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)

Page dimensions: 612.0x843.0

For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

A
Check if applicable:
Address change
Name change
Initial return
Terminated
Amended return
Application pending

B
Name of organization
KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION

Number and street (or P.O. box, if mail is not delivered to street address)
5760 BROADWAY

City or town, state or country, and ZIP + 4
2ND FL
NY 10463

C
Employer identification number
13-3097905

D
Telephone number
(718) 543-7100

E
Group Exemption Number

F

G
Accounting Method:
Cash
Accrual
Other (specify)

H
Check if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).

J
Tax-exempt status (check only one) [ ] 501(c)(3) [ ] 501(c) ( ) [ ] 4947(a)(1) or [ ] 527

K
Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are
normally not more than $50,000. A Form 990-EZ, or Form 990 return is not required though Form 990-N (e-postcard) may be required (see
instructions). But if the organization chooses to file a return, be sure to file a complete return.

L
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total
assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

5
a Gross amount from sale of assets other than inventory
5a

b Less: cost or other basis and sales expenses
5b

5
Gross amount from sale of assets other than inventory
5c

6
Gaming and fundraising events
6

a Gross income from gaming (attach Schedule G if greater than $15,000)
6a

b Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)
6b

c Less: direct expenses from gaming and fundraising events
6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and
6b and subtract line 6c)
6d

7
a Gross sales of inventory, less returns and allowances
7a

b Less: cost of goods sold
7b

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
7c

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

12
Salaries, other compensation, and employee benefits
12
87,197

13
Professional fees and other payments to independent contractors
13
4,500

14
Occupancy, rent, utilities, and maintenance
14
31,879

15
Printing, publications, postage, and shipping
15
714

16
Other expenses (describe in Schedule O)
16
33,484

17
Total expenses. Add lines 10 through 16
17
157,774

18
Excess or (deficit) for the year (Subtract line 17 from line 9)
18
39,059

19
Net assets or fund balances at beginning of year (from line 27, column (A) (must agree with end-of-year figure reported on prior year's return)
19
17,985

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

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

Form 990-EZ (2012)

TSHA0812 03/14/13
## Part II. Balance Sheets
(see the instructions for Part II)

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>9,212</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>8,773</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>17,985</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>17,985</td>
</tr>
</tbody>
</table>

## Part III. Statement of Program Service Accomplishments
(see the instructions for Part III)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Amount</th>
<th>(B) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>THE ORGANIZATION’S MISSION IS TO ENCOURAGE AND SUPPORT LOCAL INITIATIVES THROUGH SOCIAL, CULTURAL, ENVIRONMENTAL, HEALTH, HOUSING, EDUCATIONAL AND BUSINESS ENTERPRISES. (Grants $29,094) If this amount includes foreign grants, check here.</td>
<td>29,094</td>
<td>131,318</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td>29a</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td>30a</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here.</td>
<td></td>
<td>31a</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td></td>
<td>131,318</td>
</tr>
</tbody>
</table>

## Part IV. List of Officers, Directors, Trustees, and Key Employees
(see the instructions for Part IV)

<table>
<thead>
<tr>
<th>(a) Name and Title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and defined compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACOB SHELTON</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>67,000</td>
<td>0</td>
</tr>
<tr>
<td>PETR STANO</td>
<td>SECRETARY</td>
<td>5.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PAUL MOORE</td>
<td>PRESIDENT</td>
<td>5.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FABRAH RUBIN</td>
<td>TREASURER</td>
<td>5.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GERTRUDE CHAMBER</td>
<td>DIRECTOR</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ROBERT M. JOHNSON</td>
<td>DIRECTOR</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 

34. Were any significant changes made to the governing documents? If "Yes," attach a copy of the amended documents. 

35a. Did the organization have unrelated business income of $1,000 or more from business activities (such as those reported on lines 2.6a, and 7a, among others)? 

35b. If "Yes," line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 

35c. 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. 

36. Did the organization undergo a liquidation, dissolution, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions. 

37b. Did the organization file Form 1120-POL for this year? 

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 

38b. If "Yes," complete Schedule L, Part II and enter the total amount involved. 

39. Section 501(c)(7) organizations. Enter: 

39a. Initiation fees and capital contributions included on line 9. 

39b. Gross receipts, included on line 9, for public use of club facilities. 

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 

40b. 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 on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I. 

40c. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 

40d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 

40e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 

41. List the states with which a copy of this return is filed. 

42a. The organization's books are in care of THE ORGANIZATION. 

42b. 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)? 

42c. In any state during the calendar year, did the organization maintain an office outside the U.S.? 

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

44c. Did the organization receive any payments for indoor tanning services during the year? 

44d. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? 

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

45b. 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 

TEA0812 10314/13 Form 990-EZ (2012)
Part VI  Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ________________________________

47  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 ........................................... 47  X

48  Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E .......................................................... 48  X

49a Did the organization make any transfers to an exempt non-charitable related organization? .......................................................... 49a  X

49b If "Yes," was the related organization a section 527 organization? .......................................................... 49b

50  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.'

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>None ........................................................................</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

f  Total number of other employees paid over $100,000 .......................................................... 51

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  Yes  No

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 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

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Preparer's signature  Date 01/13/14

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Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

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Preparer's signature  Date 01/13/14

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Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________  ____________________________
Signature of officer  Date 1/23/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's name  Preparer's signature  Date 01/13/14

__________________________
Preparer's signature  Date 01/13/14
Public Charity Status and Public Support

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

> Attach to Form 990 or Form 990-EZ. > See separate instructions.

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

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

1. A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. An organization organized and operated exclusively for the benefit of the animals. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

11. (a) Type I  (b) Type II  (c) Type III — Functionally integrated  (d) Type III — Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 509(a)(1)(A) or (B) or (C))</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) to list you as a supporting organization?</th>
<th>(vi) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Total

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</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 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>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></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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></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></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 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>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></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>12</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></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 % |

16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here.

b 33-1/3% support test — 2011. 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.

17a 10%-facts-and-circumstances test — 2012. 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.

b 10%-facts-and-circumstances test — 2011. 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.

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.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</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>330,238.</td>
<td>364,341.</td>
<td>92,834.</td>
<td>94,449.</td>
<td>196,833.</td>
<td>1,078,695.</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>330,238.</td>
<td>364,341.</td>
<td>92,834.</td>
<td>94,449.</td>
<td>196,833.</td>
<td>1,078,695.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</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>1,078,695.</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>330,238.</td>
<td>364,341.</td>
<td>92,834.</td>
<td>94,449.</td>
<td>196,833.</td>
<td>1,078,695.</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</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>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</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 IV)</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>330,238.</td>
<td>364,341.</td>
<td>92,834.</td>
<td>94,449.</td>
<td>196,833.</td>
<td>1,078,695.</td>
</tr>
</tbody>
</table>

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

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

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

- **17** Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))
- **18** Investment income percentage from 2011 Schedule A, Part III, line 17
- **19a** 33-1/3% support tests — 2012. 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.
- **19b** 33-1/3% support tests — 2011. 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.

#### Additional Information

- **20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Schedule B
(1990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization:
KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION

Employer Identification number:
13-3097905

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>X 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>X 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

□ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. → $ __________

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not 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, 990EZ, or 990-PF.
## Part I

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

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KVC Inc. 5760 Broadway Bronx NY 10463</td>
<td>$105,000</td>
<td>Person X Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>2</td>
<td>NYC Department of Small Business Services 110 William Street, 8th Floor New York NY 10038</td>
<td>$22,094</td>
<td>Person X Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>KINGSBRIDGE RIVERDALE VAN CORTLANDT DEVELOPMENT CORPORATION</td>
<td>13-3097905</td>
</tr>
</tbody>
</table>

---

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

TEEA4901 12/8/12

Schedule O (Form 990 or 990-EZ) 2012
Other expenses (describe in Schedule O)

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM EXPENSES</td>
<td>25,491</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td>163</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>1,561</td>
</tr>
<tr>
<td>EQUIPMENT RENTAL</td>
<td>381</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>2,770</td>
</tr>
<tr>
<td>BANK CHARGES</td>
<td>171</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>650</td>
</tr>
<tr>
<td>PAYROLL PROCESSING FEES</td>
<td>2,297</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>33,484</td>
</tr>
</tbody>
</table>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

<table>
<thead>
<tr>
<th>Line 24 - Other Assets:</th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVENTORY</td>
<td>4,669</td>
<td>2,335</td>
</tr>
<tr>
<td>GRANTS AND CONTRIBUTION RECEIVABLE</td>
<td>275</td>
<td>0</td>
</tr>
<tr>
<td>PREPAID EXPENSES AND OTHER ASSETS</td>
<td>1,829</td>
<td>0</td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,773</td>
<td>4,335</td>
</tr>
</tbody>
</table>