		P	107,859.	ACTUAL EXPENSES



**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(7)CAPITOL HALL	P	139,285.	ACTUAL EXPENSES
(8)PHELPS	D	2,735,227.	ACTUAL LOAN AMOUNT
(9)LINCOLN SQUARE NEIGHBORHOOD CENTER	Q	339,705.	ACTUAL EXPENSES
(10)LINCOLN SQUARE NEIGHBORHOOD CENTER	D	605,000.	ACTUAL LOAN AMOUNT
(11)LINCOLN SQUARE NEIGHBORHOOD CENTER	S	-573,631.	NET ASSETS TRANSFERRED AT MERGER
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



<b>Part VII</b>	<b>Supplemental Information.</b>
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**Provide additional information for responses to questions on Schedule R. See instructions.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

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

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions.  <b>GODDARD RIVERSIDE COMMUNITY CENTER</b>	Employer identification number (EIN) or  <b>13-1893908</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>593 COLUMBUS AVENUE</b>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10024</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MAY WONG**

- The books are in the care of ► **593 COLUMBUS AVENUE - NEW YORK, NY 10024-1198**

Telephone No. ► **212-873-6600**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)