Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A		the 2012 Calendar year, or tax year beginning Jul 1 , 2012, and ending Jun 30	, 2013
7		if applicable: So change C Name of organization D En	nployer identification number
	Name		3-3097905
	Initial r	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Te	lephone number
	Termin	ated 5760 BROADWAY 2ND FL (718) 543-7100
	Ameno	led return City or town, state or country, and ZIP + 4	oup Exemption
	Applica		ımber
G	Acco	unting Method: Cash X Accrual Other (specify) ► H Check ►	if the organization is not
I	Web	site: NWW.KRVCDC.ORG required to a	attach Schedule B
J	Тах-е	xempt status (check only one) — X 501(c)(3)	990-EZ, or 990-PF).
K	Chec	k 🕨 🗌 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its	gross receipts are
	norm	ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) r	
		actions). But if the organization chooses to file a return, be sure to file a complete return.	
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.▶\$ 196,833.
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
1.6		Check if the organization used Schedule O to respond to any question in this Part I	
	1	Contributions, gifts, grants, and similar amounts received	1 167,739.
	2	Program service revenue including government fees and contracts	2 29,094.
	3	Membership dues and assessments	3
	4	Investment income	4
	1	Gross amount from sale of assets other than inventory	32.70.00
	1	Less: cost or other basis and sales expenses	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c
	6 6	Gaming and fundraising events	
R		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
R V E		Gross income from fundraising events (not including \$ of contributions	
E	D	from fundraising events reported on line 1) (attach Schedule G if the sum	
N U E		of such gross income and contributions exceeds \$15,000) 6 b	
-	c	Less: direct expenses from gaming and fundraising events 6 c	
		Net income or (loss) from gaming and fundraising events (add lines 6a and	
	l u	6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances	
		Less: cost of goods sold	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 196,833.
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
E	12	Salaries, other compensation, and employee benefits	12 87,197.
EXPERSES	13	Professional fees and other payments to independent contractors	13 4,500.
N	14	Occupancy, rent, utilities, and maintenance	14 31,879.
E	15	Printing, publications, postage, and shipping	15 714.
S	16	Other expenses (describe in Schedule O)	16 33,484.
	17	Total expenses. Add lines 10 through 16	157,774.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 39,059.
NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
A S S E T T S	.5	figure reported on prior year's return)	19 17,985.
'T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20 .
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 57,044.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2012)

Par	t II Balance Sheets. (see the insti	ructions for Part II.)	on in this Dart II				X
	Check if the organization used Schedu	ile O to respond to any questic	on in this Part II		ning of year	Ť	(B) End of year
22	Cash, savings, and investments			(* 1) = 13	9,212.	22	52,709.
23	Land and buildings				0.	23	0.
24	Other assets (describe in Schedule O)	See L-24 Stm	it		8,773.	24	4,335.
25	Total assets				17,985.	25	57,044.
26	Total liabilities (describe in Schedule O).				0.	26	0.
27	Net assets or fund balances (line 27 of co				17,985.	27	57,044.
Par	t III Statement of Program Service Ac	complishments (see the ins	trs for Part III.)		🛛	/Dogu	Expenses uired for section 501
Mhat	Check if the organization used Sche	dule O to respond to any ques	tion in this Part III.			(c)(3)	and 501(c)(4)
Desc	is the organization's primary exempt purpose? PRO	OMOTE ECONOMIC ACT	ree largest program	services, as	3		izations and section
meas	oribe the organization's program service accusured by expenses. In a clear and concise mands of the concise mands and other relevant information for each	nanner, describe the services portion program title.	provided, the number	of persons	2 1 2 2 2 2 2		a)(1) trusts; optional ners.)
28	THE ORGANIZATION MISSION						
	LOCAL INITIATIVES THROUGH			<u>'AL </u>			
	HEALTH, HOUSING, EDUCATIO	<u>NAL AND BUSINESS E</u>	NTERPRISES.				
	(Grants \$ 29,094.) If this	s amount includes foreign grar	its, check here	<u>.</u>	•	28 a	131,318.
29							
	70	s amount includes foreign grar				29 a	
30	(Grants \$) If this	s amount includes loreign gran	its, theth here		• • •	23 a	-
30							
	(Grants S) If this	s amount includes foreign grar	nts. check here		►□	30 a	
31	Other program services (describe in Sched						
٠.		s amount includes foreign grar				31 a	
32						32	131,318.
Pai	rt IV List of Officers, Directors,	Trustees, and Kev Emp	olovees. List each or	ne even if not	compensated. (see th	e instructions for Part IV.)
	Check if the organization used Sche						
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (If not paid, enter -0-	contrib	Health benefits, utions to employ plans, and defer compensation	red	(e) Estimated amount of other compensation
TRA	ACY SHELTON						
	ECUTIVE DIRECTOR	40.00	67,00	00.		0.	0
PE	r stand	Comment of the second s					
SEC	CRETARY	5.00		0.		0.	0.
PAT	JL_MOORE						_
-	ESIDENT	5.00		0.		0.	0.
	RRAH_RUBIN					0	
	EASURER	5.00		0.	was all the second	0.	0.
	RTRUDE CHAMLEE	2.00		0.		0.	0.
	RECTOR BERT M. JOHNSON	2.00		0.		0.	<u> </u>
	RECTOR	2.00		0.		0.	0.
<u> </u>							
							- MALONISTA - INC.
	August 1990 and 1990						
BA	4	TEEA0812 0					Form 990-EZ (2012)

Form 990-EZ (2012) KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION 13-3097905

Page 2

orm	990-EZ (2012) KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION 13-309790	5	Pa	age 3
ar	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
34	provide a detailed description of each activity in Schedule O	33		X
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
k	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	.35b		
(Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 .			
	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	00-		
ı	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
20	amount involved			
39	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 8	section 4911 > ; section 4912 ; section 4955 >			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		x
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	700		_ ^
,	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
,	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			2000
•	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed New York			
42	a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► (718)	543-	-710	0
	Located at ► 5760 BROADWAY, 2ND FL BRONX NY ZIP+4 ► 10463			
	h At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:			
		4.00		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40 -		х
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		21
	If 'Yes,' enter the name of the foreign country:			
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	▶ □	
73	and enter the amount of tax-exempt interest received or accrued during the tax year			I
	and office the amount of tax exempt interest received of account at the fact that year		Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	\vdash	X
	d If 'Ves' to line 44c, has the organization filed a Form 720 to report these payments?			
	If 'No,' provide an explanation in Schedule O	44 d		

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45 a

45b Form **990-EZ** (2012)

f Total number of other employees paid over \$100,000	Form 990	-EZ (2012)	KINGSBRIDGE RIVERDAL	E VAN CORTLANDT	DEVELOP	MENT COF	RPORATION 13-30	97905	Page 4
All section 501(a)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. All check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization as page in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, 47 X 48 In the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule C Part II . 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E . 48 X 49 a Did the organization as section 527 organization? . 49 X X b If Yes, Yes the related organization as section 527 organization? . 49 X X b If Yes, Yes the related organization as section 527 organization? . 49 X X b If Yes, Yes the related organization as section 527 organization from the organization in the related organizatio		0	00,				AND THE PROPERTY OF THE PROPER	46	
A	Part VI	All sec	tion 501(c)(3) organization	s only s must answer ques	stions 47-4	19b and 5	2, and complete the	e tables	
47 It 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, Yes, complete Schedule C, Part II, Yes, complete Schedule E	Y	Check if	the organization used Schedule	O to respond to any que	stion in this F	Part VI			· · · · · · · · · · · · · · · · · · ·
48 Is the organization a school as described in section 170(b)(1)(A)(iii) If Yes', complete Schedule E		_						47	
b If "Yes," was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and title of each employees poly week devoted to paid more than \$100,000 of compensation from the organization. (c) Health beneficially compensation from the organization of the paid more than \$100,000 of compensation from the organization of the paid more than \$100,000 of compensation from the organization of the organization from the organization of the organization from the organization organization organization from the organization organization organization from the organization organization organization from the organization organization organization organization organization from the organization o									
complete this table for the organization's five highest compensation from the organization. If there is none, enter None. (a) Name and title of each engineer than \$100,000 of compensation from the organization. If there is none, enter None. (b) Average hours part more than \$100,000 of compensation from the organization. If there is none, enter None. (c) Reportable compensation (Picens W-2/1099-MISC) (d) Name and title of each engineer than \$100,000 of compensation (Picens W-2/1099-MISC) (d) Name and title of the organization from the organization of other compensation of the organization from the organization. If there is none, enter None. (e) Compensation from the organization from the organization from the organization from the organization from the organization. If there is none, enter None. (e) Compensation from the organization from the organization from the organization from the organization from the organization. If there is none, enter None. (e) Compensation from the organization from the organ		10.70							
(a) Name and tills of each engloyee paid more than \$100,000 D.	50 Cor	mplete this t	able for the organization's five hig	hest compensated empl	oyees (other	than officers	s, directors, trustees an	d key	
f Total number of other employees paid over \$100,000* 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (e) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must latch a complete Schedule A Note: All section of independent contractors and complete Schedule A Note: All section of independent contractors and former than office of the contractors and complete Schedule A Note: All section of independent contractors and statements, and to the least of my knowledge and belief, it is took, correct, and complete Debatelon of prepare (other than officer) is based on all information of which preparer has any knowledge and belief, it is took, correct, and complete Debatelon of prepare (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and tile.		(a) Name a paid i	nd title of each employee more than \$100,000	per week devoted	(c) Reportable (Forms W-2/1	compensation 099-MISC)	contributions to employee benefit plans, and deferred		
f Total number of other employees paid over \$100,000	None								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 ruce, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.	None			0.00		0.	0.		0.
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 ruce, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.									
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 ruce, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.									
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 ruce, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.									
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NOTICE d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.									
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NOTICE d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TRACY SHELTON Type or print name and title.	f Tot	al number o	f other employees paid over \$100	<u> </u> ,000					
(a) Name and address of each independent contractor paid more than \$100,000 None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Under penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here TRACY SHELTON Type or print name and title.	51 Cor	mplete this t	able for the organization's five hig	hest compensated indep	pendent conti	ractors who	each received more that	an \$100,000 d	of
d Total number of other independent contractors each receiving over \$100,000						(b) Type	of service	(c) Com	pensation
d Total number of other independent contractors each receiving over \$100,000	None					77.30			
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	NOILC					0			
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A								-	
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	-								
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
charitable trusts must attach a completed Schedule A	d Tot	tal number o	of other independent contractors e	each receiving over \$100	,000			>	
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 TRACY SHELTON Type or print name and title.								► X Vo	s \square_{No}
Sign Here TRACY SHELTON Type or print name and title.	Under nena	Ities of periury I	declare that I have examined this return, inc	luding accompanying schedules	and statements.	and to the best			5 [_]110
Here TRACY SHELTON Type or print name and title.	true, correct	t, and complete.	Declaration of preparer (other than officer) is	s based on all information of which	ch preparer has a	ny knowledge.	11/22	14	
TRACY SHELTON Type or print name and title.	Sign	Signat	ture of officer			The Residence	Date		
	Here TRACY SHELTON								
Print/Type preparer's name Preparer's signature Date PTIN	***************************************		· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date		PTIN	
Check if				2 2.0	CPA				54
Paid Preparer Firm's name ► KBL, LLP	Paid Prepare	1000 O	TOTAL COMP. BUT THE COMP.	IOTHIOTIL DIRGUM		, , , , , , ,		_ = = = = = = = = = = = = = = = = = = =	
Use Only Firm's address ▶ 114 W 47th St FL 19 Firm's EIN ■ 03-0525474			ress ▶ <u>114 W 47th St F</u>	L 19					
NEW YORK NY 10036 Phone no. (212) 785 - 9700 May the IRS discuss this return with the preparer shown above? See instructions							Phone no. (2		
May the IHS discuss this return with the property shown shove? See instructions	May the	IRS discuss	this return with the preparer show	vn apove? See instructio	ons				
May the IRS discuss this return with the preparer shown above? See instructions			Property of the second						90-EZ (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

KINGS	BRIDG	E RIVERDA	ALE VAI	N CORTLA	NDT DEVEL	OPMEN	T CORI	PORAT	ION		13-30	97905			
Part I	Reas	on for Pub	lic Char	rity Status	(All organiz	ations	must co	mplete	e this p	art.) S	ee inst	ructions	3.		
The orga	anization	is not a private	e foundation	on because i	is: (For lines 1	through	11, check	only or	ne box.)						
1	A chur	ch, convention	of church	es or associa	ation of churche	s describ	ed in sec	tion 17	0(b)(1)(A	۵)(i).					
2	A scho	ol described in	section 1	170(b)(1)(A)(ii). (Attach Sch	edule E.)	į.								
3	A hosp	ital or a coope	rative hos	pital service	organization de	scribed in	n section	170(b)	(1)(A)(iii)						
4	A med	ical research o	rganizatio	n operated ir	conjunction wi	th a hosp	oital descr	ibed in	section '	170(b)(1)(A)(iii).	Enter the	e hospital's		
	name,	city, and state													
5	An org 170(b)	anization opera (1)(A)(iv). (Co	ated for the	e benefit of a	college or univ	ersity ow	ned or op	erated	by a gov	ernmen	al unit d	escribed	in section		
6			-	1	ernmental unit c										
7	in sect	ion 170(b)(1)(A)(vi). (C	omplete Par				governr	nental ur	nit or fro	m the ge	neral pul	olic describe	ed	
8		•			(b)(1)(A)(vi). (C	1.54									
9 🛚	related unrelat (Comp	to its exempt of ed business tax lete Part III.)	functions - cable incon	 subject to one (less section) 	ore than 33-1/3% certain exception on 511 tax) from	ns, and (2 business	2) no mor ses acquir	e than 3 ed by the	3-1/3% o e organiz	of its sup ation aft	ip fees, a port fron er June 3	and gross n gross ir 0, 1975.	receipts from estment in See sectio n	m activ ncome 509(a	rities and ı)(2).
10	_	_			clusively to test										
11	J suppoi	ted organization	ons descril	bed in sectio	usively for the be n 509(a)(1) or s 11e through 11	ection 50	o perform)9(a)(2). S	the fund See sec	ctions of, tion 509	or carry (a)(3). C	out the p heck the	urposes of box that	of one or mo t describes	re put the typ	olicly se of
	a 📗	Гуре І	туре	ell d	: Type III –	Function	nally integ	rated	c	ı 🗌 :	Гуре III -	- Non-fur	nctionally in	tegrate	ed
е [J other t	ecking this box han foundation n 509(a)(2).	I certify the manager	nat the organ s and other t	ization is not co han one or mor	ontrolled on trolled on trolled on the publicly	directly or supporte	indirected organ	ly by one	or mor describ	e disqua ed in sec	lified per tion 509(sons (a)(1) or		
f	If the c	, ,, ,			nination from the	e IRS tha	t is a Typ	e I, Type	e II or Ty	pe III su	pporting	organiza	ition,		
g	Since	August 17, 200	06, has the	organization	n accepted any	gift or co	ontribution	from a	ny of the	followin	g persor	ns?			
													-	Yes	No
	(i) <i>i</i>	A person who opelow, the gove	directly or erning bod	indirectly cor ly of the supp	ntrols, either alo ported organiza	ne or tog tion?	ether with	persor	ıs descril • • • • •	ped in (i) and (iii) 	. 11 g (i)		
	(ii) /	A family memb	er of a per	rson describe	ed in (i) above?								. 11 g (ii)		ĺ
	(iii)	A 35% controlle	ed entity o	f a person de	escribed in (i) or	r (ii) abov	e?					* * * * *	· 11 g (iii)		
h	Provid	e the following	informatio	on about the	supported orga	nization(s	s).								
	(i) Nam or	e of supported ganization	(i	ii) EIN	(iii) Type of org (described on above or IRC (see instruc	lines 1-9 section	(iv) Is organizz column (i) your go docur	ation in listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organiza U.S	ation in nn (i)	(vii) Amount sup		∍tary
							Yes	No	Yes	No	Yes	No			
(A)														and the same and the	
(B)															
_/															
(C)															
(D)															
(E)				-											
Total															
BAA F	or Paper	work Reducti	on Act No	otice, see th	e Instructions	for Form	990 or 9	90-EZ.			Schedul	e A (Forr	n 990 or 99	0-EZ)	2012

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.)

Sect	tion A. Public Support					# 1 TO THE RESERVE OF THE PARTY	
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge			p			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				MANAGEMENT OF THE PROPERTY OF		Martinian and sold and an artist of the second
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	ı tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201						%
	Public support percentage from 20						%
16 a	33-1/3% support test — 2012. If and stop here. The organization of	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and t nization	he line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test — 2011. If it and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, chec	k this box
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here . Exi	olain in Part IV hov	<i>N</i>
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' te st. The organization	st, check this box a n qualifies as a pub	and stop here. Exp plicly supported org	plain in Part IV hov ganization	w the
18	Private foundation. If the organiz	zation did not chec	к a box on line 13,	16a, 16b, 17a, or	1/b, check this bo	x and see instructi	ons ▶
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2012

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

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

Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')	330,238.	364,341.	92,834.	94,449.	196,833.	1,078,695.
2	Gross receipts from admis-	333,233	001/011	/			
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf					2000 CHO - 100 CHO -	
	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge	220 220	264 241	02.024	04 440	106 022	1,078,695.
	Total. Add lines 1 through 5 Amounts included on lines 1.	330,238.	364,341.	92,834.	94,449.	196,833.	1,070,095.
	2, and 3 received from						
	disqualified persons					and the second s	
	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						1,078,695.
Sect	ion B. Total Support						
	lar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6	330,238.	364,341.	92,834.	94,449.	196,833.	1,078,695.
	Gross income from interest, dividends, payments received				2.		
	on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						*
	acquired after June 30, 1975	0.	0.	0.	0.		0.
	Add lines 10a and 10b	0.	0.	0.	0.		0.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)	330,238.	364,341.	92,834.	94,449.	196,833.	1,078,695.
	First five years. If the Form 990 i	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
	organization, check this box and s	stop here					
	tion C. Computation of Pu Public support percentage for 201	blic Support P	ercentage) caluman (f))		15	100.00 %
15	Public support percentage for 201 Public support percentage from 20						100.00 %
16						10	100.00 %
	tion D. Computation of Inv				7)	17	0.00 %
17	Investment income percentage for Investment income percentage from						0.00 %
18	33-1/3% support tests – 2012.						
	is not more than 33-1/3%, check t	his box and stop h	ere. The organizat	tion qualifies as a	publicly supported	organization	▶ ×
	33-1/3% support tests $-$ 2011 . If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	rganization qualifie	es as a publicly sup	ported organizati	on ▶ 📙
20	Private foundation. If the organiz	zation did not check	a box on line 14,	19a, or 19b, check			
BAA			TEEA0403	08/09/12	Sc	chedule A (Form !	990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Supplemental Informa Part II, line 17a or 17b; (See instructions).	KINGSBRIDGE RIVERDA Ation. Complete this and Part III, line 12.	LE VAN CORTLANDT I s part to provide t Also complete the	DEVELOPMENT CORPORAT the explanations re his part for any add	10N 13-3097905 equired by Part II, li ditional information.	Page 4 ne 10;

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
	CORTLANDT DEVELOPMENT CORPORATION	13-3097905
KINGSBRIDGE RIVERDALE VAN	CORTLANDI DEVELOPMENI CORFORATION	15 505,505
Organization type (check one):	Section:	
Filers of:	\boxed{X} 501(c)($\boxed{3}$) (enter number) organization	
Form 990 or 990-EZ		a a militate foundation
	4947(a)(1) nonexempt charitable trust not treated a	s a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
7 61111 656 1 1	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	So ((s)(s) taxasis pirrate realisation	
Check if your organization is covered by the	e General Rule or a Special Rule	
•	organization can check boxes for both the General Rule and a	Special Rule. See instructions.
	organization sail enest a trial trial and a sail and	·
General Rule	and the same of th	(in manay or property) from any one
For an organization filing Form 990, 99 contributor. (Complete Parts I and II.)	0-EZ, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
contributor. (Complete Farte Farta III)		
Special Rules		
	E 200 - 200 E7 that most the 32 1/29/ aupport test of the	regulations under sections
\square 500(a)(1) and 170(b)(1)(\triangle)(vi) and rece	ng Form 990 or 990-EZ that met the 33-1/3% support test of the lived from any one contributor, during the year, a contribution o Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I ar	the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) org	anization filing Form 990 or 990-EZ that received from any one	contributor, during the year,
total contributions of more than \$1,000 the prevention of cruelty to children or	for use exclusively for religious, charitable, scientific, literary, o	r educational purposes, or
the prevention of cruelty to children of	anization filing Form 990 or 990-EZ that received from any one	contributor, during the year
l trib. Higher for upon ovolucitor tor roll	aious charitania atc hilfnoses nili mese conmonions dia nui	lulai lu iliule lilaii y 1,000.
	yious, whatles, the purposes, but they ge at for an exclu arts unless the General Rule applies to this organization becau	
purpose. Do not complete any of the p	of \$5,000 or more during the year · · · · · · · · · · · · · · · · · · ·	Se
•		
Caution: An organization that is not covered by answer 'No' on Part IV, line 2, of its Form 990 meet the filing requirements of Schedule B	by the General Rule and/or the Special Rules does not file Schedule I ; or check the box on line H of its Form 990-EZ or on Part I, line 2, c ; (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF) but it must of its Form 990-PF, to certify that it does not
		edule B (Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.	ice, see the Instructions for Form 990, 990EZ, Sche	

(a) Number (b) Name, address, and ZIP + 4 Noncash

Person Payroll Noncash

(c) Total contributions (Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Name of the organization 13-3097905 KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
PROGRAM EXPENSES	25,491.
SUPPLIES	163.
TELEPHONE	1,561.
EQUIPMENT RENTAL	381.
INSURANCE	2,770.
BANK CHARGES	171.
MISCELLANEOUS	650.
PAYROLL PROCESSING FEES	2,297.
Total	33,484.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line $\bf 24$

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY GRANTS AND CONTRIBUTION RECEIVABLE PREPAID EXPENSES AND OTHER ASSETS SECURITY DEPOSITS	4,669. 275. 1,829. 2,000.	2,335. 0. 0. 2,000.
Total	8,773.	4,335.