Form **990** 

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

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

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

2017

_	nai Hevenue				ILV W	mspection
			, 2017, and end			,2018
В	Check if a		on Corpora	ation		identification number
닏	Address c		<del></del>		25-118	
$\sqcup$	Name cha		ess) Room/s	suite	Telephone	
	Initial retur				(412)8	328-1062
Ц	Final return		de			
	Amended				Gross rece	·
	Application	pending F Name and address of principal officer				ordinates? 🗌 Yes 🔀 No
		Stefanie Woolford, 501 Second St, PO Box 437, O	akmont, PA 15	<u>1∕39</u> H(b) Are all sul	bordinates ir	ncluded? 🗌 Yes 🔲 No
<u> </u>	Tax-exem	ot status	(a)(1) or 527	f If "No,"	" attach a lis	st (see instructions)
<u>J</u>	Website:	www.rcacorp.org	<u> </u>	H(c) Group ex	cemption nu	ımber ▶
K	Form of org	anization X Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation 1966	M State of	legal domicile PA
P	art I	Summary				
	1 E	riefly describe the organization's mission or most significant ac	tivities: To p	romote commu	nity in	volvement, pride
ce	l	and awareness through the provision of serv	ices and p	orograms th	nat wi]	l enhance
Jan	t	he quality of life of the residents of Oak	mont, Verd	ona and the	surro	ounding
/eri		theck this box ▶☐ if the organization discontinued its operation			25% of its	net assets.
é	3 1	lumber of voting members of the governing body (Part 🕅, line	<b>SECEIVE</b>	:D   .	3	14
Activities & Governance	la N	lumber of independent voting members of the governing body.	Part VI line 1b		4	14
	5 T	otal number of individuals employed in calendar year 20 (2) Pai	եր√ <sub>տ</sub> -իրеլ2a) շ	nan. 101 .	5	7
Ę	6 T	otal number of volunteers (estimate if necessary)	LEB TZ 2		6	65
Ac	7a T	otal unrelated business revenue from Part VIII, column (🗘), 📭	12	E	7a	0.
	<b>b</b> N	let unrelated business taxable income from Form 990-T, line 34	OGDEN,	ו וע	7b	0.
				Prior Year	•	Current Year
Revenue	8 0	Contributions and grants (Part VIII, line 1h)		186,	706.	181,649.
	1	rogram service revenue (Part VIII, line 2g)			520.	43,416.
	1	envestment income (Part VIII, column (A), lines 3, 4, and 7d)				
Œ	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)			
	1	otal revenue-add lines 8 through 11 (must equal Part VIII, colum		232,	226.	225,065.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)				
	1	enefits paid to or for members (Part IX, column (A), line 4)	1			
s		alaries, other compensation, employee benefits (Part IX, column (A	N. lines 5–10)	146,	511.	140,443.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)				
per	1	otal fundraising expenses (Part IX, column (D), line 25)	8,088.			
Щ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		138.	481.	134,592.
		otal expenses Add lines 13-17 (must equal Part IX, column (A)	. line 25)		992.	275,035.
	1	evenue less expenses. Subtract line 18 from line 12			766.	-49,970.
- S				Beginning of Curre		End of Year
ets c	<b>20</b> T	otal assets (Part X, line 16)		397,	841	375,897.
Ass	21 T	otal liabilities (Part X, line 26)			930.	115,956.
Net Assets or Fund Balances	22	let assets or fund balances. Subtract line 21 from line 20		309,		259,941.
	art II	Signature Block			71	237,512.
		es of perjury, I declare that I have examined this return, including accompanying	schedules and stat	ements and to the	hest of my	knowledge and belief it is
		and complete Declaration of preparer (other than officer) is based on all informati				momongo ama saman, mio
		Sulanu Halland			1101	19
Sig	an I	Signature of officer		Date	<del>/ 4 / -</del>	
He		Stefanie Woolford, Executive Director				
		Type or print name and title				
_		Print/Type preparer's name Preparer's ignature		Date / /		PTIN
Pa				2/4/19	Check A	uf P00345119
	eparer	Peter J Vancheri				
Us	e Only		r above D			0810411
Ma	v the IPS	Firm's address ▶ 2 Penn Center West Suite 326, Pit discuss this return with the preparer shown above? (see instru		15276 Phone	eno (412	
_	<u> </u>				<del>· · · ·</del>	X Yes No
FOL	Paperwo	rk Reduction Act Notice, see the separate instructions. BAA	R	EV 12/05/17 PRO		Form <b>990</b> (2017)

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Form 99	90 (2017)		0	Page <b>3</b>
Part				- age c
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	:	×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	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	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	' ' ' '		×
	Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
			n <b>990</b>	

Part	Checklist of Required Schedules (continued)			age
, are	Orecomist of required correctates (commuted)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? If "Yes," complete Schedule M	30		×
32	Part I	31		×
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
35a	or IV, and Part V, line 1	34 35a		×
	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	35a		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	×	

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			. 🛚
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		TH	UM.
b	<u> </u>	<u>၂</u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	2.200		
	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	Land.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		ľ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	T.E.		
	(FBAR).	amend till i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
Ь	Did any taxable party notify the organization that it was or is a party to a, prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	- 41 mu.2.t	nt. No. 10.
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		المستعددات	-
	and services provided to the payor?	7a		×
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l_		
_	required to file Form 8282?	7c	30° pr (****	A a a duas
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	#L: j: j:	4.634.24
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3 -5-4	4: 2" " [1"	ali Erik i Manan di
_	sponsoring organization have excess business holdings at any time during the year?	8 -4*4*4.5	4 's 111 (27) (I	de"erfel n '.
9	Sponsoring organizations maintaining donor advised funds.			h. III
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(a)(7) organizations. Enter:	9b	Sant St.	Julier :
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100 A		
a	Initiation fees and capital contributions included on Part VIII, line 12		344	
b 11	Section 501(c)(12) organizations. Enter:		\$ 4.4 M	
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	1400	STUR	蜡洗油
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	Parkite ju	机合金件。
а	Note. See the instructions for additional information the organization must report on Schedule O.		Fara	100 P. CASS
b	Enter the amount of reserves the organization is required to maintain by the states in which		æ	
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			BM
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	गम्बद्धाः हो।	46974.73 <b>X</b>
b		14b		
~	100, 100 a mod a form fee to report these payments. If the profite an explanation in College C	,		i

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		structi	ons 🔀
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?  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?	4 5 6 7a		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
ь	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Cooti		9	000)	×
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	107	3.30	e'n'.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	<u> k mendisadah</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	ool wadel	X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		
	organization's exempt status with respect to such arrangements?	16b	Lynnik	Carl, M4
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19 20	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and respectively. Stefamie Woolford, 501 Second St., Oakmont., PA 15139-1592 (412) 828-1062	curas		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

		,
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Part VII	Compensation of Officers, Directors	, Trustees,	, Key Employees,	, Highest (	Compensated	Employees,	and
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any	Vinedi and a director, a detect,						(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Kaaren Amodeo	2.00								,		
Board Member		×			i			0.	0.	0.	
(2) Adeline Brown Board Member	2.00	×						0.	0.	0.	
(3) Sylvia Provenza Board Member	2.00	×						0.	0.	0.	
(4) Elizabeth Rottschaefer Board Member	2.00	×						0.	0.	0.	
(5) Bonnie Myers-Toward Board Member	2.00	×						0.	0.	0.	
(6) Russ Truby Board Member	2.00	×						0.	0.	0.	
(7) Thomas R Dinnin Sr. Board Member	2.00	×						0.	0.	0.	
(8) Frederick Favo Board Member	2.00	×						0.	0.	0.	
(9) Thomas Whalen Board Member	2.00	×						0.	0.	0.	
(10)Susan Collins Board President	5.00	×		×				0.	0.	0.	
(11)Rhoda Worf Board President Elect	5.00	×		×				0.	0.	0.	
(12) Nancy Carpenter Board Vice-President	5.00	×		×				0.	0.	0.	
(13) Judy Ferguson Board Secretary	5.00	×		×				0.	0.	0.	
(14) Maureen Hanekamp Board Treasurer	5.00	×		×				0.	0.	0.	

	Section A. Officers, Directors, Trust  (A)	(B)	(C) Position (do not check more than c					one	(D)	(E)		(F)		
Name and title		Average hours per week (list any hours for related organizations below dotted line)	office of Individua or directo	er and		irecto	by Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation related organizatio (W-2/1099-M	from ns	am comp fro orga and	timated tount of other pensation om the anization related nization	f on on d
	tefanie Woolford	40.00	<del> </del>	H		H	å	_			$\dashv$			
Executive Director (16)		<del> </del>	<b> </b> -	$\mid \rightarrow \mid$	×	$\left  - \right $			53,124.		0.			0.
								_			_			
(1/)		ļ								<u> </u> 				
(18)		]												
(19)				H		-	_							
(20)				H	H	$\vdash$					+			
(21)				H		$\left  \cdot \right $			<u> </u>		_	<del></del> _		
(22)					-	$\vdash$	-							
(23)				$\vdash$	$\vdash$	$\left  \cdot \right $		_						
				$\vdash$	$\mid - \mid$			_						<del></del>
											$\perp$			
(25)		<del> </del>	!											
	Sub-total			•			•	<b>&gt; &gt; &gt;</b>	53,124.		0.			0.
d 2	Total (add lines 1b and 1c)							e) w		ore than \$10		) of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compe	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or ind	ividua			×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													:ax
	(A) Name and business add							(B) Description of s	ervices		(C) Compens			
						_								
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	imit	ed to	th	ose listed abo	ove) who				

Far	. SVIII	Chack if Schodule C		oonango ar nata t	o any lina in thi	Dort VIII		П
		Check if Schedule C	Contains a	esponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		a				
Gra Jou	b	Membership dues .	<del></del>	b				
ffs,	C	Fundraising events	<b></b>	<b>c</b> 6,714.				
<u>a</u>	ď	Related organizations Government grants (con		<b>e</b> 136,506.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g	· —	e 138,300.				
her	}	and similar amounts not inc		<b>if</b> 38,429.				
ξĘ	g	Noncash contributions includ						
g g	h	Total. Add lines 1a-1	f		181,649.			
92			<u> </u>	Business Code		<b>ATTHEF</b>	THERWS	
Program Service Revenue	2a	Center Services and Co			6,537.	6,537.	0.	0.
ž	b	Home Delivered		624210	4,231.	4,231.	0.	0.
Ğ.	С	Twin Boro Bus		485991	23,036.	23,036.	0.	0.
Se	d	Miscellaneous Ce	nter Incom	e 624120	9,612.	9,612.	0.	0.
Гап	e	All other program sen			<del>                                     </del>			
õ	'	Total. Add lines 2a-2			43,416.	PV:147_53055-7554		L La la National La Silva de Volto
	3	Investment income		· · · ·	13,113.	47 a bet tare along try, telest and each select it.	ing discorposites (1) and the r	construction of the Design of the section
		and other similar amo	•	· <b>&gt;</b>				
	4	Income from investment	t of tax-exemp	t bond proceeds ▶				
	5	Royalties		<u></u> <u>▶</u>				
		-	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	_d	Net rental income or (		. ▶	titat a Biling ngapanganagan ta	malest from 12.1 and these are	p, pa ad lis or sies, bi ii na, t stapos	109, major dang termban serimbi an apapanan na
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less cost or other basis	<u> </u>	<del></del>				
	b	and sales expenses .		-				
	c	Gain or (loss) .		<del></del>				
	d	Net gain or (loss)	L			katka iii siiliff kamainin		
<u>o</u>								
enc	8a	Gross income from fu events (not including \$	•					
ě	Ì.	of contributions reporte	6,714.					
F				a				
Other Rev	ь	Less: direct expenses		b				
0		Net income or (loss) fi			C. Bar Tolk to the Straight S., Maratra S.			
		Gross income from ga						
	}	See Part IV, line 19 .		a				
	b	Less direct expenses	3., .	b				
	С	Net income or (loss) f	-		l			
	10a	Gross sales of in		s				
		returns and allowance		a				
•	b							
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busin		nventory   Business Code	Andrika, kontraki ikir	THE BOATT HE HITCH THE PAGE	rion gama sia dinumasi.	Istanis a managa amang ini	
	11-	wiscellaneous H	everiue	business Code				
	11a b				<del> </del>		<del>                                     </del>	
			-	<del> </del>		<del> </del>		
	d All other revenue			<del>                                     </del>			<del> </del>	
	e	Total. Add lines 11a-						
	12	Total revenue. See in			225,065.	43,416.	0 -	0.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon			· · · · · ·	<u> U</u>
Do na 8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service ' expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5 ,	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	53,124.	42,499.	7,969.	2,656.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
7	Other salaries and wages	73,867.	59,094.	11,079.	3,694.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	-	22/0/3.	
9	Other employee benefits	2,560.	2,048.	384.	128.
10	Payroll taxes	10,892.	8,714.	1,633.	545.
	•	10,892.	0,714.	1,633.	545.
11	Fees for services (non-employees)				
а	Management				
b	Legal				<u> </u>
C	Accounting	4,605.	0.	4,605.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			447 (41,344,44	· · · · · · · · · · · · · · · · · · ·
g	Other. (If line 11g amount exceeds 10% of line 25, column			<del></del>	
3	(A) amount, list line 11g expenses on Schedule O.) .	210.	0.	210.	0.
12	Advertising and promotion	545.	545.	0.	0.
13	Office expenses	6,534.	5,227.	980.	327.
14	Information technology				
15	Royalties				
16	Occupancy	25,067.	20,664.	3;665.	738.
17	Travel			·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	417.	417.	0.	0.
20	Interest	3,316.	0.	3,316.	0.
21	Payments to affiliates		-		,
22	Depreciation, depletion, and amortization	40,072.	30,054.	10,018.	0.
23	Insurance	10,854.	9,769.	1,085.	0.
24	Other expenses. Itemize expenses not covered			iaga maabaad	
27	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_			Litrate Capacita Seminara, Se	· 中国	で無理を正言もおいい。(、場場は「上門大」。「2014
a	Transportation Svc Costs	5,457.	5,457.	0.	0.
b	Center Supplies	3,878.	3,878.	0.	0.
c d	Repairs and Maintenance	15,954.	14,359.	1,595.	0.
е	All other expenses	17,683.	9,014:	8,669.	· 0.
25	Total functional expenses. Add lines 1 through 24e	275,035.	211,739.	55,208.	8,088.
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 following SOP 98-2 (ASC 958-720)				ı

Part X Balance Sheet

		Charle if School In O contains a response of	r noto	to one le	o in this D	ort V			
		Check if Schedule O contains a response or	note	to any m	ie in tris Pa		<del>i :</del>	<u> </u>	
						(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing	<del>.</del> .			1,756.	1	2,784.	
	2	Savings and temporary cash investments				220.	2	220.	
	3	Pledges and grants receivable, net		٠.		15,009.	3	31,027.	
	4	Accounts receivable, net				224.	4	666.	
	5	Loans and other receivables from current and	forme	officers,	directors,				
		trustees, key employees, and highest co Complete Part II of Schedule L			mployees.		5		
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche		6					
Assets	7	Notes and loans receivable, net					7		
As	8	Inventories for sale or use				<del>`</del>	8		
	9	Prepaid expenses and deferred charges					9	<del>                                     </del>	
	10a	Land, buildings, and equipment, cost or	i 1				4414C	sentant recording	
1		other basis. Complete Part VI of Schedule D	10a	-	62,630.				
	ь	Less: accumulated depreciation	10b		21,430.	380,632.	10c	341,200.	
	11	Investments—publicly traded securities .					11		
i	12	Investments—other securities. See Part IV, line	11				12		
	<b>13</b>	Investments-program-related See Part IV, line					13		
	14	· -	· -						
	15	Other assets See Part IV, line 11		15					
-	16	Total assets. Add lines 1 through 15 (must equa	al line	34)		397,841.	16	375,897.	
	17	Accounts payable and accrued expenses		<u>.</u>		9,884.	17	12,179.	
	18	Grants payable					18		
- 1	19	Deferred revenue				18,608.	19	8,150.	
- 1	20	Tax-exempt bond liabilities					20		
,	21	Escrow or custodial account liability. Complete F	Part IV	of Sched	lule D .		21		
တ္က	22	Loans and other payables to current and for	ormer	officers,	directors,		F. F.	JANAS MARK	
Liabilities		trustees, key employees, highest compendisqualified persons Complete Part II of Schedu		employ	ees, and		22		
Ë	23	Secured mortgages and notes payable to unrela		ırd nartıes		24,438.	23	16,627.	
_	24	Unsecured notes and loans payable to unrelated				21,130.	24	10,027.	
	25	Other liabilities (including federal income tax,			ated third	-	<del></del>		
		parties, and other liabilities not included on lines							
		of Schedule D			•-	<del> 35,000.</del>	∙ 25	79,000.	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	<u> </u>	<u> </u>	87,930.	26	115,956.	
Fund Balances		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		ck here ▶	· ⊠ and				
ĕ	27	Unrestricted net assets				307,254.	27	259,941.	
39	28	Temporarily restricted net assets			•	2,657.	28	0.	
9	29	Permanently restricted net assets					29	•	
5		Organizations that do not follow SFAS 117 (ASC 95	58), ch	eck here 🕨	► □ and		#.1M		
o		complete lines 30 through 34.							
ts (	30	Capital stock or trust principal, or current funds			30				
Net Assets	31	Paid-in or capital surplus, or land, building, or ed		ent fund			31		
Ă	32	Retained earnings, endowment, accumulated inc	come,	or other f	unds .		32		
ě	33	Total net assets or fund balances				309,911.	33	259,941.	
	34	Total liabilities and net assets/fund balances		<u> </u>	<u> </u>	397,841.	34	375,897.	

Form 9	90 (2017)			P	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		25,0	065.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	75,0	035.
3	Revenue less expenses Subtract line 2 from line 1	3	_	49,	970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		09,	911.
5	Net unrealized gains (losses) on investments	5			
6 ₹	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	59,9	941.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		왕걸	hard's	1,4,3,5
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	in 🏳		
	, Schedule O.				, E, E, A
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	or 🚟	指語	Chi.
	reviewed on a separate basis, consolidated basis, or both:			19 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		All the state of t		
b			2b	×	Mile advices
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a TE	सम्बद्धाः । स्पष्टम्	diches a.
	separate basis, consolidated basis, or both:			H. Sik	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigl	nt T	- ANALSSAIL	- ALVANA
	of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, ex	olaın ı	ın 🎏	Handahan Bandahan	for Car of
	Schedule O.		74224 3.554		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth	IU	- Himmonian	.al Silitizea in i
	the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•	3ь		

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047 2017

Open to Public Inspection

**Employer identification number** 

Riverview Community Action Corporation 25-1180251 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? instructions) above (see instructions)) instructions)

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.)

$\overline{}$	on A. Public Support	1	1	1			
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and		Ì				
	membership fees received. (Do not						
_	include any "unusual grants.")	180,639.	165,032.	257,507.	186,706.	181,649.	971,533.
2	Tax revenues levied for the	l		i	}	1	
	organization's benefit and either paid to or expended on its behalf						
_					ļ. ————	·	
3	The value of services or facilities furnished by a governmental unit to the	,					
	organization without charge						
4	- ·	180 630	165 033	257,507.	196 706	191 649	071 533
4	Total. Add lines 1 through 3	180,639.	165,032.	257,507.	186,706.	181,649.	971,533.
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	\$12.22 (10.25 (10.2			3674 721 1446767		971,533.
	on B. Total Support	The state of the s	at house transformer, and it are, and a first of	Book's the contract to children all	D. Cram Contract of the state of the	er come, deathair hert and falshanast	3,1,333.
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	180,639.	165,032.	257,507.	186,706.	181,649.	971,533.
8	Gross income from interest, dividends,						
_	payments received on securities loans,	[ '					
	rents, royalties, and income from			ļ			
	sımılar sources	1.	10.	9.	0.	0.	20.
9	Net income from unrelated business						
	activities, whether or not the business						_
	is regularly carried on	-		İ	·		
10	Other income. Do not include gain or						
	loss from the sale of capital assets	Ĭ	1				
	(Explain in Part VI.)						
11	• • • • • • • • • • • • • • • • • • • •	The said of the said of	1	起李泽珠群			971,553.
12	Gross receipts from related activities, etc	•	•			12	237,946.
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
<del></del>	organization, check this box and stop he		_ · · · ·	· ·	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2017 (line		-	1, column (t))	•	14	100 %
15	Public support percentage from 2016 Sci	•	•	 		15	100 %
IDa	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organ box and stop here. The organization qua				iu iiile 14 i5 53	5.7376 OF THOTE,	
h	331/3% support test—2016. If the organi		-	=	Sa and line 15	 is 331,0% or m	► 🗓
D	this box and <b>stop here.</b> The organization						
47-	•	•	•	=			_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part VI how the organization meets the '						
,	organization			-	Lucion qualines	as a publicly	<b>▶</b> ☐
L	10%-facts-and-circumstances test—2				v on line 12 1	60 16h 17	
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in						
	supported organization				· · · ·		<b>▶</b> □
18	Private foundation. If the organization di					k this box and	
	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.)

Secti	on A. Public Support				. <u></u>			
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose		[	[	Ĺ	Ĺ		
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the				]	]		
	organization's benefit and either paid to						_	
	or expended on its behalf 🔪							
5	The value of services or Yacılıtıes							
	furnished by a governmental unit to the	}	1	ł	l			
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3			1				
	received from disqualified persons	<u> </u>						
b	Amounts included on lines 2 and 3		•		i			
	received from other than disqualified							
	persons that exceed the greater of \$5,000		ļ	l .				
	or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b	" day the section of the	36 C 1054 89 C of 1 C 23 on	November 1950 in a State	Tarah da etal	Pre-forest Large		
8	Public support. (Subtract line 7c from line 6.)							
Socti	on B. Total Support	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Bath State State	TWO THE WALL SHOULD AND	AVE. 12. 125. 12. 12. 12.	<b>要等の際での品質と明確を乗りて</b>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	(a) 2010	(3) 2014	(6) 2013	(a) 2010	(6) 2017	(i) Total	
10a	Gross income from interest, dividends,							
104	payments received on securities loans, rents,		,	\				
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses		1		l	1 1		
	acquired after June 30, 1975						*	
С	Add lines 10a and 10b						-	
11	Net income from unrelated business							
	activities not included in line 10b, whether					[ [		
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets			}		}		
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,	-						
	and 12)		<u></u>	<u> </u>	L			
14	First five years. If the Form 990 is for the	-	n's first, secon		-	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	<u>· · /· ·</u>	. 🏲 📋	
	on C. Computation of Public Suppor			10 (0)		1451		
15	Public support percentage for 2017 (line 8		•			15	<u>%</u>	
16 Socti	Public support percentage from 2016 School D. Computation of Investment In			· · · · ·	· · · ·	1 10	<u>%</u>	
17	Investment income percentage for 2017 (			v line 13 colin	mn (fl)	17	<del>%</del>	
18	Investment income percentage for 2017 (					18	<del>%</del>	
19a	331/3% support tests—2017. If the organ							
134	17 is not more than 331/2%, check this box							
b	331/3% support tests—2016. If the organiz	-	_			_	<u></u>	
U								
20	line 18 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinat under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the acti was accomplished (such as by amendment to the organizing document).
  - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or me disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal beni from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integral supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)	- ruge <b>o</b>
	,	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	IV N-
4	Did the directors trictory or membership of one or more comported organizations have the newer to	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
٠ 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,	
<u> </u>	supervised, or controlled the supporting organization	2
Secti	on C. Type II Supporting Organizations	IV N-
1	Mars a majority of the arganization's directors or trijetoes during the tax year also a majority of the directors	Yes No
•	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).	1
Secti	on D. All Type III Supporting Organizations	·
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 17799 st 24 452 - 246 549
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	re ve can
	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.	3
Secti	on 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 i	nstructions).
а	☐ 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.	Yes No
а	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	2a
. Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
•	•	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a .
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ust on Nov. 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- Adjusted Net moonie		V 9 1 1161 1 1641	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	İ	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	ĺ	1	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1 72		
instructions for short tax year or assets held for part of year):		- 20 April 2 mg 2 100 14174 (1114 - 11 ) 2 Chairle 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	100		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	}	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	kwekwa wanisi	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	SCREEN SACRETES	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		,
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedu	ale A (Form 990 or 990-EZ) 2017			Page <b>7</b>			
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI) See instructions.						
	Total annual distributions. Add lines 1 through 6.	<del></del>					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive				
9	Distributable amount for 2017 from Section C, line 6	<u> </u>					
10	Line 8 amount divided by line 9 amount	<del> </del>					
	Line o amount divided by line 9 amount	[	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable			
	,	Excess Distributions	Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	45000 AFRESTON		· · · · ·			
2	Underdistributions, if any, for years prior to 2017						
_	(reasonable cause required—explain in Part VI) See						
	instructions						
3	Excess distributions carryover, if any, to 2017	ancesta aray		20025-005-6-00-00			
а	The Court of the Control of the Cont	<b>学等指数数数数数数</b>					
b	From 2013			<u> </u>			
С	From 2014	2788FFKnCBit	光光型制能描述特别的重要				
d	From 2015						
е	From 2016						
f	Total of lines 3a through e	Towns at 1915 1.11		readultha.			
g	Applied to underdistributions of prior years		COS. S. MILEC. TOP . J. MIL. I DOSESTA AS S. APPENDINGS				
h	Applied to 2017 distributable amount	The state of the s		F. Tanker, and a company that a tank a second secon			
i	Carryover from 2012 not applied (see instructions)	是實施 表现的现在分词使用		Commence of the control of the contr			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	TO RESILE JUST OF STREET STANDS FOR ST					
4	Distributions for 2017 from Section D, line 7:						
	Applied to underdistributions of prior years		 				
<u>a</u> b	Applied to differentiations of prior years  Applied to 2017 distributable amount		THE THE PARTY OF THE PARTY OF THE	[12][14][14][14][14][14][14][14][14][14][14			
	Remainder. Subtract lines 4a and 4b from 4.	assintations on otherward by a children					
	Remaining underdistributions for years prior to 2017, if		१९५८ - ए. इ.स. १ १८६४ हे मेर सिन्द्र सिन्द्र सिन्द्र होते है । इस स्ट्राहर				
5	any Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2017 Subtract lines 3h			Managaman Santa Mahaman da Sana (Katanan ang Mangalat dan 1974)			
Ū	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2018 Add lines 3	Committee of the commit					
	and 4c						
8	Breakdown of line 7:	and make the continue of the c					
а	Excess from 2013			HITTERSTEE			
b	Excess from 2014		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
С	Excess from 2015 .	entara de la combo	ESPANCE TO PROPERTY OF THE PRO				
d	Excess from 2016						
е	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

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.)
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·	<del></del>
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name o	or the organization	Employer Identification number
Riv	erview Community Action Corporation	25-1180251
	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	<del> </del>
	, , , , , , , , , , , , , , , , , , ,	<del> </del>
3	Aggregate value of grants from (during year) .	<del> </del>
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h	
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	t 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 (e.g., recreation or education)	f a historically important land area
	· · · · · · · · · · · · · · · · · · ·	f a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
_	•	<del>   </del>
а	Total number of conservation easements	. 2a
Ь	Total acreage restricted by conservation easements	F
С	Number of conservation easements on a certified historic structure included in (a)	. 2c
ď	Number of conservation easements included in (c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register	_2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	minated 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, ins	pection, handling of
	violations, and enforcement of the conservation easements it holds?	· 🗌 Yes 🗌 No
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
•	►\$	conservation sussmants during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170/h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · Yes · No
•		<del></del>
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	lancial statements that describes the
	organization's accounting for conservation easements.	011-01-1
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ec	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	t describes these items.
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance o
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	fii) Assets included in Form 990. Part X	<b>b</b> \$
2	If the organization received or held works of art, historical treasures, or other similar	r assets for financial dain provide the
~	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	• • •
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
ь	Assets included in Form 990, Part X	<u> </u>

Schedule	D (Form	agn)	2017	

Par	Organizations Maintaining (								
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her reco	ords, chec	k any of the	following that are	a significa	ant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	programs			
b	☐ Scholarly research		е	☐ Other	r				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII	on's collections a	ınd exp	laın how t	hey further tl	ne organization's ex	kempt pu	rpose ır	ı Part
5	During the year, did the organization s	olicit or receive	donatio	ns of art,	historical tre	asures, or other sir	mılar		
	assets to be sold to raise funds rather t	han to be mainta	ined as	part of the	e organizatio	n's collection? .		Yes [	] No
Par									
	Complete if the organization a 990, Part X, line 21.						_	on Fori	m
1a	included on Form 990, Part X?						_	Yes [	] No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the f	ollowing ta	able.				_
							Amount		
С	Beginning balance					1c			
d	Additions during the year			•		1d			
е	Distributions during the year				•	1e			
f	Ending balance					1f			
2a	Did the organization include an amount								_
	If "Yes," explain the arrangement in Par	t XIII Check here	of the e	explanation	<u>n has been p</u>	rovided on Part XIII	<u> </u>	<u>.                                    </u>	<u>]                                    </u>
Par	t V Endowment Funds.		_						
	Complete if the organization a						<del></del>		
	<u> </u>	(a) Current year	(b) Pi	or year	(c) Two years	back (d) Three years t	back (e) F	our years	back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains, and losses	<del>_</del>			_				
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses						_		
g	End of year balance							· · · -	
2	Provide the estimated percentage of the	e current vear en	d balan	ce (line 1a	, column (a))	held as:			
а	Board designated or quasi-endowment		%	` `					
b	Permanent endowment ▶	%	-	-					
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c		00%.						
3a	Are there endowment funds not in the organization by:	•		ızatıon tha	at are held a	nd administered for	the	Yes	No
	(i) unrelated organizations						3a	<del></del>	
	(ii) related organizations						. 3a(	$\overline{}$	
b	If "Yes" on line 3a(ii), are the related org		as requ	red on So	chedule R?		31		
4	Describe in Part XIII the intended uses of								
Part		<del></del>							
	Complete if the organization a		on Fo	rm 990, f	Part IV, line	11a. See Form 99	0. Part	X. line 1	10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	or other basis ther)	(c) Accumulated depreciation	<del></del>	Book value	
1a	Land			†	15,844.		<del>                                     </del>	15,8	44.
b	Buildings			<del></del>	99,323.	307,414.	<u> </u>	291,9	
c	Leasehold improvements			<del>                                     </del>			<del>                                     </del>		<del></del> -
d	Equipment	<u> </u>		1	47,463.	114,016.	<del> </del>	33,4	47
e	Other			1			<del> </del>		<del></del> -
	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99	00. Part	X. column	(B), line 10c	)	1	341,2	00.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description stream of security of the program and of security)  (ii) Financial derivatives  (2) Closely-held equity interests  (3) Other  (A)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9	Part VII	Investments—Other Securities		OC	00 Dart IV Iv	116	Cas Farm	. 000 D	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						T Tb			
	•		,	l fi	b) Book value	İ			
	(1) Financial	derivatives							
(3) Other   (A)   (B)   (B)   (C)									
G    G    G    G    G    G    G    G	(3) Other					1			
Co   Co   Co   Co   Co   Co   Co   Co	(A)	-					•		
(5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(B)								
Fig.									
Fig.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value									
Gi						↓			
Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   Complete   State   State   Complete   State   State   Complete   State						ļ			
Total, Column (b) must equal form 990, Part X, col (B) line 12) ►						ļ			
Investments						1 ( 0 4 )	81 11 57	too the above rates a	er to tal to temperate
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation			<del> </del>	Ĺ. <u>.</u>		#1977		14 14 14 14 14 14 17 17 18 18	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VIII			00	0 D- + N/ L-		0	000 D- 4	V 1 - 40
Cost or end-of-year market value			wered "Yes" on For			e 11c.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Must equal Form 990, Part X, col (8) line 13) ▶ (10) Description (10) Descripti		(a) Description of investment		(E	) Book value	1			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					<u> </u>	-			
(9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶    (a) Description   (b) Book value			· · · · · · · · · · · · · · · · · · ·		<del></del> -	-	<del></del>		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Line of Credit 79,000. (3) (4) (5) (6) (7) (8) (9) (9)									<del></del>
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(f) (8) (9) (9) (9) (10) must equal Form 990, Part X, col (B) line 13) ▶ (10) Book value (10) (10) Book value (11) (2) (3) (4) (5) (6) (9) (9) (10) Book value (11) (12) (13) (14) (15) (15) (15) (16) Book value (17) (17) (18) (19) Book value (17) (18) (19) Book value (1						<del> </del>		······································	
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Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		n) must equal Form 990. Part X. col. (B) line 13.)				roev	MOIA CONTINUE	Gran Heart	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Line of Credit 79,000. (3) (4) (5) (6) (7) (8) (9)		<u> </u>				256.384 (1) (etc.)	Butterly, room 1 - word Add the	1998 #100 CALL NO. 11 4 1 , 1819, 15	and the second of the second o
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Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Line of Credit									<del></del>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Line of Credit (79,000.)  (3) (4) (5) (6) (7) (8) (9)			ol. (B) line 15.)		<u> </u>	<u> </u>	<u> </u>		
Ine 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Line of Credit 79,000.  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Part X		_					_	
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) Line of Credit       79,000.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)		· -	wered "Yes" on For	m 99	0, Part IV, lin	e 11e	or 11f. See	e Form 990	0, Part X,
(1) Federal income taxes (2) Line of Credit 79,000. (3) (4) (5) (6) (7) (8) (9)					Le contra mora el como do c				eriative a common and
(2) Line of Credit 79,000. (3) (4) (5) (6) (7) (8) (9)			(b) Book value						
(3) (4) (5) (6) (7) (8) (9)	<del></del>								
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		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
roun (comming) most education soot at vice (c) me ea / ト		must equal Form 990 Part Y col (R) line 25 1	70 0	100					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<u> </u>			the organization	<u>ษณิบันได้</u> n's finar	<u>arev avtateren</u> ncial stateme	nts that rec	nds the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	225 065
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			225,065.
	Net unrealized gains (losses) on investments	2a		
a	Donated services and use of facilities	2b		
b		2c		
٦ 0	Recoveries of prior year grants	2d		
d			2e	
e			3	225 065
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		225,065.
4		40	16 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
. а	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	₫, i' rg	
b	Other (Describe in Part XIII )	40	ili knij	
с 5	Add lines <b>4a</b> and <b>4b</b>	 121	4c   5	205 065
				225,065.
Part	Complete if the organization answered "Yes" on Form 990, I			1.
1	Total expenses and losses per audited financial statements		1	275,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	San Alle	
c	Other losses	2c	the second	
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	275,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	(*************************************	
b	Other (Describe in Part XIII )	4b	Helitale in	
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	275,035.
Part		<del></del>	·	
2, Pari	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		·	
-				
-				
	·			
	······································			
				•••••••••••••••••••••••••••••••••••••••
<b></b>				

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

## 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.

2017

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Riverview Community Action Corporation	25-1180251				
Pt VI, Line 11b: The completed form 990 is reviewed for accuracy by the Director					
and a member of the Board before filing with the IRS.					
Pt VI, Line 12c: Board members are required to sign a written statement regarding					
the Organization's conflict of interest policy and disclose conflicts of interest					
to the Organization.					
Pt VI, Line 15a: The salary of the Director is reviewed and approved by the					
Board of the Organization. Comparability data is considered in the determination					
of the Director's salary and documentation of the Board's review and approval					
is substantiated by formal action in the minutes of the Board.					
Pt VI, Line 19: The Organization makes its governing documents, conflict of					
interest policy and financial statements available to the public upon request.					
······································	······································				