990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 09/01/2021 and ending 08/31/2022 D Employer identification number C Name of organization B Check if applicable RIVERSIDE LANGUAGE PROGRAM, INC. 13-3280364 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 270 WEST 89TH STREET (212)662 - 3200Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10024 G Gross receipts \$ 307,550. Application F Name and address of principal officer: H(a) Is this a group return for Yes Nο BERTA COLON Х subordinates' 270 WEST 89TH STREET, NEW YORK, NY 10024 No H(b) Are all subordinates included? Yes If "No," attach a list. See instructions) 🗲 (insert no.) X 501(c)(3) 501(c) (WWW.RIVERSIDELANGUAGE.ORG Website: **H(c)** Group exemption number Form of organization: X Corporation Other > L Year of formation: 1984 M State of legal domicile: NY Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO HELP NEW IMMIGRANTS SUCCESSFULLY INTEGRATE INTO LIFE IN THE UNITED STATES. Governance 2 Check this box ▶ | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 **Activities &** Number of independent voting members of the governing body (Part VI, line 1b) 8 5 17 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,020,459 1,289,858. Program service revenue (Part VIII, line 2g) NONE NONE Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 9,669 192. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE 17,500. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,030,128 1,307,550. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,797 8,100. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 844,540 846,196. 16a Professional fundraising fees (Part IX, column (A), line 11e) 53,625 NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 216,876 321,278. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,136,838. 1,175,574. Revenue less expenses. Subtract line 18 from line 12 -106,710 131,976. ts or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 414,834 484,465. Total liabilities (Part X, line 26) 21 326,460 264,558. 22 Net assets or fund balances. Subtract line 21 from line 20. 88,374 219,907. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid self-employed JAMES JAMES MULROY MULROY 04/05/2023 P00024514 Preparer Firm's name ► WITHUMSMITH+BROWN, PC 22-2027092 Firm's FIN Use Only ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816 732-828-1614 May the IRS discuss this return with the preparer shown above? See instructions . . X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

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Pa			ice Accomplishments s a response or note to any line in this l	Part III	х
1		ne organization's mis			
2			gnificant program services during the		
3	If "Yes," describe	these new services of			
	If "Yes," describe	these changes on So			
4	expenses. Section	n 501(c)(3) and 501	service accomplishments for each (c)(4) organizations are required to , for each program service reported.		
4a	(Code:		917,131. including grants of \$	8,100.) (Revenue \$	NONE)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Expenses \$		Schedule O.) grants of \$) (Reve	enue \$)	
4e	Total program se	rvice expenses >	917,131.		

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	_		
	complete Schedule D, Part III	8		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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Checklist of Poquired Schedules (continued)

Par	Checklist of Required Schedules (continued)		Vaa	No
00	Did the experimetion report more than 05 000 of groups or other assistance to or for democial individuals on		Yes	No
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	v	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	X	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		- 21
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		30	Λ	
ı ell	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Conducto C Contains a reopenice of note to any line in this fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,	40		v
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
D	If "Yes," enter the name of the foreign country ▶			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		
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?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		17
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direction	pt		
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member			
	stockholders, or persons other than the governing body?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	9		
	the year by the following:	8a	v	
a	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?		^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u>,</u>)	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 4 6 1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"		
	describe on Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	у		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme			Х
	with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it 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?			
Secti	ion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. (300		3 (0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest n	olicv.
	and financial statements available to the public during the tax year.		- F	- ,,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords ►		
	BERTA COLON 270 WEST 89TH STREET NEW YORK, NY 10024			

212-662-3200

Form **990** (2021)

RIVERSIDE LANGUAGE PROGRAM, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	verage (do not check more than chours box, unless person is both		an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Key employee Officer Institutional trustee		Former Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) BERTA COLÓN	40.00									
EXECUTIVE DIRECTOR	NONE			Х				116,523.	NONE	NONE
(2) LUANA I ALESIO	1.00									
CHAIR - BOARD OF DIRECTORS	NONE	Х		Х				NONE	NONE	NONE
(3) MICHELLE ANTHONY	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(4) KARUNA CHHABRA	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(5) ZAHREEN GHAZNAVI	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) NISREEN HASIB	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) RAMYA RAVISHANKAR	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) BECKY HONEYMAN	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) BIPASHA RAY	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										

Form **990** (2021)

	990 (2021)												Page 8
Pai	t VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo			and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	<u>d)</u>
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	more rson	e than or/trust e is or/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensatio relate organizat (W-2/1099-	on from d ions	Est amo comp fro orga and	(F) imated ount of other ensation m the nization related nizations
			istee	trustee		Ō	pensated						
1h	Cub total	<u> </u>							116,523.		NONE		NONE
	Sub-total Total from continuation sheets to Part VII. S	ection A		• •					NONE		NONE		NONE
	Total (add lines 1b and 1c)							•	116,523.		NONE		NONE
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to t						re	ceived more than	\$100,000	of		
_							i						Yes No
	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i>											3	Х
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	ortab \$15	ole o 50,0	om 00?	pen	satior <i>"Ye</i> s"	n aı s,"	nd other compens	sation from	the such		
	individual											4	X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	X
	tion B. Independent Contractors												
	Complete this table for your five highest compensation from the organization. Report of year.												
	(A) (B) Name and business address Description of services							C	(C) ompens	ation			
	Total number of independent contractors (i				nited	d to	thos	e li	isted above) who	received			
	more than \$100,000 in compensation from th	e organiza	tion 🕨	>				N	ONE				

13-3280364

Form 990 (2021) RIV Part VIII Statement of Revenue

Pal	r VIII	Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	/III		
		Chook in Constant Constant Constant		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיָּה	е	Government grants (contributions) 1e	897,078.				
Sin	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above . 1f	392,780.				
들된	g	Noncash contributions included in					
ğΞ		lines 1a-1f 1g	\$				
တွဲ ငွ	h	Total. Add lines 1a-1f		1,289,858.			
			Business Code				
Se	2a						
هڲٙ	b						
Program Service Revenue	c						
eve eve	d						
9 E	e						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	192.			192.
	4	Income from investment of tax-exempt bond	proceeds . ►	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)	<u></u>	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
e	d	Net gain or (loss)	<u></u> ▶	NONE			
Other R	8a	Gross income from fundraising					
•		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events	· · · · · · · •	NONE			
	9a	Gross income from gaming	, vove				
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.	· · · · · · · •	NONE			
	10a	Gross sales of inventory, less	NONE				
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.	Business Code	NONE			
Snc		OTHER DEVIENTE	900099	17 500			17 500
nec	11a	OTHER REVENUE	900099	17,500.			17,500.
Miscellaneous Revenue	b						
Sce	C	All other revenue					
Ē	d	All other revenue		17,500.			
	<u>е</u> 12	Total. Add lines 11a-11d		1,307,550.			17,692.
	1.2	i otali lovoliuo. Occ ilioti uctiOlio		1,301,330.		1	11,032.

13-3280364

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE	NONE		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,100.	8,100.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE	NONE		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	118,965.	109,012.	9,953.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	551,637.	505,486.	46,151.	
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	120,393.	109,068.	11,325.	
10	Payroll taxes	55,201.	50,009.	5,192.	
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
С	Accounting	77,828.	12,415.	65,413.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	370.		370.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	73,593.	19,193.		54,400.
12	Advertising and promotion	NONE			
13	Office expenses	45,966.	9,995.	32,371.	3,600
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	105,844.	88,909.	16,935.	
17	Travel	8,553.	2,944.	5,609.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
22		NONE			
	Insurance	9,124.	2,000.	7,124.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses		22		
	Total functional expenses. Add lines 1 through 24e	1,175,574.	917,131.	200,443.	58,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,029.	1	105,057.
	2	Savings and temporary cash investments	85 , 674.	2	112,298.
	3	Pledges and grants receivable, net	204,475.	3	236,614.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
တ္	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	2,889.	9	4,209.
	_	Land, buildings, and equipment: cost or other	2,000		2,203
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE	100	
	11	Investments - publicly traded securities	29,480.		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		NONE
	15	Intangible assets			
		Other assets. See Part IV, line 11	26,287.		26,287.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	•		484,465.
	17	Accounts payable and accrued expenses	·		68,574.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE O	193,943.		133,890.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	62,094.	24	62,094.
	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	NONE		NONE
_	26	Total liabilities. Add lines 17 through 25	326,460.	26	264,558.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	67,091.	27	97,238.
Ã	28	Net assets with donor restrictions	21,283.	28	122,669.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	·		·
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř	32	Total net assets or fund balances	88,374.	32	219,907.
Š	33	Total liabilities and net assets/fund balances	414,834.	33	484,465.
	100		414,034.		Form 990 (2021)

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orm 98	30 (2021)			Pa	ge IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	07,	<u>550</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	75,	574
3	Revenue less expenses. Subtract line 2 from line 1	3	1	31,	976
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		88,	374
5	Net unrealized gains (losses) on investments	5		_	443
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	19,	907
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain or	i		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht o	f		
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	l _	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	Apidiii Ui			
3.0	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the	_		
Ja	Single Audit Act and OMB Circular A-133?	ui iii tile	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	eran the	•		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				

Form **990** (2021)

SCHEDULE A (Form 990)

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.

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

RIV	/ERS	SIDE LANGUAGE PROGRA	AM, INC.				13-3	280364
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	_		-		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	-	•				
8		A community trust describe		-	Part II.)			
9		An agricultural research org					I in conjunction with a	land-grant college
		or university or a non-land-	=			-	-	= =
		university:		,	,		. •	· ·
10		An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized	,		. , , , ,		,	
12		An organization organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppor	•	-				
		the box on lines 12a throug	-					
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	•	•	-		• , ,	
		supporting organization.				, ,		
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oldsymbol{ol}}}}}}}}}}$	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		$_{ m ullet}$ requirement (see instruct	•	-				
е		Check this box if the orga						II, Type III
	_	functionally integrated, or			porting o	organizat	ion.	
T		ter the number of supported	-					
9		ovide the following information						(
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
(- /								
Tota	al							
. 5.6							1	1

Par	Complete only if you checket Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support				•	•	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
	Public support percentage for 2021 (li			e 11 column (f)	<u> </u>	14	%
15	Public support percentage from 2020	·					%
	331/3% support test - 2021. If the org						
	box and stop here. The organization q						
b	33 1/3 % support test - 2020. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2021. If the or	ganization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization						-
	Part VI how the organization meets	the facts-and-	circumstances te	est. The organiz	zation qualifies	as a publicly	supported
_	organization						▶ ∟
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization most					-	•
	in Part VI how the organization meets			_			
18	organization. Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						<u> </u>
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Supp	port Percenta	age				
15	Public support percentage for 2021 (line 8,	, column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifies	as a publicly s	upported organiz	ation ►
b	331/3% support tests - 2020. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	stop here. The or	ganization qualifi	es as a publicly	supported organ	ization
20	Private foundation. If the organization of	did not check	a hox on line	14 19a or 19h	check this bo	x and see instr	uctions

JSA 1E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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	1		
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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations		V.	NI -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
Jeen	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously	-	103	
	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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s)
•	Ashiritian Test. Annual lines Co and Oh halau		Yes	No
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S						
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ								
Section A - Adjusted Net Income (A) Prior Year									
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 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							
Se	ction 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):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
	Total (add lines 1a, 1b, and 1c)	1d							
е	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 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ction C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
	Enter 0.85 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							
	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	lly integra	ited Type III supporting	g organization					
	(see instructions).								

Schedule A (Form 990) 2021

Page 7 Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions Current								
1	Amounts paid to supported organizations to accomplish ex	1						
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2021					(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
<u>i</u> _	Carryover from 2016 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7: Excess from 2017							
a b	Excess from 2018							
D	LAUGOO HUIH ZU IO							

Schedule A (Form 990) 2021

21

c Excess from 2019 d Excess from 2020 Excess from 2021

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization RIVERSIDE LANGUAGE PROGRAM, INC. 13-3280364 Organization type (check one): Filers of: Section: x Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization RIVERSIDE LANGUAGE PROGRAM, INC.

Employer identification number 13-3280364

Part I	Contributors	(see instructions).	Use duplicate copie	s of Part I if additiona	I space is needed.
--------	--------------	---------------------	---------------------	--------------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ANNA MARIA & STEPHEN KELLEN FOUNDATION 15 MAIDEN LN STE 500 NEW YORK, NY 10038-5117	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CARSON GLEBERMAN W 69TH ST NEW YORK, NY 10023	- - \$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	NEW YORK STATE EDUCATION DEPARTMENT GRANTS FINANCE, RM. 510W EB ALBANY, NY 12234	- - \$\$81,258.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NYC - DEPARTMENT OF YOUTH & COMMUNITY 123 WILLIAM STREET NEW YORK, NY 10038	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash

Name of organization Employer identification number

	RIVERSIDE LANGUAGE PROGRAM, INC.	13-3280364
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	

Name of organization **Employer identification number** RIVERSIDE LANGUAGE PROGRAM, INC. 13-3280364 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
RI	VERSIDE LANGUAGE PROGRAM, INC.	13-3280364
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
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	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pá	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	3	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
_	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
7	Amount of overseas incurred in manitoring inspecting handling of violations and enforcing as	accompation accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	iservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170/h)//1/(R)/i)
0	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	·
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
D	art, historical treasures, or other similar assets held for public exhibition, education, or research	
	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 as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	▶ \$

					OGRAM, II					28036		age Z
	rt III Organizations Maintaini						-					
3	Using the organization's acquisition		ssion, and o	other re	ecords, chec	k any o	t the to	llowing that r	nake sigr	nificant i	ise o	t its
	collection items (check all that app	ly):		_								
а	Public exhibition			d		or excha						
b	Scholarly research			е	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's	collections	s and e	explain how	they fur	ther the	e organization	's exempt	t purpos	e in	Part
_	XIII.											
5	During the year, did the organization								_	¬ ,,		1
	assets to be sold to raise funds rath			ained a	s part of the	organiza	ation's c	ollection?		Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza			on l	Form 000 I	Port IV	lina O	or reported a	n amaur	at on Ec	rm	
	990, Part X, line 21.	ilion ans	wered re	25 OII I	FUIII 990, I	ait iv,	ilite 9,	or reported a	iii aiiioui	וו טוו דנ	1111	
12	Is the organization an agent, trus	too cust	odian or o	ther int	ermediany f	or contr	ihutions	or other acc	ete not			
ıa	included on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in	n Part XII	II and comm	olete th	e following ta	hle:			L	165		JINO
b	ii res, explain the arrangement	II Fait Aii	ii and comp	piete tiii	e following ta	DIC.			Amount			
•	Beginning balance						10		Amount			
	Additions during the year						1c					
	Distributions during the year						1d					
f	Ending balance					1	1e 1f					
	Did the organization include an am							dial account lia	ahility2	Yes		No
	If "Yes," explain the arrangement in											140
	rt V Endowment Funds.	TT art XII	II. Officer III	CIC II ti	ic explanation	THUS DC	cii piovi	aca on rant XII	<u>'</u>			
ıa	Complete if the organiza	ition ans	wered "Ye	es" on	Form 990. I	Part IV.	line 10	L				
			rrent year		Prior year		years ba		ears back	(e) Four	vears b	back
1.0	Paginning of year balance	.,,	·	, ,								
	Beginning of year balance											
	Net investment earnings, gains,											
C	and losses											
ч	Grants or scholarships											
	Other expenditures for facilities											
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		irrent vear	end hal	ance (line 1a	column	(a)) hel	d ae.				
a	Board designated or quasi-endown		intent year	%	ance (inte 19	, coluitiii	(a)) Her	u as.				
b	Permanent endowment >	%		_								
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.								
3a	Are there endowment funds not in				nization that	are held	d and a	dministered for	the			
	organization by:	-		_						Γ	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	d as red	quired on Sch	nedule R	?			3b		
4	Describe in Part XIII the intended u	ises of th	ne organiza		•							
Pa	rt VI Land, Buildings, and Equ	ipment.		00" 0"	Form 000	Dort IV	line 44	la Coo Farre	000 D-	r4 V 1:	0 10	
	Complete if the organization of property	สแบบ สมร	(a) Cost or			or other ba		Accumulated		Iπ X, IIN) Book va		
	2000phon of proporty			tment)		other)	.0.0	depreciation	, (u	, DOOR VA		
1 a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
	Other											
Tota	Add lines 1a through 1e (Column	(d) mus	t equal Forr	n 990 l	Part X colum	n(R) lin	e 10c)					

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 RIVERSIDE	LANGUAGE PRO	GRAM, I	NC. 13	-3280364	Page
Part VII	Investments - Other Securities.					
	· · · · · · · · · · · · · · · · · · ·	swered "Yes" on I	Form 990	, Part IV, line 11b. See Form 990,	Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Bool	k value	(c) Method of valuati Cost or end-of-year marke		
(1) Financia	al derivatives					
(2) Closely	held equity interests					
(3) Other _						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12	•				
Part VIII			Form 990	, Part IV, line 11c. See Form 990,	Part X, line	13.
	(a) Description of investment	(b) Bool	k value	(c) Method of valuati Cost or end-of-year marke		
(1)				Cost of end-of-year mark	et value	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13	B.) . >				
Part IX	Other Assets.		_			
	Complete if the organization an		orm 990	, Part IV, line 11d. See Form 990,		
		(a) Description			(b) Book v	
	ITY DEPOSIT				26	,000.
	LL REFUNDS					287.
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X,	col. (B) line 15.)			26	,287.
Part X	Other Liabilities.					
	Complete if the organization and line 25.	swered "Yes" on I	Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part I	Χ,
1.		Description of liability	v		(b) Book v	alue
(1) Feder	ral income taxes	•				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	1,306,737.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Bonated dervices and dee of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	recoveries of prior year granter in the internal in the internal i		
	Other (Describe in Part XIII.)	0-	4.4.2
	Add lines 2a through 2d	2e	-443.
	Subtract line 2e from line 1	3	1,307,180.
	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		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	370.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,307,550.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	1,175,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,175,204.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	370.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,175,574.
Part 2	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform SUPPLEMENTAL PAGE	ation.	mie 4, Fait A, iiile

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW IN NEW YORK STATE AND HAS BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION. RELATED INCOME IS NOT SUBJECT TO FEDERAL, STATE, AND LOCAL INCOME TAXES.

THE ORGANIZATION FOLLOWED THE PROVISIONS OF AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED AUGUST 31, 2022 AND 2021. UNDER THIS GUIDANCE, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION.

THE ORGANIZATION HAS EVALUATED THE LIKELIHOOD OF ITS TAX-EXEMPT STATUS
BEING CHALLENGED AS REMOTE. ACCORDINGLY, THE ORGANIZATION HAS NOT
INCLUDED ANY INCOME TAX PROVISIONS OR ANY POTENTIAL LIABILITIES FOR TAXES
ON UNRELATED BUSINESS INCOME, INCLUDING INTEREST AND PENALTIES, IN THE
FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS OF ITS TAX-EXEMPT
STATUS. THERE ARE NO INCOME TAX-RELATED INTEREST OR PENALTIES REFLECTED
IN THESE FINANCIAL STATEMENTS.

SCHEDULE E (Form 990)

Part I

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RIVERSIDE LANGUAGE PROGRAM, INC.

Employer identification number

13-3280364

			YES	NO
1	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	Х	
2	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,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	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			
	nondiscriminatory basis?	4b		Х
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	, y			
	SEE SUPPLEMENTAL PAGE			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	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	7	Х	

13-3280364

Schedule E (Form 990 or 990-EZ) (2021)

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

FORM 990, SCHEDULE E, PART I, LINE 3

THE ORGANIZATION COMMUNICATES ITS POLICY THROUGH ITS REGISTRATION MATERIALS.

FORM 990, SCHEDULE E, PART I, LINES 4A & 4B

RECORDS INDICATING THE RACIAL COMPOSITION OF THE FACULTY, STAFF, AND STUDENTS ARE NOT NECESSARY TO SERVE SCHOOL PURPOSES. PROGRAMS ARE FUNDED BY INCOME FROM OUTSIDE SOURCES AND ARE FREE OF CHARGE TO STUDENTS.

FORM 990, SCHEDULE E, PART I, LINE 6

THE ORGANIZATION RECEIVES GOVERNMENTAL ASSISTANCE TO HELP FUND OPERATIONS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

RIVERSIDE LANGUAGE PROGRAM, II	NC.				13-328036	
Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
Indicate whether the organization rais				activities Check a	all that apply	
a X Mail solicitations	_		_	non-government g		
b X Internet and email solicitations	f			government grant		
c X Phone solicitations	g			ising events		
d X In-person solicitations						
2a Did the organization have a written or						
or key employees listed in Form 990, b If "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the o	viduals or entities					X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
10						
Fotal					31,515.	
3 List all states in which the organizat registration or licensing.	ion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
			_			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Вè	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	>	
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a k		Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp			Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 RIVERSIDE LANGUAGE PROGRAM, INC. 13-	-328036	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		s No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	;	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name &		
	Name ▶		
	Gaming manager compensation ► \$		
	Canning manager compensation • •		
	Description of services provided ▶		
	Decomption of convices provided P		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds	to	
	retain the state gaming license?		s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns	
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) an	d (v), and	t
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	ormation	
	(see instructions).		
		_	

Schedule G (Form 990 or 990-EZ) 2021

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

HUDSON FERRIS

ADDRESS:

167 MADISON AVENUE NEW YORK, NY 10016

ACTIVITY:

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 31,515.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

ame of the organization						Employer identification number		
RIVERSIDE LANGUAGE PROGRAM, INC.						13-3280364		
Part I General Information on Grants and	l Assistanc	е						
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No	
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient the		•					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
Enter total number of section 501(c)(3) and gEnter total number of other organizations list	•	•						

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT ASSISTANCE	31	8,100.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

20**21**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

13-3280364

RIVERSIDE LANGUAGE PROGRAM, INC.

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

MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE

COMMITTEE AND PROVIDES EDITS TO THE TAX PREPARER. AFTER THIS PROCESS IS

PERFORMED, THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO

BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH BOARD MEMBER FILLS OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS

CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON THE INDEPENDENT FIELD

DATA OF COMPENSATION AVERAGES FOR COMPARABLE POSITIONS BASED ON THE SIZE

AND BUDGET OF THE ORGANIZATION.

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

THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

RIVERSIDE LANGUAGE PROGRAM, INC.

Employer identification number

13–3280364

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OUR MISSION IS TO HELP NEW IMMIGRANTS SUCCESSFULLY INTEGRATE INTO LIFE IN THE U.S. BY RAPIDLY IMPROVING THEIR ENGLISH LANGUAGE SKILLS, PROVIDING WRAP-AROUND CASE MANAGEMENT AND COUNSELING, AND INCORPORATING WORKFORCE DEVELOPMENT SKILLS, DIGITAL LITERACY, AND CIVICS INTO DAILY INSTRUCTION. THESE SUPPORTS AND SKILLS ENSURE THAT RIVERSIDE STUDENTS ARE BETTER POSITIONED TO ACCESS JOB TRAINING, EMPLOYMENT, AND HIGHER EDUCATION.

ACCOMPLISHMENTS IN FY 22 INCLUDE:

SECURED A \$100,000 EXPANSION GRANT FROM THE DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT (DYCD)

SECURED RIVERSIDE'S LARGEST PRIVATE FOUNDATION GRANT TO DATE

SECURED A MAJOR INVESTMENT IN OUR STRATEGIC PLAN - A MAJOR DONOR GIFT OF \$150,000 OVER THREE YEARS

DIVERSIFIED FUNDING SOURCES - 25% OF OUR REVENUE IS NON-GOVERNMENT GRANTS

LAUNCHED A NEW CAMPAIGN, THE REFUGEE SCHOLARSHIP FUND, WHICH RAISED \$17K

ENHANCED RESOURCES FOR DIGITAL LITERACY CLINIC WITH THE DONATION OF TWENTY NEW LAPTOPS.

HELD RIVERSIDE'S 4TH ANNUAL INTERNATIONAL FOOD FESTIVAL IN PERSON. THE EVENT WAS A HUGE SUCCESS - WITH OVER 140 PARTICIPANTS AND SEVEN CORPORATE SPONSORS

Name of the organization

RIVERSIDE LANGUAGE PROGRAM, INC.

13-3280364

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

THE RIVERSIDE LANGUAGE PROGRAM IS AN IMMIGRANT INTEGRATION CENTER THAT SUPPORTS THE ECONOMIC MOBILITY AND SOCIAL INCLUSION OF NEWLY ARRIVED IMMIGRANTS, REFUGEES, AND ASYLUM SEEKERS IN NEW YORK CITY.

OUR PROGRAMS INCLUDE THE FOLLOWING:
FREE FULL TIME IMMERSIVE ENGLISH CLASSES: FREE, INTENSIVE ENGLISH
LANGUAGE CLASSES FOR NEWLY ARRIVED IMMIGRANTS, REFUGEES, AND
ASYLUM SEEKERS IN NEW YORK CITY. PARTICIPANTS RECEIVE 150 HOURS OF
ENGLISH LANGUAGE INSTRUCTION IN ONE SIX-WEEK CYCLE.

WRAP-AROUND COUNSELING AND CASE MANAGEMENT SERVICES: DIRECT SERVICES AND REFERRALS FOR PROGRAM PARTICIPANTS WITH EARLY RESETTLEMENT NEEDS SUCH AS HOUSING, HEALTH INSURANCE, AND CHILD CARE. ASSISTANCE WITH FINANCIAL AID, COLLEGE APPLICATIONS, AND JOB TRAINING APPLICATIONS AND PLACEMENT.

WORKFORCE DEVELOPMENT SKILLS BUILDING: INSTRUCTION INCLUDES AN OVERVIEW OF THE AMERICAN WORKFORCE, INDUSTRY-SPECIFIC TERMS, RESUME AND COVER LETTER WRITING, AND SOFT SKILLS BUILDING SUCH AS ETIQUETTE, COMMUNICATION AND LISTENING, AND INTERPERSONAL SKILLS.

DIGITAL LITERACY CLINIC: WEEKLY TRAINING SESSIONS ON COMPUTER PROGRAMS AND ONLINE PLATFORMS AND THEIR USEFULNESS IN MANAGING INFORMATION IN CLASSROOM AND WORKPLACE SETTINGS.

CIVICS: TRAINING AND RESOURCES TO BUILD THE CAPACITY OF PROGRAM PARTICIPANTS TO ENGAGE IN CIVIC LIFE AS INDIVIDUALS, COMMUNITY MEMBERS, AND AS AMERICANS.

Name of the organization

RIVERSIDE LANGUAGE PROGRAM, INC.

13-3280364

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

BEGINNING

DESCRIPTION

BOOK VALUE

PREPAID EXPENSES

2,889.

4,209.

2,889.

=========

4,209.

=========

TOTALS

		9
Name of the organization	Employer identification number	
RIVERSIDE LANGUAGE PROGRAM, INC.	13-3280364	

FORM 990, PART X - DEFERRED REVENUE _____

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CONTRACT ADVANCES DUE TO GOVERNMENT	79,935. 114,008.	104,935. 28,955.
TOTALS	193,943.	133,890.