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

File a separate application for each return.

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

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

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

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

Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)

Type or print Number, street, and room or suite number. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
</tr>
<tr>
<td>Form 990-LL</td>
<td>02</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
</tr>
</tbody>
</table>

1. The books are in the care of MAY WONG

2. Telephone No. (212) 873-6600 Fax No.

3. If the organization does not have an office or place of business in the United States, check this box.

4. If this is a Group Return, enter the organization's four digit Group Exemption Number (GEN).

5. If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

6. I request an automatic 6-month extension of time until 5/15/21 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

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

8. If this application is for Forms 990-LL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

9. 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.

10. 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.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A  For the 2019 calendar year, or tax year beginning 7/01 , 2019, and ending 6/30 , 2020

B  Check if applicable:

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

C  Firm’s EIN
GODDARD RIVERSIDE COMMUNITY CENTER
593 COLUMBUS AVENUE
NEW YORK, NY 10024

D  Employer identification number
13-1893908

E  Telephone number
(212) 873-6600

F  Name and address of principal officer:
DR. RODERICK JONES

H  Is this a group return for subordinates? Yes ☐ No ☑

H(b)  Are all subordinates included? Yes ☐ No ☑

I  Tax-exempt status: SAME AS C ABOVE
☐ 501(c)(3)
☐ (insert no.)
☐ 4947(a)(1) or 527

J  Website: WWW.GODDARD.ORG

K  Form of organization: Corporation ☑ Trust ☐ Association ☐ Other ☐
Year of formation: 1959
State of legal domicile: NY

Part I Summary

1  Briefly describe the organization’s mission or most significant activities:

2  Check this box ☑ 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) 33

4  Number of independent voting members of the governing body (Part VI, line 1b) 33

5  Total number of individuals employed in calendar year 2019 (Part V, line 2a) 775

6  Total number of volunteers (estimate if necessary) 1,533

7a  Total unrelated business revenue from Part VIII, column (C), line 12 0

7b  Net unrelated business taxable income from Form 990-T, line 39 0

Activities & Expenditure

Revenue

8  Contributions and grants (Part VIII, line 1h) 22,625,933.

9  Program service revenue (Part VIII, line 2g) 2,263,208.

10  Investment income (Part VIII, column (A), lines 3, 4, and 7d) 600,068.

11  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,608,406.

12  Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,097,615.

Expenses

13  Grants and similar amounts paid (Part IX, column (A), lines 1-3) 60,150.

14  Benefits paid to or for members (Part IX, column (A), line 4) 55,268.

15  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,437,553.

16a  Professional fundraising fees (Part IX, column (A), line 11e) 219,000.

16b  Total fundraising expenses (Part IX, column (D), line 25) 826,950.

17  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,203,800.

18  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28,920,503.

19  Revenue less expenses. Subtract line 18 from line 12 -1,822,888.

Net Assets or Fund Balances

20  Total assets (Part X, line 16) 102,163,319.

21  Total liabilities (Part X, line 26) 9,486,634.

22  Net assets or fund balances. Subtract line 21 from line 20 94,548,401.

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.

Signature of officer
Date

Dr. Roderick Jones
Executive Director

Print/Type preparer’s name
KWABINA APPIAH
Preparer’s signature
KWABINA APPIAH
Date
Check ☐ self-employed
PTIN P02057318

Firm’s name ⬤ NCHENG LLP CERTIFIED PUBLIC ACCOUNTANTS
Firm’s address ⬤ 40 WALL ST 32ND FL
NEW YORK, NY 10005
Firm’s EIN 81-0926770
Phone no. 212-785-0100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20 Form 990 (2019)
Part III  Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:
   SEE SCHEDULE O

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 X
   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 X
   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.

   a. (Code: ) (Expenses $6,126,967. including grants of $ ) (Revenue $1,082,540.)
   HOMELESS AND MENTALLY ILL - PROVIDE HOMELESS OUTREACH, SHELTER, MENTAL HEALTH SERVICES, SOCIAL CLUB, PLACEMENT SERVICES FOR LOW INCOME AND VULNERABLE NEW YORKERS LIVING ON THE STREETS.

   b. (Code: ) (Expenses $5,074,560. including grants of $ ) (Revenue $145,377.)
   SUPPORTIVE HOUSING - PROVIDE SAFE, AFFORDABLE HOMES, MENTAL HEALTH CARE AND SOCIAL ACTIVITIES FOR LOW INCOME, HOMELESS PEOPLE AND THOSE WITH MENTAL ILLNESS.

   c. (Code: ) (Expenses $5,025,618. including grants of $55,268.) (Revenue $309,313.)
   YOUTH PROGRAM - SUPPORT YOUTH TO THRIVE, CONTRIBUTE POSITIVELY, AND BE PREPARED FOR THE NEXT STAGES IN THEIR LIVES BY PROVIDING RECREATIONAL, EDUCATIONAL, TUTORING AND COLLEGE COUNSELING SERVICE TO YOUTH.

   d. (Expenses $9,155,610. including grants of $) (Revenue $306,633.)
   Other program services (Describe on Schedule O.) SEE SCHEDULE O

   e. Total program service expenses  ➤  $25,382,755.
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States? If 'Yes,' complete Schedule F, Parts I and IV.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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 investments valued at $100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

BAA

TEEA0103L   07/31/19

Form 990 (2019)
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>X</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>If 'Yes,' complete Schedule L, Part II.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.</td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.</td>
<td>X</td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.</td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If 'Yes,' complete Schedule M.</td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.</td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.</td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.</td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td>Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.</td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td>1b</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O.
### Form 990 (2019) 
#### Part V 
#### Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>2a</th>
<th>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.</th>
<th>775</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.</td>
<td>X</td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>X</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
</tr>
<tr>
<td>5c</td>
<td>If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
</tr>
<tr>
<td>7d</td>
<td>If 'Yes,' indicate the number of Forms 8282 filed during the year.</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders.</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).
### Part VI Governance, Management, and Disclosure

**Section A. Governing Body and Management**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included on line 1a, above, who are independent.</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>The governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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 on Schedule O.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Policies**

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If 'No,' go to line 13.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15a</td>
<td>The organization's CEO, Executive Director, or top management official.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15b</td>
<td>Other officers or key employees of the organization.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (1024 or 1024-A, 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.

<table>
<thead>
<tr>
<th>Available As</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Own website</td>
</tr>
<tr>
<td></td>
<td>Another's website</td>
</tr>
<tr>
<td></td>
<td>Upon request</td>
</tr>
<tr>
<td></td>
<td>Other (explain on Schedule O)</td>
</tr>
</tbody>
</table>

19 Describe on 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 593 COLUMBUS AVENUE NEW YORK NY 10024 (212) 873-6600**
### 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

- 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.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Name and title</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>RODERICK JONES</td>
<td>EXECUTIVE DIR.</td>
<td>X</td>
<td>240,419</td>
<td>0</td>
</tr>
<tr>
<td>(2)</td>
<td>ROBERTA SOLOMON</td>
<td>DEPUTY E. D. - ADU</td>
<td>X</td>
<td>161,316</td>
<td>0</td>
</tr>
<tr>
<td>(3)</td>
<td>MAY WONG</td>
<td>CFO</td>
<td>X</td>
<td>154,150</td>
<td>0</td>
</tr>
<tr>
<td>(4)</td>
<td>SUSAN NIEVES MATLOFF</td>
<td>DEPUTY E. D. - YOU</td>
<td>X</td>
<td>152,768</td>
<td>0</td>
</tr>
<tr>
<td>(5)</td>
<td>ANDREA CAIN</td>
<td>DEPUTY E. D.</td>
<td>X</td>
<td>156,361</td>
<td>0</td>
</tr>
<tr>
<td>(6)</td>
<td>BETH E DUNPHE</td>
<td>DEPUTY E. D. - RED</td>
<td>X</td>
<td>156,284</td>
<td>0</td>
</tr>
<tr>
<td>(7)</td>
<td>AMY MINTZER</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8)</td>
<td>ANDREW BLUMENSTOCK</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9)</td>
<td>BARRY LEVINE</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10)</td>
<td>BETSY NEWELL</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11)</td>
<td>DANIEL SIFF</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12)</td>
<td>FERN KHAN</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13)</td>
<td>HELEN YOON</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14)</td>
<td>ISABELLE WILLIAMS</td>
<td>MEMBER</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position</th>
<th>(C) Average number of hours per week</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.P. LEVENTHAL</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOSH MARWELL</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JULIUS SILBIGER</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LINN CARY MEHTA</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARCIA BYSTRYN</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARY ELLEN RUDOLPH</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MICHAEL FRIEDMAN</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAGE EDMUNDS</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>RHONDA WHITE</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SABIN DANZIGER</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SHEILA KENDRICK</td>
<td>MEMBER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1 b Subtotal: $1,021,298.

Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 6

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

   Yes No

   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.

   Yes No

   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.

   Yes No

   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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELAINE MORALES ENTERPRISES, LLC 602 FOURTH AVENUE BRADLEY BEACH, NJ</td>
<td>FUNDRAISING</td>
<td>284,700.</td>
</tr>
<tr>
<td>JANIAN MEDICAL CARE 198 EAST 121ST STREET NEW YORK, NY 10035</td>
<td>MEDICAL/PSYCHIATRIST</td>
<td>222,717.</td>
</tr>
<tr>
<td>ACCOUNTEMS 12400 COLLECTIONS CENTER CHICAGO, IL 60693</td>
<td>TEMP STAFFING SERVICES</td>
<td>195,872.</td>
</tr>
<tr>
<td>PAYCOM PAYROLL LLC 201 JAY ST SUITE 701 BROOKLYN, NY 11201</td>
<td>PAYROLL PROCESSING</td>
<td>109,710.</td>
</tr>
<tr>
<td>NEW YORK UNIVERSITY 105 E. 17TH STREET NEW YORK, NY 10003</td>
<td>RESEARCH AND ANALYSIS</td>
<td>155,500.</td>
</tr>
</tbody>
</table>

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: 6.
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position (check all that apply)</th>
<th>(C) Average compensation from the organization (W-2/1099-MISC)</th>
<th>(D) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(E) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANLEY HECKMAN MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUSAN GROBMAN MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICTOR GONZALEZ MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHRISTOPHER AUGUSTE PRESIDENT</td>
<td>3 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TERRI GILLIS VICE PRESIDENT</td>
<td>1 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KAYALYN MARAFIOTI SECRETARY</td>
<td>1 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HOWARD STEIN TREASURER</td>
<td>3 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>NANCY ROCHFORD VICE PRESIDENT</td>
<td>1 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BARBARA TARMY MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CAROLAN WORKMAN MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JUDITH CURR MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ELIZABETH LUBETKIN Lipton MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUGENI PEREZ-SADLER MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SABINA MENSCHER MEMBER</td>
<td>1 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EILEEN D'AGOSTINO HONORARY MEMBER</td>
<td>0 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANNE M. POWELL HONORARY MEMBER</td>
<td>0 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td>24,842,725.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a PROGRAM_FEES</td>
<td>624100</td>
<td>970,474.</td>
<td>970,474.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b MEDICARE/MEDICAID PAYMENT</td>
<td>624100</td>
<td>873,389.</td>
<td>873,389.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a-2f</td>
<td>1,843,863.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Investment Income (including dividends, interest, and other similar amounts)**

<table>
<thead>
<tr>
<th>Investment income</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>338,468.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Royalties**

<table>
<thead>
<tr>
<th>Royalties</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gross rents**

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gross amount from sales of assets other than inventory**

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a (i) Securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a (ii) Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Net gain or (loss)</td>
<td></td>
<td>133,078.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Net gain or (loss)</td>
<td></td>
<td>133,078.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gross income from fundraising events**

<table>
<thead>
<tr>
<th>Gross income from fundraising events</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
<td>75,735.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Net income or (loss) from fundraising events</td>
<td></td>
<td>207,718.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss)</td>
<td></td>
<td>-131,983.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gross income from gaming activities**

<table>
<thead>
<tr>
<th>Gross income from gaming activities</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Net income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gross sales of inventory, less returns and allowances**

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a INVESTMENT_INCOME_FR_AFPL</td>
<td>531390</td>
<td>70,256,005.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b OTHER_REVENUES</td>
<td>900099</td>
<td>1,359,092.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c REIMBURSEMENT_FR_AFPL</td>
<td>900099</td>
<td>1,194,661.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td>72,809,758.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total. Add lines 1-11</td>
<td>99,835,909.</td>
<td>1,843,863.</td>
<td>0. 73,149,321.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
</tbody>
</table>
| **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. | 55,268. | 55,268. | | |
| **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. | 1,625,584. | 397,394. | 1,066,959. | 161,231. |
| **6** | Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B)) | 0. | 0. | 0. | 0. |
| **7** | Other salaries and wages. | 15,916,589. | 14,818,009. | 870,639. | 227,941. |
| **8** | Pension plan accruals and contributions  
(include section 401(k) and 403(b) employer contributions). | 381,642. | 321,132. | 51,949. | 8,561. |
| **9** | Other employee benefits. | 3,015,891. | 2,706,624. | 281,126. | 28,141. |
| **10** | Payroll taxes. | 1,320,782. | 1,161,710. | 128,009. | 31,063. |
| **11** | Fees for services (nonemployees): | | | | |
| a | Management. | | | | |
| b | Legal. | 15,667. | 8,214. | 7,453. | |
| c | Accounting. | 149,193. | 1,000. | 148,193. | |
| d | Lobbying. | 49,200. | 49,200. | | |
| e | Professional fundraising services.  
See Part IV, line 17. | 227,500. | 227,500. | | |
| f | Investment management fees. | 80,586. | | 80,586. | |
| g | Other.  
(If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). | 1,691,515. | 1,030,610. | 588,910. | 71,995. |
| **12** | Advertising and promotion. | 49,346. | 27,883. | 868. | 20,595. |
| **13** | Office expenses. | 1,291,538. | 1,137,136. | 117,723. | 36,679. |
| **14** | Information technology. | | | | |
| **15** | Royalties. | | | | |
| **16** | Occupancy. | 1,064,163. | 1,060,599. | 3,564. | |
| **17** | Travel. | 184,328. | 173,740. | 10,278. | 310. |
| **18** | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| **19** | Conferences, conventions, and meetings. | 13,716. | 11,122. | 2,594. | |
| **20** | Interest. | 25,539. | | 25,539. | |
| **21** | Payments to affiliates. | | | | |
| **22** | Depreciation, depletion, and amortization. | 394,096. | 363,923. | 30,173. | |
| **24** | Other expenses.  
Itemize expenses not covered above (List miscellaneous expenses on line 24e.  
If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). | | | | |
| a | FOOD. | 1,033,859. | 1,017,204. | 16,147. | 508. |
| b | REPAIRS AND MAINTENANCE. | 337,235. | 325,923. | 11,312. | |
| c | OTHERS. | 269,319. | 192,459. | 72,491. | 4,369. |
| d | DUES AND MEMBERSHIP. | 67,647. | 32,317. | 32,197. | 3,133. |
| e | All other expenses. | 45,003. | 37,814. | 4,737. | 2,452. |
| **25** | Total functional expenses. Add lines 1 through 24e. | 29,775,603. | 25,382,755. | 3,565,898. | 826,950. |
| **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**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td><strong>Beginning of year</strong></td>
<td><strong>End of year</strong></td>
</tr>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>1,916,554.00</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>357,244.00</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>12,437,144.00</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,585.00</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5.00</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>2,488,609.00</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>8.00</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>50,008.00</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>10a</td>
</tr>
<tr>
<td></td>
<td>Land, buildings, and equipment: cost or other basis</td>
<td>9,678,875.00</td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation</td>
<td>7,605,883.00</td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td>11.00</td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td>14,661,466.00</td>
</tr>
<tr>
<td>13</td>
<td>Intangible assets.</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Other assets. See Part IV, line 11</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>32,767,377.00</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td><strong>Beginning of year</strong></td>
<td><strong>End of year</strong></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>3,191,315.00</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18.00</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>3,956,927.00</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20.00</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21.00</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22.00</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23.00</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24.00</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>8,697,480.00</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</td>
<td>X</td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>16,588,847.00</td>
</tr>
<tr>
<td>29</td>
<td>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Net assets with donor restrictions</td>
<td>7,481,050.00</td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29.00</td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30.00</td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31.00</td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
<td>24,069,897.00</td>
</tr>
<tr>
<td>35</td>
<td>Total liabilities and net assets/fund balances</td>
<td>32,767,377.00</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

1. Total revenue (must equal Part VIII, column (A), line 12). ................................................................. 1
   99,835,909.
2. Total expenses (must equal Part IX, column (A), line 25). ................................................................. 2
   29,775,603.
3. Revenue less expenses. Subtract line 2 from line 1. .................................................................................. 3
   70,060,306.
4. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). ....................... 4
   24,069,897.
5. Net unrealized gains (losses) on investments. ............................................................................................ 5
   418,198.
6. Donated services and use of facilities. ........................................................................................................ 6
7. Investment expenses. ................................................................................................................................. 7
8. Prior period adjustments. ............................................................................................................................ 8
9. Other changes in net assets or fund balances (explain on Schedule O). ..................................................... 9
   0.
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ................................................................. 10
    94,548,401.

### Part XII Financial Statements and Reporting

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

1. Accounting method used to prepare the Form 990: [ ] Cash [ ] Accrual [ ] 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:
   [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis
   2a [ ]

2b. 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:
   [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis
   2b [ ]

2c. 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 on Schedule O. SEE SCHEDULE O
   2c [ ]

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? .................................................................
   3a [ ]

3b. If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. .................................
   3b [ ]
## Part I  Reason for Public Charity Status

(All organizations must complete this part.)

See instructions.

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>An organization is not a private foundation because it is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)(v).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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. <strong>You must complete Part IV, Sections A and B.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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). <strong>You must complete Part IV, Sections A and C.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <strong>You must complete Part IV, Sections A, D, and E.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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). <strong>You must complete Part IV, Sections A and D, and Part V.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Enter the number of supported organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Provide the following information about the supported organization(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (i) Name of supported organization

<table>
<thead>
<tr>
<th>(ii) EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(iii) Type of organization (described on lines 1-10 above (see instructions))</td>
</tr>
<tr>
<td>(iv) Is the organization listed in your governing document?</td>
</tr>
<tr>
<td>(v) Amount of monetary support (see instructions)</td>
</tr>
<tr>
<td>(vi) Amount of other support (see instructions)</td>
</tr>
</tbody>
</table>

### Total

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)</td>
<td>26094163.</td>
<td>23975615.</td>
<td>21665368.</td>
<td>22625933.</td>
<td>24842725.</td>
<td>119203804.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>26094163.</td>
<td>23975615.</td>
<td>21665368.</td>
<td>22625933.</td>
<td>24842725.</td>
<td>119203804.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>119203804.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>26094163.</td>
<td>23975615.</td>
<td>21665368.</td>
<td>22625933.</td>
<td>24842725.</td>
<td>119203804.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>301,507.</td>
<td>636,269.</td>
<td>486,979.</td>
<td>508,544.</td>
<td>338,468.</td>
<td>2,271,767.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>237,053.</td>
<td>77,535.</td>
<td>319,852.</td>
<td>540,166.</td>
<td>1,227,109.</td>
<td>2,401,715.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>123877286.</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,226,046.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Total Support</th>
<th>(b) Public Support</th>
<th>(c) Public Support Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td>96.23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td>96.86%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a 33-1/3% support test—2019. 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.

b 33-1/3% support test—2018. 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.

17a 10%-facts-and-circumstances test—2019. 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.

b 10%-facts-and-circumstances test—2018. 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.

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...
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any ‘unusual grants.’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2019</th>
<th>(b) 2019</th>
<th>(c) 2019</th>
<th>(d) 2019</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2018 Schedule A, Part III, line 15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2019</th>
<th>(b) 2019</th>
<th>(c) 2019</th>
<th>(d) 2019</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2018 Schedule A, Part III, line 17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33-1/3% support tests—2019. 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33-1/3% support tests—2018. 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section A. All Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's governing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the governing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

**GODDARD RIVERSIDE COMMUNITY CENTER** 13-1893908 **Page 4**
Part IV  Supporting Organizations (continued)

11 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 A family member of a person described in (a) above?
   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.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint
or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If ‘No,’ describe in
Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities.
If the organization had more than one supported organization, describe how the powers to appoint and/or remove
directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,
applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)
that operated, supervised, or controlled the supporting organization? If ‘Yes,’ explain in Part VI how providing such
benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the
supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported
organization(s) or (ii) serving on the governing body of a supported organization? If ‘No,’ explain in Part VI how the
organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant
voice in the organization’s investment policies and in directing the use of the organization’s income or assets at
all times during the tax year? If ‘Yes,’ describe in Part VI the role the organization’s supported organizations played
in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a ☐ The organization satisfied the Activities Test. Complete line 2 below.
   b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
   c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 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 Did the activities described in (a) constitute activities that, for the organization’s involvement, one or more of
the organization’s supported organization(s) would have been engaged in? If ‘Yes,’ explain in Part VI the reasons for
the organization’s position that its supported organization(s) would have engaged in these activities but for the
organization’s involvement.

3 Parent of Supported Organizations. Answer (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 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.
### 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

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net short-term capital gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recoveries of prior-year distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other gross income (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 1 through 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenses (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjusted Net Income</strong> (subtract lines 1, 2, 3, and 6 from line 4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B — Minimum Asset Amount

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

#### Section C — Distributable Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>Enter 85% of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V — Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018 ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| a | Excess from 2015 ...........
| b | Excess from 2016 ...........
| c | Excess from 2017 ...........
| d | Excess from 2018 ...........
| e | Excess from 2019 ........... |
### 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.)

---

### PART II, LINE 10 - OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>$1,227,109</td>
<td>$540,166</td>
<td>$319,852</td>
<td>$77,535</td>
<td>$237,053</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,227,109</td>
<td>$540,166</td>
<td>$319,852</td>
<td>$77,535</td>
<td>$237,053</td>
</tr>
</tbody>
</table>
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.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
GODDARD RIVERSIDE COMMUNITY CENTER

Organization type (check one):

- Filers of: Section:
  - Form 990 or 990-EZ
    - X 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

- Form 990-PF
  - 501(c)(3) exempt private foundation

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

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.

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).

BAA 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) (2019)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>US HUD 26 FEDERAL PLAZA, NEW YORK, NY 10278</td>
<td>$660,277</td>
<td>Person X</td>
</tr>
<tr>
<td>2</td>
<td>NYS OFFICE OF MENTAL HEALTH 44 HOLLAND AVENUE, ALBANY, NY 12229</td>
<td>$979,031</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td>CENTER FOR URBAN COMMUNITY SERVICES 198 EAST 121ST STREET, NEW YORK, NY 10035</td>
<td>$4,183,566</td>
<td>Person X</td>
</tr>
<tr>
<td>4</td>
<td>NYC DEPARTMENT OF EDUCATION 52 CHAMBERS STREET ROOM 210, NEW YORK, NY 10007</td>
<td>$4,553,098</td>
<td>Person X</td>
</tr>
<tr>
<td>5</td>
<td>NYC DYCD 156 WILLIAM STREET, 6TH FLOOR, NEW YORK, NY 10038</td>
<td>$938,361</td>
<td>Person X</td>
</tr>
<tr>
<td>6</td>
<td>ENCORE COMMUNITY SERVICES 239 WEST 49TH STREET, NEW YORK, NY 10019</td>
<td>$959,680</td>
<td>Person X</td>
</tr>
</tbody>
</table>
## Part I Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 7       | **NYC DEPARTMENT FOR THE AGING**  
2 LAFAYETTE STREET  
NEW YORK, NY 10007 | $1,637,992 | Person [X] \ Noncash \ Payroll |
| 8       | **NYC DEPARTMENT OF HOMELESS SERVICES**  
33 BEAVER STREET, 14TH FLOOR  
NEW YORK, NY 10004 | $1,157,634 | Person [X] \ Noncash \ Payroll |
| 9       | **NYC DOHMH**  
42-09 28TH STREET, 17TH FLOOR  
LONG ISLAND CITY, NY 11101 | $1,964,343 | Person [X] \ Noncash \ Payroll |
| 10      | **URBAN JUSTICE CENTER**  
40 RECTOR STREET  
NEW YORK, NY 10006 | $603,239 | Person [X] \ Noncash \ Payroll |

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part I (See instructions.)
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 information once. See instructions.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Transfer of gift**

Transferee’s name, address, and ZIP + 4  Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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
Employer identification number

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.

(see instructions for definition of 'political campaign activities')

2 Political campaign activity expenditures (see instructions): $ .

3 Volunteer hours for political campaign activities (see instructions): .

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: $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955: $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes □ No □

Was a correction made?

Yes □ No □

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-.

(1)
(2)
(3)
(4)
(5)
(6)

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

Schedule C (Form 990 or 990-EZ) 2019
**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.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>diesehje</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>diesehje</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>diesehje</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>diesehje</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>diesehje</td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns</td>
<td>diesehje</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

| g | Grassroots nontaxable amount (enter 25% of line 1f). | diesehje     |
| h | Subtract line 1g from line 1a. If zero or less, enter -0-. | diesehje     |
| i | Subtract line 1f from line 1c. If zero or less, enter -0-. | diesehje     |

j 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? Yes ☐ No ☐

### 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |
**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.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Part III-A**

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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.'

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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 - DESCRIPTION OF LOBBYING ACTIVITY**

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)**

**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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**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).
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - 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.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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.

1 If the organization elected, as permitted under FASB 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.

2 If the organization elected, as permitted under FASB 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:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X

---

**GODDARD RIVERSIDE COMMUNITY CENTER**

**Name of the organization**

**13-1893908**

**Employer identification number**
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 make significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations

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

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? [X] Yes  No

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

SEE PART XIII

\[
\begin{array}{ccc}
\text{Amount} \\
1c & 276,933. \\
1d & 435,116. \\
1e & -389,808. \\
1f & 322,241. \\
\end{array}
\]

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

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.

1a Beginning of year balance. 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   21,917,945. & 23,768,573. & 23,631,833. & 21,889,558. \\
   \end{array} \]

1b Contributions 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   1,150,000. & 727,866. & 4,400,323. & \\
   \end{array} \]

1c Net investment earnings, gains, and losses 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   72,281,976. & 420,419. & 1,313,733. & 2,274,341. & -655,953. \\
   \end{array} \]

1d Grants or scholarships 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   2,543,309. & 2,271,047. & 1,753,162. & 1,259,932. & 676,684. \\
   \end{array} \]

1e Other expenditures for facilities and programs 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   & & & \\
   \text{Administrative expenses} & & & 573,831. \\
   \end{array} \]

1f End of year balance 
   \[ \begin{array}{cccc}
   \text{(a)} & \text{(b)} & \text{(c)} & \text{(d)} \\
   \text{Current year} & \text{Prior year} & \text{Two years back} & \text{Three years back} \\
   91,656,612. & 21,917,945. & 23,768,573. & 23,631,833. & 21,889,558. \\
   \end{array} \]

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment
   b Permanent endowment
   c Term endowment

   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 [X] Yes  No
   ii Related organizations [X] Yes  No

3b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? [X] Yes  No

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

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>7,680,419.</td>
<td>5,819,114.</td>
<td>1,861,305.</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>1,456,224.</td>
<td>1,326,568.</td>
<td>129,656.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>542,232.</td>
<td>460,201.</td>
<td>82,031.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) [X] 2,072,992.
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives..........................................................</td>
<td>1,259,170. END OF YEAR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests.................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other GOVERNMENT FIXED INCOME</td>
<td>40,019,368. END OF YEAR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>(A) EQUITY (DOMESTIC/GLOBAL)</td>
<td>9,440,888. END OF YEAR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>(B) BOND FUNDS</td>
<td>3,504,500. END OF YEAR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)</strong></td>
<td>54,223,926.</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) INVESTMENT IN AFFILIATE</td>
<td>32,905,188. END OF YEAR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)</strong></td>
<td>32,905,188.</td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

### 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. **Federal income taxes**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) DUE TO RELATED PARTIES</td>
<td>1,039,433.</td>
</tr>
<tr>
<td>(3) LINE OF CREDIT</td>
<td>1,300,000.</td>
</tr>
<tr>
<td>(4) OTHER LIABILITIES</td>
<td>229,621.</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)</strong></td>
<td>2,569,054.</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements.</td>
<td>100,661,839</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>418,198</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>488,318</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>906,516</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>99,755,323</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>80,586</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>80,586</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>99,835,909</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>30,183,335</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>488,318</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>488,318</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>29,695,017</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>80,586</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>80,586</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>29,775,603</td>
</tr>
</tbody>
</table>

## 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 - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S

GODDARD IS ACTING AS "REP-PAYEE" FOR 40 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 - INTENDED USES OF ENDOWMENT FUND

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 X - FASB ASC 740 FOOTNOTE

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, 2017 AND LATER ARE
SUBJECT TO EXAMINATIONS BY APPROPRIATE TAX AUTHORITIES.
### Part I - Fundraising Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.

**Indicate whether the organization raised funds through any of the following activities. Check all that apply.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Did fundraiser have custody or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to fundraiser listed in column (i)</th>
<th>Amount paid to organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail solicitations</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet and email solicitations</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone solicitations</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-person solicitations</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicitation of non-government grants</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicitation of government grants</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special fundraising events</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Note

- **2a**: Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes**

#### List of Fundraisers

1. **ELAINE MORALES ENTERPRISE**
   - **Name and address**: 602 FOURTH AVENUE, BRADLEY BEACH NJ 07720
   - **Activity**: FUNDRAISING CONSULTATION
   - **Gross receipts**: 4,379,738
   - **Amount paid to fundraiser**: 284,700
   - **Total paid**: 4,095,038

#### List of States

- List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

**Total**: 4,379,738, 284,700, 4,095,038.
### 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.

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add column (a) through column (c))</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>404,461</td>
<td>84,073</td>
<td>117,831</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>335,611</td>
<td>79,068</td>
<td>115,951</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>68,850</td>
<td>5,005</td>
<td>1,880</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td>2,598</td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td>2,598</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>106,950</td>
<td>9,077</td>
<td>116,027</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>44,557</td>
<td>36,555</td>
<td>7,981</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Bingo</th>
<th>(b) Pull tabs/progressive</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add column (a) through column (c))</td>
</tr>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Is the organization licensed to conduct gaming activities in each of these states?
- If 'No,' explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

- If 'Yes,' explain:
Does the organization conduct gaming activities with nonmembers?  

Yes □  No □

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 □

Indicate the percentage of gaming activity conducted in:  

a) The organization's facility  

b) An outside facility  

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name □

Address □

Does the organization have a contract with a third party from whom the organization receives gaming revenue?  

Yes □  No □

If 'Yes,' enter the amount of gaming revenue received by the organization □ $  

and the amount of gaming revenue retained by the third party □ $  

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

Name □

Address □

Gaming manager information:

Name □

Gaming manager compensation □ $  

Description of services provided □

Director/officer □  Employee □  Independent contractor □

Mandatory distributions:

a) Is the organization required under state law to make charitable distributions from the gaming proceeds to 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.

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION  

COLUMN (I) 

NAME OF FUNDRAISER: ELAINE MORALES ENTERPRISES, LLP  

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

COLUMN (V) 

PAYMENT TO FUNDRAISER WAS SET ON CONTRACT AT $23,725 PER MONTH.
**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

---

### Part I General Information on Grants and Assistance

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? Yes ☐ No ☑

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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 0

3. Enter total number of other organizations listed in the line 1 table: 0
**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SCHOLARSHIPS</td>
<td>55</td>
<td>55,268</td>
<td>CASH ASSISTANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

**SCHEDULE I, PART III**

EACH YEAR, ALL PARTICIPANTS (APPROXIMATELY 200) IN THE COLLEGE ACCESS PROGRAM OF GODDARD RIVERSIDE’S OPTIONS CENTER ARE INVITED TO APPLY FOR SEVERAL SCHOLARSHIPS. OPTIONS CENTER STAFF REVIEW THE 40-60 APPLICATIONS AND SELECT 20-30 TO ADVANCE TO THE SCHOLARSHIP COMMITTEES, BASED ON THE LEVEL OF LEADERSHIP AND COMMITMENT THEY HAVE DEMONSTRATED IN THE PROGRAM, NEED, AND EVIDENCE OF THEIR LIKELIHOOD TO SUCCEED IN COLLEGE. OF FOUR DIFFERENT SCHOLARSHIPS, ONE IS DECIDED BY THE NON-COUNSELING STAFF OF THE OPTIONS CENTER, WHICH SETS AMOUNTS BETWEEN $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...
PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

APPLICATIONS AND SELECT THE FINANLISTS AFTER REVIEWING THEIR PERSONAL STATEMENTS,
COUNSELOR RECOMMENDATIONS, AND ACADEMIC AND FINANCIAL PROFILES.
**Compensation Information**

**Part I  Questions Regarding Compensation**

1. a. 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

2. 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?

3. Indicate which, if any, of the following the 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4. 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:

a. Receive a severance payment or change-of-control payment?

b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c. Participate in, or receive payment from, an equity-based compensation arrangement?

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.

5. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 5a or 5b, describe in Part III.

6. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 6a or 6b, describe in Part III.

7. 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.

8. 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.

9. If ‘Yes’ on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

---

**Schedule J (Form 990) 2019**

**Questions Regarding Compensation**

**Part I  Questions Regarding Compensation**

1. a. 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

2. 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?

3. Indicate which, if any, of the following the 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4. 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:

a. Receive a severance payment or change-of-control payment?

b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c. Participate in, or receive payment from, an equity-based compensation arrangement?

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.

5. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 5a or 5b, describe in Part III.

6. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 6a or 6b, describe in Part III.

7. 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.

8. 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.

9. If ‘Yes’ on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

---

**Schedule J (Form 990) 2019**

**Questions Regarding Compensation**

**Part I  Questions Regarding Compensation**

1. a. 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

2. 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?

3. Indicate which, if any, of the following the 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4. 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:

a. Receive a severance payment or change-of-control payment?

b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c. Participate in, or receive payment from, an equity-based compensation arrangement?

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.

5. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 5a or 5b, describe in Part III.

6. 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:

a. The organization?

b. Any related organization?

If ‘Yes’ on line 6a or 6b, describe in Part III.

7. 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.

8. 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.

9. If ‘Yes’ on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>RODERICK JONES EXECUTIVE DIR.</td>
<td>(i) 240,419. (ii) 0. (iii) 0. (iv) 0. (v) 0.</td>
<td>(vi) 12,597. (vii) 0. (viii) 0. (ix) 253,016.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAY WONG CFO</td>
<td>(i) 154,150. (ii) 0. (v) 0. (vi) 22,723. (vii) 176,873.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREA CAIN DEPUTY E. D.</td>
<td>(i) 156,361. (ii) 0. (v) 0. (vi) 4,565. (vii) 160,926.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSAN NIEVES MATLOFF DEPUTY E. D. - YOU</td>
<td>(i) 152,768. (ii) 0. (v) 0. (vi) 21,936. (vii) 174,704.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERTA SOLOMON DEPUTY E. D. - ADU</td>
<td>(i) 161,316. (ii) 0. (v) 0. (vi) 24,208. (vii) 185,524.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETH E DUNPHE DEPUTY E. D. - RED</td>
<td>(i) 156,284. (ii) 0. (v) 0. (vi) 324. (vii) 156,608.</td>
<td></td>
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</tr>
</tbody>
</table>

Schedule J (Form 990) 2019 GODDARD RIVERSIDE COMMUNITY CENTER 13-1893908 Page 2
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.
**Part I: Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art – Works of art</td>
<td></td>
<td>X 325,203. FMV</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art – Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art – Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Securities – Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities – Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities – Partnership, LLC, or trust interests</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Securities – Miscellaneous.</td>
<td></td>
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</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution – Historic structures</td>
<td></td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution – Other.</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>Real estate – Residential</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>Real estate – Commercial</td>
<td></td>
<td></td>
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<tr>
<td>17</td>
<td>Real estate – Other.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles.</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>Taxidermy.</td>
<td></td>
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<tr>
<td>22</td>
<td>Historical artifacts.</td>
<td></td>
<td></td>
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<tr>
<td>23</td>
<td>Scientific specimens.</td>
<td></td>
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</tr>
<tr>
<td>24</td>
<td>Archeological artifacts.</td>
<td></td>
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</tr>
</tbody>
</table>

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?

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?

If 'Yes,' describe in Part II.

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

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.
SCHEDULE M - 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.
FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

GODDARD’S SERVICES INCLUDING EARLY CHILDHOOD AND YOUTH PROGRAMS, COLLEGE COUNSELING, SUPPORTIVE AND TRANSITIONAL HOUSING, MENTAL AND BEHAVIORAL HEALTH PROGRAMMING, EMPLOYMENT READINESS, LINKAGES TO BENEFITS AND ENTITLEMENTS, 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 YOUTH. 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. WE PROVIDE SUPPORT TO HOUSEHOLDS TO ACCESS BENEFITS TO SUSTAIN THEIR SURVIVAL.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

GODDARD RIVERSIDE CREATES CONDITIONS FOR FAIR AND JUST SOCIETY WHERE PEOPLE MAKE CHOICES THAT LEAD TO BETTER LIVES FOR THEMSELVES AND THEIR FAMILIES. WE SERVE OVER 20,000 PEOPLE ANNUALLY THROUGH A CONTINUUM OF PROGRAMS, ADVOCACY AND SOCIAL JUSTICE THAT EDUCATE, SUPPORT AND ENRICH THE LIVES OF NEW YORKERS FROM CHILDREN TO SENIORS, THE HOMELESS AND THOSE WITH BEHAVIORAL HEALTH CHALLENGES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PRESCHOOL - PROVIDE COMPREHENSIVE EARLY-CHILDHOOD EDUCATION PROGRAMS FOR CHILDREN AGES TWO TO FIVE UTILIZING THE CREATIVE CURRICULUM AS A FOUNDATION FOR CLASSROOM ACTIVITIES THAT PROMOTE INTELLECTUAL, SOCIAL, EMOTIONAL AND PHYSICAL GROWTH THROUGH HANDS-ON EXPLORATION OF SCIENCE, NATURE AND ART.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

AGING - HELP OLDER ADULTS IN THEIR HOMES WHILE STAYING ACTIVE, SOCIAL AND HEALTHY AND PROVIDING NUTRITIOUS MEALS.

FAMILY AND COMMUNITY SUPPORTS - HELP FAMILIES AND COMMUNITIES BE SELF-DIRECTED AND THRIVING, AND PROVIDE FREE LEGAL SERVICES AND TENANT-ORGANIZING SUPPORT TO LOW-INCOME RESIDENTS ON THE WEST SIDE OF MANHATTAN IN ORDER TO PRESERVE AFFORDABLE HOUSING AND IMPROVE LIVING CONDITIONS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

This is determined by Goddard’s compensation system. This system was created from extensive market research and analyzing multiple salary surveys across like not-for-profit organizations in the metropolitan area and the northeast. Every job is evaluated and placed into our salary grades and candidates are evaluated for experience in a similar job and whether they have any of the preferred skills or experience for the role and placed into the salary grades accordingly.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

All governing documents, conflict of interest policy and financial statements are available upon request.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

Process has not changed from prior year.

FORM 990, PART VIII, LINE 11A - INVESTMENT INCOME FROM AFFILIATE

On December 4, 2019, a newly formed LLC (“595 Columbus Avenue LLC”), of which GRCC is the beneficial owner, acquired the limited partnership interests in Phelps House, L.P., the owner of the Phelps House property. GRCC recorded the investment in affiliate based on the fair market value of its equity in Phelps House, L.P. at the closing date, which resulted in an investment income from affiliate in the amount of $70,256,005.

FORM 990, PART X, LINE 13 - INVESTMENT - PROGRAM RELATED

On December 4, 2019, a newly formed LLC (“595 Columbus Avenue LLC”), of which GRCC is the beneficial owner, acquired the limited partnership interests in Phelps House, L.P., the owner of the Phelps House property. GRCC recorded the investment in affiliate based on the fair market value of its equity in Phelps House, L.P. at the closing date. After the adjustment for distribution and net loss flow through, the balance of investment in affiliate at June 30, 2020 was $32,905,188.
### Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b)</th>
<th>Primary activity</th>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
<th>(d)</th>
<th>Total income</th>
<th>(e)</th>
<th>End-of-year assets</th>
<th>(f)</th>
<th>Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN of related organization</th>
<th>(b)</th>
<th>Primary activity</th>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
<th>(d)</th>
<th>Exempt Code section</th>
<th>(e)</th>
<th>Public charity status</th>
<th>(f)</th>
<th>Direct controlling entity</th>
<th>(g)</th>
<th>Sec 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>CAPITOL HALL PRESERVATION HDFC 593 COLUMBUS AVENUE</td>
<td></td>
<td>LOW INCOME HOUSING</td>
<td>NY</td>
<td>501(C)(3)</td>
<td>170(B)(1)(A)</td>
<td>N/A</td>
<td>X</td>
<td></td>
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<td></td>
<td>NEW YORK, NY 10024 54-2087791</td>
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<tr>
<td>(2)</td>
<td>SENATE RESIDENTS OWNERS 593 COLUMBUS AVENUE</td>
<td></td>
<td>LOW INCOME HOUSING</td>
<td>NY</td>
<td>501(C)(3)</td>
<td>170(B)(1)(A)</td>
<td>N/A</td>
<td>X</td>
<td></td>
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<td>NEW YORK, NY 10024 13-3351437</td>
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<tr>
<td>(3)</td>
<td>140 WEST 140TH STREET HDFC 140 WEST 140TH STREET</td>
<td></td>
<td>LOW INCOME HOUSING</td>
<td>NY</td>
<td>501(C)(3)</td>
<td>170(B)(1)(A)</td>
<td>N/A</td>
<td>X</td>
<td></td>
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<td>NEW YORK, NY 10030 16-1743256</td>
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</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Disproportionate allocations?</th>
<th>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>General or managing partner?</th>
<th>Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) NEW SENATE ASSOC.</td>
<td>LOW INCOME</td>
<td>NY</td>
<td>CORP</td>
<td>RELATED</td>
<td>0.</td>
<td>0.</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 100 COLUMBUS AVE</td>
<td></td>
<td></td>
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<td>13-3439077</td>
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</tr>
<tr>
<td>(2) PHELPS HOUSE ASS</td>
<td>LOW INCOME</td>
<td>NY</td>
<td>INC.</td>
<td>RELATED</td>
<td>0.</td>
<td>0.</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
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<tr>
<td>NEW YORK, NY 100 COLUMBUS AVE</td>
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<tr>
<td>(3) CAPITOL HALL PRE.</td>
<td>LOW INCOME</td>
<td>NY</td>
<td>INC.</td>
<td>RELATED</td>
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### 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.

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Type of entity (C corp, S corp, or trust)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Percentage ownership</th>
<th>Sec 512(b)(13) controlled entity?</th>
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<tbody>
<tr>
<td>(1) CORNER HOUSE HDFC</td>
<td>LOW INCOME</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
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<tr>
<td>(2) CORNER HOUSE GP</td>
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<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
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<td>0.</td>
<td>X</td>
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<tr>
<td>(3) SRO-GP HOUSING CORP.</td>
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<td>N/A</td>
<td>C CORP</td>
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</table>
**Part V Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**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?

   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
   
   b. Gift, grant, or capital contribution to related organization(s).
   
   c. Gift, grant, or capital contribution from related organization(s).
   
   d. Loans or loan guarantees to or from related organization(s).
   
   e. Loans or loan guarantees by related organization(s).
   
   f. Dividends from related organization(s).
   
   g. Sale of assets to related organization(s).
   
   h. Purchase of assets from related organization(s).
   
   i. Exchange of assets with related organization(s).
   
   j. Lease of facilities, equipment, or other assets to related organization(s).
   
   k. Lease of facilities, equipment, or other assets from related organization(s).
   
   l. Performance of services or membership or fundraising solicitations for related organization(s).
   
   m. Performance of services or membership or fundraising solicitations by related organization(s).
   
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
   
   o. Sharing of paid employees with related organization(s).
   
   p. Reimbursement paid to related organization(s) for expenses.
   
   q. Reimbursement paid by related organization(s) for expenses.
   
   r. Other transfer of cash or property to related organization(s).
   
   s. Other transfer of cash or property from related organization(s).

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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of related organization</td>
<td>Transaction type (a-s)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>(1) 140 WEST 140TH STREET HDFC</td>
<td>D</td>
<td>59,440</td>
<td>ACCRUAL</td>
</tr>
<tr>
<td>(2) 140 WEST 140TH STREET HDFC</td>
<td>P</td>
<td>248,579</td>
<td>ACCRUAL</td>
</tr>
<tr>
<td>(3) NEW SENATE ASSOCIATES,LP</td>
<td>E</td>
<td>224,631</td>
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<td>(4) NEW SENATE ASSOCIATES,LP</td>
<td>P</td>
<td>171,699</td>
<td>ACCRUAL</td>
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<td>(5) NEW SENATE ASSOCIATES,LP</td>
<td>Q</td>
<td>456,332</td>
<td>ACCRUAL</td>
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<td>(6) PHELPS HOUSE ASSOCIATES,LP</td>
<td>A</td>
<td>1,216,813</td>
<td>ACCRUAL</td>
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</table>
### Part VI Unrelated Organizations Taxable as a Partnership

Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
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</table>
PART VII - SUPPLEMENTAL INFORMATION

SCHEDULE R, PART V, LINE 2 TRANSACTIONS WITH PHELPS HOUSE L.P.

ON DECEMBER 4, 2019, A NEWLY FORMED LLC (595 COLUMBUS AVENUE LLC), OF WHICH GRCC IS THE BENEFICIAL OWNER, ACQUIRED THE LIMITED PARTNERSHIP INTERESTS IN PHELPS HOUSE, L.P., THE OWNER OF THE PHELPS HOUSE PROPERTY. AT THE SAME TIME, PHELPS HOUSE, L.P. REFINANCED THE MORTGAGE ON THE PROPERTY WITH A NEW, NON-RECIOURSE MORTGAGE IN THE AMOUNT OF $65,695,000. EXCESS PROCEEDS FROM THE REFINANCING AFTER PAYING OFF THE THEN-EXISTING DEBT (INCLUDING MORTGAGE PAYABLE TO GRCC OF $2,488,609) AND ESTABLISHING RESERVES REQUIRED BY THE LENDER, YIELDED NET CASH PROCEEDS TO PHELPS HOUSE, L.P., OF WHICH $37,350,817 WAS DISTRIBUTED TO 595 COLUMBUS AVENUE LLC AND, IN TURN, TO GRCC. TOTAL PAYMENT TO GRCC WAS $39,839,426.
### Part III Continuation of Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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<tbody>
<tr>
<td>GODDARD RIVERSIDE COMMUNITY CENTER</td>
<td>LOW INCOME HOUSING</td>
<td>NY PHELPS HOU RELATED</td>
<td>-1,342,220.</td>
<td>32,898,162.</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td>N/A</td>
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<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Type of entity (C corp, S corp, or trust)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Percentage ownership</td>
<td>Section 512 (b)(13) controlled entity?</td>
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<tr>
<td>PHELPS HOUSE INC 593 COLUMBUS AVENUE NEW YORK, NY 10024 20-1939968</td>
<td>LOW INCOME HOUSING</td>
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## Part V Continuation of Transactions With Related Organizations

(Schedule R (Form 990), Part V, line 2)

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<th>Name of related organization</th>
<th>Transaction type (a-s)</th>
<th>Amount involved</th>
<th>Method of determining amount involved</th>
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<td>PHELPS HOUSE ASSOCIATES, LP</td>
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