Internal Revenue Service

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

lacktriangle Do not enter social security numbers on this form as it may be made public.

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

Open to Rublic

2017

<u>A</u>	For the	2017 calend	lar year, or ta	ax year begin	ning			, 2017, and	endin	9		, 20
В	Check if	applicable	C Name of org	anization RIVI	ERVIEW SCHO	OL INC					D	Employer Identification no.
	Address	change	Doing busin	ess as				· <del></del>			6:	1-0603004
	Name cha	enge	Number and	street (or PO bo	ox if mail is not delivere	ed to street address)			Roc	m/suite		Telephone number
	Initial retu	ım.	133 SC	OUTH WATE	R ST							270) 827-3674
	Final retu	rn/terminated	City or town	, state or province	e, country, and ZIP or f	oreign postal code				·	$\overline{}$	Gross receipts
	Amended	l retum	HENDER	RSON, KY	42420						1	s 138,623
	Application	on pending		ddress of principa		CCA BROWN			1	(a) is this a group :		· · · · · · · · · · · · · · · · · · ·
_			1	AS C ABOV				$\sim 0$		i(b) Are all subor		
ı	Tax-exem	pt status	501(c)(3)	501(c) (	) <b>《</b> (insert no )	4947(a)(1) or		<sub>27</sub> (1 1/ )				t (see instructions)
	Website:	▶ N/A	<u></u>		, , , , , , , , , , , , , , , , , , , ,	î		111	┨,	I(c) Group exer		
 К			Corporation	Trust Ass	sociation Other	<b>&gt;</b>		Year of formation	1953			
P.a	rt I	Summar		<u></u>		<del></del>		TODAY OF TOTAL CONT	1,00	iii Otato	or logal do	TIL
	1		•	zation's miss	ion or most signifi	icant activities:	EDUC	ATION FOR	SPEC	TAT. NEED	S CHT	TOPEN
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Governance	2	Check this b	ox ▶ ☐ if th	e organization	n discontinued its	operations or dis	oosed of	more than 25%	of its i	net assets		
ŏ	3		_	-	ming body (Part \	•					3	13
න් ග	4					g body (Part VI, III				· · · · · ·	4	
Activities &	5				-	017 (Part V, line 2					5	13
ξ	6			s (estimate if	•	717 (Fait V, iiile 2	•				6	9
¥	- 1			•	• •	(C), line 12					7a	
					from Form 990 <u>-</u> I	• • •					7b	0
	<del>  -</del>	ivet dillelate	J DUSITIESS LA	Xable illcolle	HOIN FOILI 990 <u>-1</u>	RECEI	<del>/ED</del>		<del></del>		76	0
	8	Contributions	e and grante (	(Part VIII, line	16)	TILULI	V L D	၂၀)	<del></del>	Prior Year	047	Current Year
<u>a</u>	9	Program our	s and grants (	(Post VIII, line	2g) · · · · · · ·	May -					247	15,882
Ę							· 2018 ·	<u> </u>		52	687	53,246
Revenue	10				4), lines 3, 4, and			그뜨			379	497
<u>ac</u>	11				nes 5, 6d, 8c, 9c,	/ W = 1 1 = 1 \	III III				925	68,998
	12				must equal Part		1e-12)			158	,238	138,623
	13				IX, column (A), lin	•						0
	14	-		•		4)						0
SS.	15	•			•	K, column (A), line	.,			124	928	130,711
Expenses	1		•	• •	. ,.	1e) · · · · ·				in the same of		0
ğ.			•	•	umn (D), line 25)			0	- 5.4-1	The same of the sa		1. 经金融基本
Ш	17	-	•	, ,	nes 11a-11d, 11f-2	•				45	793	43,908
	18	-		•	•	lumn (A), line 25)				170,		174,619
	19	Revenue les	s expenses	Subtract line	18 from line 12	<u> </u>	• • • •			(12)	483)	(35,996
Net Assets or									Begin	ning of Current	Year	End of Year
Set	20	Total assets	(Part X, line 1	.6)	• • • • • • • •			• • • • • • •		408,	303	374,027
T As	일 21	Total liabilitie	s (Part X, line	26)				• • • • • • •		1,	058	531
ž,	22			es Subtract i	line 21 from line 2	20	<u> </u>			407,	245	373,496
	rt II		re Block				<del>(</del>					
Und	er penaltic , correct, a	es of perjury, I dec and complete Dec	lare that I have e claration of prepa	examined this returned than of	ırn, ıncluding accompa ticer) is based on all ir	anying schedules and a aformation of which pre	statements, epater has	, and to the best of m any knowledge	y knowle	edge and belief, i	t is	
					1/22	<u> </u>	<del>')</del>	· · · · · · · · · · · · · · · · · · ·			T	
Sig	_		Y PERKIN	\$			<u> </u>					05-01-2018
_		Signatur	e of officer								Date	1 2 2 1
Heı	re	_	Y PERKINS		JRER						<u> </u>	4-2018
		Type or I	print name and tit	ile	····		<del></del>					- · ·
		Print/Type pre	parer's name		Preparer's signature	Culley		Date		Check	if PTIN	1
Pai		SANDRA	CULLEY	<del></del>	Danse	unces	t	5-03-2018		self-employe	d	
	parer		<u> </u>	SANDRA C	ULLEY		_		Firm	's EIN ▶		
Use	e Only	Firm's address	5 ▶	219 TART	AN DRIVE					ne no		
				HENDERSC	N KY 42420					27	0-860	7-6443
Иа∨	the IRS	discuss this	return with the	e preparer sh	own above? (see	instructions) .						· · X Yes No

Form 990 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Check if Schedule C contains a response or note to any line in this Part III  British-describe the originarization mission  EDUCATION FOR SPECIAL NEEDS CHILDREN    Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 990-E27  If "Yes," describe these new services on Schedule O  If the organization coses conducting, or make significant changes in how it conducts, any program services or in the organization special services or Schedule O  Obesidine the organization spring miserive security or services the section 90 (C)(3) and 501((3)) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviewure, flarly, for each program services program services, as measured by expenses Section 90 (Expenses S 174,588 including grants of S ) (Revenue \$ 138,622 )  INFANT STINULATION PROGRAMS FOR PRE SCHOOL CHILDREN MITH SPECIAL NEEDS  46 (Code) (Expenses S	Pa	rt III   Statement of Program Service Accomplishments
British, describe the organization undertake any significant program services during the year which were not listed on the prior form 950 or 980-E27		Check if Schedule O contains a response or note to any line in this Part III
2 Did the organization underfake any significant program services during the year which were not safed on the pnor Form 990 or 990-E2?	1	
pnor Form 990 or 990-EZ?	•	EDUCATION FOR SPECIAL NEEDS CHILDREN
prior Form 990 or 990-EZ?		
pnor Form 990 or 990-EZ?		
pnor Form 990 or 990-EZ?		
If "Yes," describe these new services on Schedule O  Dot the organization cease conducting, or make significant changes in how at conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code	2	
3 Dot the organization cease conducting, or make significant changes in how it conducts, any program services?    Yes   No   11 Yes   No   No   No   No   No   No   No   N		<del>-</del>
services?	2	
If "Yes." describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code) (Expenses \$	3	
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expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code) (Expenses \$	4	
the total expenses, and revenue, if any, for each program service reported  4a (Code) (Expenses \$	•	
4a (Code) (Expenses \$		
TINFANT STIMULATION PROGRAMS FOR PRE SCHOOL CHILDREN WITH SPECIAL NEEDS		
TINFANT STIMULATION PROGRAMS FOR PRE SCHOOL CHILDREN WITH SPECIAL NEEDS	4a	(Code ) (Expenses \$ 174,588 including grants of \$ ) (Revenue \$ 138,622 )
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4c (Code) (Expenses \$		
4c (Code) (Expenses \$	4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d Other program services (Describe in Schedule O )		
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4d Other program services (Describe in Schedule O )	4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	4-1	Other asserted agrees (December in Schodule O.)
	40	
4e Total program service expenses 174,588	4e	

orm	990	(2017)	۱

RIVERVIEW SCHOOL INC

61-0603004 Aege

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 2 Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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 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. 5 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 Х 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 R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Х 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a X b Did the organization report ain 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 χ c Did the organization report ain 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 Х d Did the organization report ain amount for other assets in Part X, line 15 that is 5% or more of its total assets e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "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 14a 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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 

Part IV

Checklist of Required Schedules (continued)

Yes No 20a 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ........... 21 Х 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 Х 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 23 Х 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 Х b 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 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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 pnor Forms 990 or 990-EZ? 25b Х 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 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form	990 (2017) RIVERVIEW SCHOOL INC	61-0603004	P	age 5
Par	rt 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	<u></u>		
	•		Yes	No
1a '	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<u>1c</u>	X	L
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	<u> </u>	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<del> </del>	
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	
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		}	.,,
	and services provided to the payor?		-	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	· · · · · · · · 7c	<del> </del>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		l ;
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Out the organization during the years are premiumed directly or indirectly, an a personal benefit contract?			X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? •••••	<del></del>	+	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	ired? 7g	+	Х
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  On a resulting a resistance resistance and including the property of the contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		+	├^
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
	sponsoring organization have excess business holdings at any time during the year?		<del> </del>	<del>  ^</del>
9	Sponsoring organizations maintaining donor advised funds.	9a		x
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	+	X
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	+	<u> </u>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a		<del></del>		
b				
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a	Gross income from members or shareholders			
b	against amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124	+	
b 12				
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	+	
а	Note. See the instructions for additional information the organization must report on Schedule O	134	<del> </del>	<del>                                     </del>
_	Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans	1	1	
	the organization is licensed to issue qualified health plans			
b c 14a	the organization is licensed to issue qualified health plans	14a	-	

Form 990 (2017) RIVERVIEW SCHOOL INC 61-0603004 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 13 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. Enter the number of voting members included in line 1a, above, who are independent 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? 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? Χ Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Х 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done .,,................... 13 Х Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization 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 16a 16a X 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 organization's exempt status with respect to such arrangements? Section C. Disclosure Kentucky 17 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 (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

Form 990 (2017)

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financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

CULLEY ACCOUNTING (270)860-6473, 219 TARTAN DRIVE, HENDERSON, KY 42420

Form 990 (201			61-0603004	Page
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest (	Compensated Employe	es, an

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

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

#### 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

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

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

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation from amount of eek (list any compensation hours for organizations (W-2/1099-MISC) Individual trustee or director related Institutional Key employee organization from the lighest comp organizations (W-2/1099-MISC) organization below dotted and related organizations 1.00 (1) CONNIE FLINT MAYS Χ 0 DIRECTOR (2) BARBARA DURHAM X 0 0 SECRETARY (3) VIVIAN TOMBLIN DIRECTOR 0 ٥ (4) CHRIS JOHNSTON \_ 1 .00\_ Χ DIRECTOR 0 0 (5) MIKE WILKERSON 0 0 DIRECTOR \_ 1.00 (6) MAC GRACE Х 0 0 0 DIRECTOR (7) KATHY MATHIS \_ 1 .00 Х O 0 DIRECTOR \_ 1 .00 (8) DAPHNE PARKER Х 0 0 DIRECTOR (9) PAULANNE STONE Χ 0 DIRECTOR 0 0 (10)KENNY PERKINS \_ 5.00 Χ 0 ٥ 0 TREASURER (11) REBECCA BROWN \_ 5.00 Х 0 0 PRESIDENT 0 (12)BETH\_GRACE\_\_\_\_ 1.00 VICE PRESIDENT Х 0 0 (14)

• (A) • Name and title	(B) Average hours per week (list any	box, t	ınless	pers	tion ore th	an one both an trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related		(F) stimated nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or <sub>l</sub> ar	pensati from the ganization d relate anization	on d
<u>(15)</u>					_}							
(16)					1							
<u>(17)</u>												
(18)												
<u>(19)</u>							Ì	<del></del>				
(20)												
(21)				-				<del></del>				
(22)										<u> </u>		
(23)			-									
(24)					Ì						••	
(25)												
1b Sub-total	on A					• • •	•	0	0			
2 Total number of individuals (including but not limited					_		_			J		
reportable compensation from the organization									0		Yes	No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J					-			ensated		3	-	X
4 For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio										!
organization and related organizations greater than sindividual										4		X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," c			-			_		n or individual		5		X
Section B. Independent Contractors	omplete och	aune c	7 101	3001	i pei	3011						
Complete this table for your five highest compensate compensation from the organization Report compensation year												Ü
(A) Name and business address								(B) Description of	services		(C) ensatio	n
					_							
Total number of independent contractors (including be received more than \$100,000 of compensation from			se li	sted	abo	ve) wł	10					

	,	Check if Schedule O contain		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns · · ·	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues · · · · ·	1b					
S, G	С	Fundraising events · · · ·	1c	8,882				
Sift lar	d	Related organizations	1d			1		
inii inii	е	Government grants (contribution	ons) · · 1e	7,000				
tior er S	f	All other contributions, gifts, gr	ants,	T				
휼흏		and similar amounts not include	led above 1f					
g g	g	Noncash contributions include	d in lines 1a-1f <sup>-</sup> \$					
ပေဖ	h	Total. Add lines 1a-1f · ·	<u> </u>		15,882			
				Business Code				
en u	2a	EDE SPECIAL NEEDS CH	HILD	611600	53,246	53,246		
<b>8</b> 6€	b							
92	С							
8	d					·		
E S	е							
Program Service Revenue	f	All other program service reven	ue · · · · · ·					
<u> </u>	g	Total. Add lines 2a-2f · · ·			53,246			
	3	Investment income (including d						}
		and other similar amounts) .			497	497		
	4	Income from investment of tax-	exempt bond proc	eeds · · · ▶				
	5	Royalties		· · · · · • •				
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses · · · ·				:		
		Rental income or (loss) · · ·						
	d	Net rental income or (loss) ·						
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses · · · ·						
		Gain or (loss) · · · · · ·		ــــــــــــــــــــــــــــــــــــــ				-
m		Net gain or (loss) · · · · ·						
une	8a	Gross income from fundraising						
ě		events (not including \$	8,882					
Ř		of contributions reported on line	•					
Other Rever		See Part IV, line 18 · · · · ·						
0	1	Less direct expenses · · ·						
	1	Net income or (loss) from fundr	-					-
	9a	Gross income from gaming acti						
	l .	See Part IV, line 19 · · · · ·						
		Less direct expenses · · ·						
		Net income or (loss) from gami	ng activities • •					_
	10a	Gross sales of inventory, less returns and allowances · · ·						1
		Less. cost of goods sold · · · Net income or (loss) from sales			<del> </del>	1		1
	⊢ٿ	Miscellaneous Revenue	Ormitemory .	Business Code	<del>                                     </del>	<del></del>	<del> </del>	<del> </del>
	112	EDU SPECIAL NEEDS CI	HTLD	611600	68,998	68,998		†
	Б			011000	33,338	00,330		<del>                                     </del>
		-						<u> </u>
	1 *	All other revenue · · · · ·						
		Total. Add lines 11a-11d			68,998			
		Total revenue. See instructions			138,623	122,741	0	)

#### Part IX | Statement of Functional Expenses

	TE IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all col				
	Check if Schedule O contains a response or note to a		<del></del>	(0)	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	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	Benefits paid to or for members		<u>-</u>		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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 salanes and wages	115,484	115,484		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits				
10	Payroll taxes	15,227	15,227		
11	Fees for services (non-employees)				
а	Management				
b	Legal				<u> </u>
C	Accounting	2,860		2,860	
d	Lobbying				
0	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion	25		25	
13	Office expenses	948		948	
14	Information technology	712		712	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,931	9,931		
23	Insurance	4,322	4,322		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	GROCERIES AND SUPPLIES	18,861	18,861		
b	STAFF TRAINING	1,654	1,654		
c	REPAIR AND MAINTENANCE	1,406	1,406		
d	LICENCES & FEES	15	15		
е	All other expenses	3,174	3,174		
25	Total functional expenses. Add lines 1 through 24e	174,619	170,074	4,545	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	1	ł	1	
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	73,447	1	45,904
	2	Savings and temporary cash investments	107,393	2	107,397
	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	-		
		trustees, key employees, and highest compensated employees			,
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	<u>-</u> <u>-</u>		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
<b>(D</b>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,173	9	1,319
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 428, 922			!
	ь	Less accumulated depreciation · · · · · · · · · · · · 10b 223,268	213,337	10c	205,654
	11	Investments - publicly traded securities	12,953	11	13,753
	12	Investments - other securities See Part IV, line 11		12	207,00
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	408,303	16	374,027
	17	Accounts payable and accrued expenses		17	531
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			i l
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons Complete Part II of Schedule L	-	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties	,	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,058	25	
	26	Total liabilities. Add lines 17 through 25	1,058	26	531
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
ès		complete lines 27 through 29, and lines 33 and 34.			i
au	27	Unrestricted net assets	407,245	27	373,496
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	· · · · · · · · · · · · · · · · · · ·		
ŏ		complete lines 30 through 34.			 
ets	30	Capital stock or trust principal, or current funds		30	_ 1
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	407,245	33	373,496
	34	Total liabilities and net assets/fund balances	408,303	34	374,027

	990 (2017) RIVERVIEW SCHOOL INC	61-06	03004	<u> </u>	Pa	age 12
Pai	rt 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		1	38,6	523
2.	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	74,6	519
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(	35,9	96)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		4	07,2	245
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		3	71,2	249
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u>.                                     </u>
			-		Yes	No
1	Accounting method used to prepare the Form 990		1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ĺ			1
	Schedule O			]	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		$\cdots$	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both		ŀ			
	Separate basis Consolidated basis Both consolidated and separate basis				_	
b	Were the organization's financial statements audited by an independent accountant?	• • • •	• • •	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both			ŀ		·
	Separate basis Consolidated basis Both consolidated and separate basis					ı
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ļ			L
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	$\cdots$	2c		<b></b>
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ		
	the Single Audit Act and OMB Circular A-133?	• • • •	$\cdots$	3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ŀ		
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits		- 1	3h		ı

Form 990 (2017)

EEA

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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 Name of the organization RIVERVIEW SCHOOL INC 61-0603004 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d \_\_\_\_ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

(I) Name of supported organization	(6) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		organization or governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
A)							
3)						<del>-</del> -,	
C)							
D)							
≣)							
otal							

Schedule A (Form 990 or 990-EZ) 2017 RIVERVIEW SCHOOL INC Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under . Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 · · Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (b) 2012 (d) 2016 (e) 2017 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . . 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not/check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Scher	dule A (Form 990 or 990-EZ) 2017 RIVE	RVIEW SCHOOL	. TNC			61-0603004	Page 3
	irt III Support Schedule for Org	anizations De	escribed in Se	ction 509(a)(2	2)	02 000000	\
	(Complete only if you check					to qualify under	Part II.
	If the organization fails to q						
Sec	ction A. Public Support	1	<del>- 10010 #0100 0</del>	olow, ploado ol	omproto i art ii	·/	<del></del>
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)/Total
		(a) 2013	(b) 2014	(6) 2013	(u) 2010	(0) 2017	(1)/1 Olai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •		1				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		1				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			\ /			
8	Public support. (Subtract line 7c from line 6 )			X	,		
Sec	ction B. Total Support					<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6				· ``.	, , , , , , , , , , , , , , , , , , , ,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			•			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)						
	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗍
Sec	ction C. Computation of Public/Su	<del>·· · · · · · · · · · · · · · · · · · ·</del>	<del></del>				
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by	line 13, column (f	)		15	%
16_	Public support percentage from 2016 Schedu			<u></u>	<del></del>	16	%
Se	ction D. Computation of Investmen	nt Income Per	rcentage				
17	Investment income percentage for 2017 (line			umn (f))		17	. %
18	Investment income percentage from 2016 Sci					18	%
19a	33 1/3% support tests - 2017. If the organiza	ation did not check and <b>stop here.</b> The	the box on line 14, e organization quali	and line 15 is more fies as a publicly su	e than 33 1/3%, and upported organizati	d line on · · · · ·	
b	33 1/3% support tests - 2016. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check oox and stop here.	a box on line 14 or The organization	line 19a, and line 1 qualifies as a public	l6 is more than 33 ly supported organ	1/3%, and	
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, cneck this box and	see instructions		· · · · • L

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	rt V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a				
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	}		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
٥-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<b> </b>	-	_
Ja	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
<b>L</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	-	
b	the supporting organization had an interest? If "Yes," provide detail in Part VI	9ь		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	"		
G	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	50	<del>   </del>	
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
.,	determine whether the organization had excess business holdings.)	10ь		
	actorismo motorismo organization mad execute administration motorismo motorismo made and a contraction made execute and a co			

	rt IV Supporting Organizations (continued)  1016 A (Form 990 or 990-EZ) 2017 RIVERVIEW SCHOOL INC 61-0603004		Р	age
Га	Supporting Organizations (continued)	<del></del>	Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?	$\overline{}$	,03	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ı
	below, the governing body of a supported organization?	11a		ı
ь	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		
	tion B. Type I Supporting Organizations			
			Yes	N
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			ı
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ı
	controlled the organization's activities. If the organization had more than one supported organization,			ı
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ı
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ı
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ı
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ı
	supervised, or controlled the supporting organization	2	1	ı
Sec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ı
	or management of the supporting organization was vested in the same persons that controlled or managed			ı
	the supported organization(s).	1		ı
Sec	tion D. All Type III Supporting Organizations		··	
			Yes	N
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	struc	tions	).
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 i	nstruc	tior
2	Activities Test. Answer (a) and (b) below.		Yes	N
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		<u> </u>	
	that these activities constituted substantially all of its activities.	2a	[	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	Ì	
3	Parent of Supported Organizations Answer (a) and (b) below.			
-	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	·	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Ves." describe in Part VI the mile played by the organization in this ground	3b	'	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expl	ain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ons A through E					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3.	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or	-11							
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year)								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other								
factors (explain in detail in Part VI)								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d	3							
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,								
see instructions).	4		1					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by 035	6							
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1.	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or line 3	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to								
emergency temporary reduction (see instructions).	6							
7 Check here if the current year is the organization's first as a non-functional	y-integr	ated Type III supporting	ng organization (see					
instructions).	instructions).							

	t V Type III Non-Functionally Integrated 509(a)(	2\	61-060	03004 Page 7
	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organi	zations (continued)	O
	Amounts paid to supported organizations to accomplish exe	mot numero		Current Year
	Amounts paid to perform activity that directly furthers exemp			<del></del>
•	organizations, in excess of income from activity	or burboses or supported		
3	Administrative expenses paid to accomplish exempt purpos	on of ourported evention	4:	<del></del>
	Amounts paid to acquire exempt-use assets	es or supported organiza	lions	<del></del>
	Qualified set-aside amounts (prior IRS approval required)	<u></u>		<del></del>
	Other distributions (describe in Part VI) See instructions			<del></del>
	Total annual distributions. Add lines 1 through 6			<del> </del>
	Distributions to attentive supported organizations to which the	o organization is recons	oh o	
Ŭ	(provide details in Part VI) See instructions.	ie organization is respon	sive	
9	Distributable amount for 2017 from Section C, line 6			<del></del>
	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	
	Elife of amount divided by Elife 3 amount		(ii)	
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			······································
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			- 1
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			· · · · · · · · · · · · · · · · · · ·
d	From 2015		:	
е	From 2016			1
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f			
4	Distributions for 2017 from			
	Section D, line 7: \$			1
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			•
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c			
	Breakdown of line 7:			
	Excess from 2013 · · · ·			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			

e Excess from 2017

## SCHEDULE D (Form 990)

**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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public (

Name	of the organization		Employer identification number		
RIV	VERVIEW SCHOOL INC		61-0603004		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accour	nts.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised			
	funds are the organization's property, subject to the organization's exclusive legal control?		· · · · · · · · · · · · · · · Yes · · No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund				
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o				
	conferring impermissible private benefit?	• •	· · · · · · · · · · · · · · · · · · ·		
Pa	rt II Conservation Easements.				
٠	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply)				
-		on of a historically	important land area		
		on of a certified his	'		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a cone	envation		
-	easement on the last day of the tax year	the form of a cons	Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic structure included in (a)				
C C			26		
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 termina	ated by the organiz	ation during the		
	tax year				
4	Number of states where property subject to conservation easement is located	ndling of			
5	Does the organization have a written policy regarding the penodic monitoring, inspection, har	_			
_					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	cing conservation	easements during the year		
-	Annual of control of the control of		and the state of the state of		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation ease	ements during the year		
•		h - m 470/h)/4)/D)	45		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	ai statements that o	describes the		
Day	organization's accounting for conservation easements  rt III   Organizations Maintaining Collections of Art, Historical Trea	SUFOS OF Oth	or Similar Assats		
rai			er Sillilar Assets.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line		<del> </del>		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven				
	works of art, historical treasures, or other similar assets held for public exhibition, education,				
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s				
	works of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furt	herance of		
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for	or financial gain, pi	rovide the		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X	<del></del>	···· <b>&gt;</b> \$		

Sched	ule D (Form 990) 2017 RIVERVIEW SCHOO				61-060		Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or	Other Similar As	sets (cor	ntınued)
3	Using the organization's acquisition, accession, a	and other records, ch	neck any of the follo	wing that are a si	gnificant use of its	_	
	collection items (check all that apply)		•	· ·			
а	Public exhibition	d ∏ Loa	n or exchange prog	rams			
b	Scholarly research	=	er				
c	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain how	w they further the or	rganization's exer	not ouroose in Part		
•	XIII	tions and explain no	in they farther the of	gameations	inpriparpood in rain		
5	During the year, did the organization solicit or rec	ceive donations of ar	t historical treasure	e or other similar			
•	assets to be sold to raise funds rather than to be					Пу	es $\square$ No
Pai	rt IV Escrow and Custodial Arrang		or the organizations	00110000111			<u> </u>
	Complete if the organization ar		n Form 990 Pa	ort IV line 9 o	r reported an amo	unt on Fo	orm
	990, Part X, line 21.	.55	.,,, 0,,,,, 000,, , 0		. roportou air airio		
1a	Is the organization an agent, trustee, custodian of	or other intermedian	for contributions or	other assets not			
14					. <b></b>	Пү	es No
<b>b</b>	If "Yes," explain the arrangement in Part XIII and					ш.	65 🗀
b	ii tes, explain the arrangement in Fart Ain and	complete the following	ng table		Λ.	nount	<del></del>
_	Beginning balance					iiouiii.	<del></del>
C	Beginning balance						
d							
9	Distributions during the year  Ending balance						
f	•						/
2a	Did the organization include an amount on Form				•	_	=
	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explai	nation has been pro	vided on Part XIII	<u> </u>	• • • • •	· · · <u>      </u>
Pa	rt V Endowment Funds.	anned IIVaalla	- Far- 000 Ba	art IV June 10			
	Complete if the organization ar	iswered tes o	n Form 990, Pa		<del></del>		<del></del>
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Four	years back
1a	Beginning of year balance						
b	Contributions		<del></del>	<u> </u>			
С	Net investment earnings, gains, and						
	losses						····
d	Grants or scholarships · · · · · · · · · ·						
0	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance			<u> </u>			
2	Provide the estimated percentage of the current		ne 1g, column (a)) h	neld as			
а	Board designated or quasi-endowment	%					
b	Permanent endowment • %						
C	Temporanily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should	equal 100%					
3a	Are there endowment funds not in the possession	n of the organization	that are held and a	administered for th	ne		
	organization by						Yes No
	(i) unrelated organizations · · · · · · ·					. 3a(i)	
	(ii) related organizations					· 3a(ii)	
ь	If "Yes" on 3a(II), are the related organizations lis	sted as required on S	Schedule R? .			. 3b	
4	Describe in Part XIII the intended uses of the org	ganization's endowm	ent funds				
Pa	rt VI Land, Buildings, and Equipm	ent.				<u></u>	
	Complete if the organization ar	nswered "Yes" o	n Form 990, Pa	art IV, line 11a	. See Form 990, P	art X, line	e 10.
	Description of property	(a) Cost or oth	er basis (b) Cos	t or other basis	(c) Accumulated	(d) Boo	k value
		(investm	ent)	(other)	depreciation		
1a	Land			24,274			24,274
b	Buildings			335,302	223,268		12,034
' C	Leasehold improvements						
d	Equipment			69,346			69,346
6	Other			1			
	I Add lines 1a through 1e (Column (d) must equ		column (B), line 10	(c) · · · ·			205,654

RIVERVIEW SCHOOL INC Schedule D (Form 990) 2017 61-0603004 Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (a) Description of security or category (c) Method of valuation (including name of security) Cost or end-of-year market value (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation Cost or end-of-year market value (1)(2) (3) (4) (5) (6)(7) (8) (9)  $\blacktriangleright$ Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (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	(1	) Book value
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column )	(b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	

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

	dule D (Form 990) 2017 RIVERVIEW SCHOOL INC	61-0603004	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	
2.			
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c	Recovenes of prior year grants	┥ !	
-		-	
d	Other (Describe in Part XIII )	-	
е		2e	<del></del>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	
2	Total deponded and redded per addition interior distribution	<b>'</b>	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
þ	Prior year adjustments	4	
C	Other losses	_	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2ө	
3	Subtract line 2e from line 1	3	
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		
ь	Other (Describe in Part XIII )	7	
c	Add lines 4a and 4b	- 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	irt XIII   Supplemental Information.	<u> </u>	
		-t V	
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa	IT A, IIIIe	
2, Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		·	

EEA

Schedule D (Form 990) 2017

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

Department of the Treasury

Internal Revenue Service

**Schools** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer Identification number RIVERVIEW SCHOOL INC 61-0603004 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II 3 Х Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х b Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х 4d X d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to Х Students' rights or privileges? 5a 5b Х Employment of faculty or administrative staff? . . . . . 5c Х Scholarships or other financial assistance? . . 5d Χ Х Χ Use of facilities? . . 5g X Х If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? 6a Χ Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through

4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

•			(-/	(4, 2.02	(0, 24 3 3 3 3 3 3	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
œ	3	Less Contributions Gross income (line 1 minus line 2)			,	
		1110 27				· · · · · · · · · · · · · · · · · · ·
	4	Cash prizes · · · · · · · · ·				
	5	Noncash prizes				
uses	6	Rent/facility costs - · · · · · ·				
Direct Expenses	7	Food and beverages · · · · · ·				
Direc	8	Entertainment				
	9	Other direct expenses		·		
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary Subtract line			<u> ▶</u>	
Pa	ırt	·	=	'Yes" on Form 990, Par	t IV, line 19, or reported	more
	F	than \$15,000 on Form 990	)-EZ, line 6a	<del></del>	<del></del>	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes • • • • • • • • • • • • • • • • • • •				
id Ext	4	Rent/facility costs				
٥		Nethbridolity dosts	······································			
	5	Other direct expenses				
	6	Volunteer labor • • • • • • • • • • • • • • • • •	☐ Yes %	☐ No %	☐ Yes % ☐ No	
	7	Direct expense summary Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	nn (d)	<i>.</i>	
9 a	Is	nter the state(s) in which the organizati the organization licensed to conduct g "No," explain		these states?		· · · · 📗 Yes 📗 No
		ere any of the organization's gaming h			ах уеаг?	Yes No
	, <sub>II</sub>	Too, Capitali				

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

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Department of the Treesury Internal Revenue Service Name of the Organization Open to Public Inspection

						• •	muncation number
RIVERVIEW SCHOOL INC	- 01-4- 4	41		( 1057 - 10		61-06	03004
Part I Fundraising Activities				swered "Yes" on	Form 99	00, Part IV	, line 17
Form 990-EZ filers are no							
1 Indicate whether the organization raise	sed funds through						
a 🔲 Mail solicitations		е 🗌	Solicitation (	of non-government gr	ants		
b Internet and email solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitations		gΠ	Special fund	draising events			
d In-person solicitations							
2a Did the organization have a written o	r oral agreement y	with any indiv	udual (includi	na officers directors	truetaae		
or key employees listed in Form 990,						П v	
						Y(	
b If "Yes," list the 10 highest paid indivi-		unuraisers) p	oursuant to a	greements under whic	in the tunar	alser is to be	
compensated at least \$5,000 by the	organization						
	+					<u>-</u>	· · · · · · · · · · · · · · · · · · ·
(I) Name and address of individual			draiser have	(iv) Gross receipts		unt paid to	(vI) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of	from activity		ained by) er listed in	(or retained by)
<del></del>		contri	outions?			) (I)	organization
		Yes	No				
1							
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2			1				<del></del>
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3			1				
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9			<del>                                     </del>				
10		<del></del>				<del></del>	
10			1				
	L						
Total			▶				
3 List all states in which the organization	ı is registered or li	censed to so	licit contributi	ions or has been notifi	ed it is exe	mpt from	
registration or licensing							
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# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer Identification number Name of the organization 61-0603004 RIVERVIEW SCHOOL INC 01. Members or stockholder classes and rights (Part VI, line 6) BOARD MEMBERS ARE NOT PAID. 02. Member election for additional members (Part VI, line 7a) BOARD MEMBERS NOMINATE AND VOTE WHEN ADDITIONAL MEMBERS ARE NEEDED. 03. Governing body decisions (Part VI, line 7b) BOARD MEMBERS VOTE ON ALL DECISIONS. 04. Form 990 governing body review (Part VI, line 11) BOARD REVIEWS 990 AT NEXT BOARD MEETING AFTER 990 IS SUBMITTED TO THE SCHOOL. 05. Conflict of interest policy compliance (Part VI, line 12c) BOARD WILL REVIEW ANY CONFLICT OF INTEREST ISSUE THAT IS BROUGHT TO THEIR ATTENTION. 06. Other officer or key employee compensation (Part VI, line 15b BOARD MEMBERS ARE NOT PAID. 07. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. 08. General explanation attachment RIVERVIEW SCHOOL HAS A PRESIDENT, VICE PRESIDENT, TREASURER AND NINE DIRECTORS WHO MAKE UP THE BOARD.