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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

Form header section containing organization name (RIVERSIDE CHARITABLE CORPORATION), address (3803 E. CASSELLE AVE, ORANGE, CA 92869), principal officer (KENNETH S. ROBERTSON), and identification numbers.

Part I Summary

Table with 22 rows detailing financial and operational data. Columns include: Description, Pnror Year, Current Year, and Net Assets or Fund Balances (Beginning of Year, End of Year).

Part II Signature Block

Signature block containing the signature of Ken Robertson, President, dated 9/19/11, and the preparer's signature.

Preparer information section including name (REZNICK GROUP, P.C.), address (400 CAPITOL MALL, SUITE 900 SACRAMENTO, CA 95814-4424), EIN (52-1088612), and phone number (916-442-9100).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009) 3

SCANNED OCT 11 2011

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 414,250 including grants of \$ 0) (Revenue \$ 67,524)  
DEVELOP AND OPERATE AFFORDABLE HOUSING PROJECTS

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 414,250.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 with various questions about organizational requirements and schedules. Includes sub-rows for 12A, 14a, and 14b.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a			0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
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).		
a	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?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
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		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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 in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (11); 1b Enter the number of voting members that are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?: a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X)

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA;
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (X);
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public;
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PENNY LARUE, 3803 E. CASSELL AVE, ORANGE, CA 92869, 714-628-1654

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEN ROBERTSON PRESIDENT	40.00	X		X			28,000.	0	0.	
TRISHA HOCKINGS VICE PRESIDENT	2.00	X		X			0.	0	0.	
GREG ROGERS VICE PRESIDENT	2.00	X		X			0.	0	0.	
PENNY LARUE SECRETARY-VICE PRESIDENT	2.00	X		X			0.	0	0.	
STEWART HALL TREASURER-VICE PRESIDENT	2.00	X		X			0.	0	0.	
MEREDITH CHILLEMI DIRECTOR	1.00	X					0.	0	0.	
VICKI BARTLEY DIRECTOR	1.00	X					0.	0	0.	
CRAIG GILLET VICE PRESIDENT	2.00	X		X			0.	0	0.	
BETH SOUTHHORN DIRECTOR	1.00	X					0.	0	0.	
RONNIE FERENZ DIRECTOR	1.00	X					0.	0	0.	
RECINDA SHAFER ASSISTANT EXECUTIVE DIRECTOR	40.00				X	X	120,000.	0	0.	



**Part VIII Statement of Revenue**

95-4158713

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .					
	1b	Membership dues . . . . .					
	1c	Fundraising events . . . . .					
	1d	Related organizations . . . . .					
	1e	Government grants (contributions) . . . . .					
	1f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	2,300,000				
	1g	Noncash contributions included in lines 1a-1f \$ . . . . .	2,300,000				
	1h	<b>Total.</b> Add lines 1a-1f . . . . .	2,300,000				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	REIMBURSEMENT OF INSURANCE . . . . .	531110	3,297	3,297		
	2b	INCOME FROM AFFORDABLE HOUSING PARTNERSH . . . . .	531110	4,041	4,041		
	2c	_____ . . . . .					
	2d	_____ . . . . .					
	2e	_____ . . . . .					
	2f	All other program service revenue . . . . .					
	2g	<b>Total.</b> Add lines 2a-2f . . . . .		7,338			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 3	60,186	60,186		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross Rents . . . . .	(i) Real				
			(ii) Personal				
	6b	Less rental expenses . . . . .	(i) Real				
			(ii) Personal				
	6c	Rental income or (loss) . . . . .	(i) Real				
			(ii) Personal				
	6d	Net rental income or (loss) . . . . .	(i) Real				
			(ii) Personal				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
(ii) Other							
7b	Less cost or other basis and sales expenses . . . . .	(i) Securities					
		(ii) Other					
7c	Gain or (loss) . . . . .	(i) Securities					
		(ii) Other					
7d	Net gain or (loss) . . . . .	(i) Securities					
		(ii) Other					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
		b					
8b	Less direct expenses . . . . .	a					
		b					
8c	Net income or (loss) from fundraising events . . . . .	a					
		b					
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
		b					
9b	Less direct expenses . . . . .	a					
		b					
9c	Net income or (loss) from gaming activities . . . . .	a					
		b					
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
		b					
10b	Less cost of goods sold . . . . .	a					
		b					
10c	Net income or (loss) from sales of inventory . . . . .	a					
		b					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	_____ . . . . .						
11b	_____ . . . . .						
11c	_____ . . . . .						
11d	All other revenue . . . . .						
11e	<b>Total.</b> Add lines 11a-11d . . . . .		0				
12	<b>Total Revenue.</b> See instructions . . . . .		2,367,524	67,524			

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	148,000.	148,000.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	185,719.	185,719.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees)	0.			
a Management . . . . .	0.			
b Legal . . . . .	33,554.	0.	33,554.	0.
c Accounting . . . . .	10,280.	0.	10,280.	0.
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	140,189.	0.	140,189.	0.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	163,816.	0.	163,816.	0.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	86,600.	0.	86,600.	0.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	6,753.	0.	6,753.	0.
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OPERATING AND MAINTENANCE . . . . .	17,625.	0.	17,625.	0.
b TAX AND INSURANCE . . . . .	56,655.	56,655.	0.	0.
c BAD DEBT . . . . .	23,876.	23,876.	0.	0.
d . . . . .				
e . . . . .				
f All other expenses . . . . .				0.
25 Total functional expenses. Add lines 1 through 24f	873,067.	414,250.	458,817.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	181,032.	1	126,197.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	114,605.	4	86,679.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .	0.	7	6,585,807.
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 40,571.		
	b Less accumulated depreciation . . . . .	10b 28,504.		
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .	12,399.	15	8,889,673.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,006,408.	16	15,700,423.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	22,314.	17	0.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties ATCH. 5 . . . . .	0.	23	2,017,058.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	63,509.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	85,823.	26	2,017,058.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	3,920,585.	27	3,830,555.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances</b> . . . . .	3,920,585.	33	3,830,555.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	4,006,408.	34	5,847,613.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; 16b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	0	8,044,316	0	0	2,300,000	10,344,316
<b>2</b> 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 . . . . .	7,090,528	8,263,012	9,426,661	1,259,210	7,338	26,046,749
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	7,090,528	16,307,328	9,426,661	1,259,210	2,307,338	36,391,065
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .	0	0	0	472,204	0	472,204
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	472,204	0	472,204
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						35,918,861

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	7,090,528	16,307,328	9,426,661	1,259,210	2,307,338	36,391,065
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	543	1,196	429	279	60,186	62,633
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	543	1,196	429	279	60,186	62,633
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	7,091,071	16,308,524	9,427,090	1,259,489	2,367,524	36,453,698
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.53 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.86 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.17 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.00 %

- 19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization  
RIVERSIDE CHARITABLE CORPORATION

Employer identification number

95-4158713

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations, (ii) related organizations

Table with columns Yes No and rows 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total





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**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
RIVERSIDE CHARITABLE CORPORATION

Employer identification number  
95-4158713

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .	X	1	2,300,000.	SELLING PRICE
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .				29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

95-4158713

RIVERSIDE CHARITABLE CORPORATION

ATTACHMENT 1

FORM 990, PART I, LINE 22: THE CHANGE IN NET ASSETS DOES NOT MATCH THE CURRENT YEAR REVENUES LESS EXPENSES BECAUSE BEGINNING NET ASSETS WAS REPORTED ON AN UNAUDITED BASIS. NOW THAT THE BALANCES HAVE BEEN AUDITED, THE DIFFERENCE BETWEEN THE BEGINNING NET ASSETS ON THE AUDIT REPORT AND BEGINNING NET ASSETS ON THE TAX RETURN IS \$8,268,323.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT, KENNETH S ROBERTSON, AND THE SECRETARY, PENNY LARUE, ARE RELATED.

FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT OF THE ORGANIZATION EMAILS THE DRAFT COPY OF THE 990 TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW AND COMMENT. THE EMAIL ALSO INCLUDES A NOTICE OF THE DATE OF THE BOARD MEETING, SO BOARD MEMBERS CAN ADDRESS THE MATTER. FOLLOWING DISCUSSION AND REVIEW OF THE RETURN, IT IS SENT TO THE PREPARER WITH THE BOARD'S RECOMMENDATIONS, IF ANY, FOR REVISIONS.

FORM 990, PART VI, SECTION 8, LINE 12C: OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES CONDUCTING THE DAY-TO-DAY BUSINESS OF THE CORPORATION SHALL TAKE THE RESPONSIBLE STEPS TO IDENTIFY MATTERS THAT COULD GIVE RISE TO, OR APPEAR TO BE A CONFLICT OF INTEREST. EACH PERSON SHALL BE RESPONSIBLE FOR VOLUNTARILY DISCLOSING, AND PROVIDING A WRITTEN NOTICE OF DISCLOSURE STATEMENT TO THE SECRETARY OF THE BOARD. ANY STATEMENT REQUIRED BY THIS SECTION SHALL BRIEFLY DESCRIBE THE NAME OF THE INTERESTED PERSONS INVOLVED IN SUCH TRANSACTION, STATING EACH PERSON'S

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
<u>ATTACHMENT 1 (CONT'D)</u>	

RELATIONSHIP TO THE CORPORATION, THE NATURE OF SUCH PERSON'S INTEREST IN THE TRANSACTION AND, WHERE PRACTICAL, THE AMOUNT OF SUCH AN INTEREST.

FORM 990, PART VI, LINE 15: THE FOLLOWING DATA IS USED TO ASSIST IN THE EVALUATION AND DETERMINING THE COMPENSATION OF THE ORGANIZATION'S EMPLOYEES. ANNUAL BOARD OF THE DIRECTOR REVIEW OF COMPARABILITY DATA IS OBTAINED FROM IRS FORM 990'S REPORTED BY EMPLOYERS IN SIMILAR BUSINESSES AND/OR FROM OTHER RESOURCES SUCH AS GOVERNMENT LABOR STATISTICS, LEGAL, ACCOUNTING, AND FINANCIAL SERVICES PROFESSIONALS.

FORM 990, PART VI, SECTION B, LINE 16B: THE ORGANIZATION IS INVOLVED IN SECTION 42 LOW-INCOME HOUSING TAX CREDIT PROPERTY OWNERSHIP. UNDER ARTICLE 2 SECTION 2(V) OF IT'S BYLAWS, IT'S POLICY AND PROCEDURE REQUIRES THE DIRECT INVOLVEMENT OF LEGAL, ACCOUNTING, AND OTHER EXPERIENCED PROFESSIONALS TO ASSIST IN THE EVALUATION OF ITS BUSINESS ACTIVITIES INCLUDING, BUT NOT LIMITED TO, PARTICIPATION IN HOUSING DEVELOPMENT, OWNERSHIP AND OPERATIONS APPLICABLE UNDER STATE AND FEDERAL TAX LAW. THE ORGANIZATION TAKES REASONABLE STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO ALL ITS ACTIVITIES.

FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THE ORGANIZATION MAKES GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 2

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

THE MISSION OF THE ORGANIZATION IS TO HELP THOSE WHO CANNOT AFFORD

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
--	--

ATTACHMENT 2 (CONT'D)

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

THE NECESSITIES OF LIFE. OUR MISSION INCLUDES REDUCING THE BURDEN OF GOVERNMENT AND HELPING THE LESS FORTUNATE BY DEVELOPING AND OFFERING SOCIAL-SERVICE ENRICHED AFFORDABLE HOUSING COMMUNITIES FOR PEOPLE WITH LOW INCOME.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	60,186	60,186		
TOTALS	<u>60,186</u>	<u>60,186</u>		

ATTACHMENT 4

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: WESTPARK SENIORS, LP  
 ORIGINAL AMOUNT: 2,080,000.  
 INTEREST RATE: 0.000000  
 DATE OF NOTE: 06/27/2008  
 MATURITY DATE: 09/01/2041  
 SECURITY PROVIDED: SUBORDINATED DEED OF TRUST

BEGINNING BALANCE DUE ..... 0.  
 ENDING BALANCE DUE ..... 2,080,000.

BORROWER: WESTPARK SENIORS, LP  
 ORIGINAL AMOUNT: 2,300,000.  
 INTEREST RATE: 0.000000  
 DATE OF NOTE: 09/04/2009  
 MATURITY DATE: 09/01/2041  
 SECURITY PROVIDED: SUBORDINATED DEED OF TRUST

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
--	--

ATTACHMENT 4 (CONT'D)

BEGINNING BALANCE DUE ..... 0.  
 ENDING BALANCE DUE ..... 2,300,000.

BORROWER: SPRINGLAKE FAMILY APARTMENTS, LP  
 ORIGINAL AMOUNT: 2,000,280.  
 INTEREST RATE: 3.000000  
 DATE OF NOTE: 09/12/2006  
 MATURITY DATE: 09/11/2061  
 SECURITY PROVIDED: SUBORDINATED DEED OF TRUST

BEGINNING BALANCE DUE ..... 0.  
 ENDING BALANCE DUE ..... 2,197,807.

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
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ATTACHMENT 4 (CONT'D)

BORROWER: RIVERA GARDENS AFFORDABLE HOUSING CORP  
ORIGINAL AMOUNT: 175,000.  
INTEREST RATE: 0.000000  
DATE OF NOTE: 12/18/2007  
MATURITY DATE: 12/01/2012  
SECURITY PROVIDED: NONE

BEGINNING BALANCE DUE ..... 0.  
ENDING BALANCE DUE ..... 8,000.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE ..... 0.

TOTAL ENDING NOTES AND LOANS RECEIVABLES ..... 6,585,807.

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: REDEVELOPMENT AGENCY OF WOODLAND  
ORIGINAL AMOUNT: 1,732,000.  
INTEREST RATE: 5.000000  
DATE OF NOTE: 09/12/2006  
MATURITY DATE: 09/11/2061  
REPAYMENT TERMS: DEBT WILL BE FORGIVEN IF CONVENANTS ARE MAINTENED  
SECURITY PROVIDED: SUBORDINATE DEED OF TRUST  
PURPOSE OF LOAN: FUND DEVELOPMENT COSTS

BEGINNING BALANCE DUE ..... 0.  
ENDING BALANCE DUE ..... 2,017,058.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE ..... 0.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 2,017,058.



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Depreciation allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
SCHEDULE ATTACHED			N/A							
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(1)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Riverside Charitable Corporation  
Attachment to Form 990 Schedule R  
Part III - Identification of Related Organizations Taxable as a Partnership

(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)		(K)
Name, Address, EIN of related organization	Address							Disproportionate Allocations?	Yes		No	Managing or General Partner	
		EIN											
Arcadia Heritage Park, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	22-3884423	CA	N/A	Related	(5)	81	X			X		0.0010%
Badillo Street Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0427694	CA	N/A	Related	20	1,065	X			X		0.0100%
Bruceville/Laguna Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0435835	CA	N/A	Related	(51)	1,336	X			X		0.0100%
Bush Street Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	32-0014530	CA	N/A	Related	(6)	1,670	X			X		0.0100%
Cambay West Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0484976	CA	N/A	Related	(57)	1,356	X			X		0.0100%
Cathedral City Heritage Park, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	27-0025356	CA	N/A	Related	(9)	137	X			X		0.0010%
Colgan Avenue Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	91-1843563	CA	N/A	Related	(1,301)	27,071	X			X		0.5000%
Compton Gardens, L P	17782 Sky Park Circle Irvine, CA 92614	95-4555428	CA	N/A	Related	(6)	145	X			X		0.0050%
Concord Family Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0427695	CA	N/A	Related	(30)	2,082	X			X		0.0100%
Converse Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0335831	CA	N/A	Related	210	384	X			X		0.0100%
Copperstone I Family Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	26-1290963	CA	N/A	Related	(7)	212	X			X		0.0010%
Creekside Village Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	20-2727446	CA	N/A	Related	(78)	2,259	X			X		0.0100%
Dunne-Butterfield Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0422289	CA	N/A	Related	(101)	2,602	X			X		0.0500%
Elderly Development Westminster	1199 Harbour Cove Court Sparks, NV 89434	80-0578542	CA	N/A	Related	(313)	860,552	X			X		10.0000%
Fair Plaza Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	26-1290661	CA	N/A	Related	(3)	70	X			X		0.0010%
Fullerton-Magnolia Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	91-1843561	CA	N/A	Related	(118)	4,425	X			X		0.0500%
Glendale Heritage Park, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	72-1527550	CA	N/A	Related	(6)	107	X			X		0.0010%
Hilltop Group, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	91-1972815	CA	N/A	Related	(26)	1,312	X			X		0.0100%
La Quinta Family Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0363443	CA	N/A	Related	12	49	X			X		0.0010%
Laguna Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	33-1074941	CA	N/A	Related	(6)	159	X			X		0.0010%
Landon Lane Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0449444	CA	N/A	Related	(13)	867	X			X		0.0100%
LE Family Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0363953	CA	N/A	Related	582	50	X			X		0.0010%
Madison Hazel Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	68-0449442	CA	N/A	Related	(40)	1,087	X			X		0.0100%
Main Plaza, L P	720 Olive Blvd, Suite 2500 St Louis, MO 63101	33-0967641	CA	N/A	Related	(414)	9,873	X			X		0.0500%

Riverside Charitable Corporation Attachment to Form 990 Schedule R Part III - Identification of Related Organizations Taxable as a Partnership												
Organization Name	Address	State	Income Type	UIC	Related	Count	Value	Percentage	Percentage	Percentage	Percentage	Percentage
Monrovia Heritage Park, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	33-0877696	Related	(17)	536		X	-	X	0.0100%
Natomas Field Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	20-4787643	Related	(9)	239		X	-	X	0.0010%
No. Natomas Apartments I, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0460471	Related	(46)	1,438		X	-	X	0.0100%
No. Natomas Apartments II, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0460470	Related	(24)	1,011		X	-	X	0.0100%
Oceanside Family Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0335744	Related	24	463		X	-	X	0.0100%
Panorama Heritage Park, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	33-0855695	Related	17	902		X	-	X	0.0100%
Paseo Simi Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	32-0022739	Related	(36)	2,069		X	-	X	0.0100%
Quail Run Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	32-0014528	Related	(6,555)	1,373		X	-	X	0.0100%
Quiet Knolls Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0421712	Related	(18)	463		X	-	X	0.0100%
Rancho Niguel Partners, L.P.	17782 Sky Park Circle Irvine, CA 92614	CA	Low Income Housing	83-0391291	Related	10	352		X	-	X	0.0045%
Riverstone Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	20-8593749	Related	(11)	227		X	-	X	0.0010%
San Clemente Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0460473	Related	(1)	113		X	-	X	0.0010%
Sierra Sunrise Senior Apartments II, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	20-4527859	Related	(2)	37		X	-	X	0.0010%
Sierra Sunrise Senior Apartments, LP	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	83-0392837	Related	(12)	526		X	-	X	0.0050%
Silverado Family Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	20-2381679	Related	(42)	1,156		X	-	X	0.0050%
Simi Valley Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0311761	Related	3,206	32		X	-	X	0.0100%
SLP Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0374128	Related	(12)	437		X	-	X	0.0100%
Springlake Family Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	20-4069557	Related	(71)	1,564		X	-	X	0.0050%
Stock Ranch Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	95-4388790	Related	9,749	140		X	-	X	0.0100%
Terracina Park Meadows, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	32-0014532	Related	(51)	1,513		X	-	X	0.0100%
Terracina Elk Grove, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	26-2445930	Related	(6)	135		X	-	X	0.0010%
Tustin Heritage Place, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	90-0233443	Related	(2)	58		X	-	X	0.0010%
Verbena Crossing Apartments, LP	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	95-4348003	Related	-	9,245		X	-	X	0.5000%
Vineyard Crossing Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	94-3356171	Related	(30)	1,466		X	-	X	0.0100%
Vintage Brook Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	68-0435584	Related	(34)	1,148		X	-	X	0.0100%
Vintage Court Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	91-1767373	Related	9	693		X	-	X	0.0100%
Vintage Creek Senior Apartments, L.P.	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	91-1796344	Related	10	3,299		X	-	X	0.0500%

Organization Name	Address	State	Low Income Housing	CA	N/A	Related	(2)	205	X	-	X	0.0010%
Vintage Crest Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(2)	205	X	-	X	0.0010%
Vintage Gold Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(13)	1,444	X	-	X	0.0100%
Vintage Grove Senior Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(119)	2,882	X	-	X	0.0500%
Vintage Park Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(10)	336	X	-	X	0.0100%
Vintage Willow Creek, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	1	1,424	X	-	X	0.0100%
West College Apartments, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(9)	218	X	-	X	0.0010%
Westpark Seniors, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	(13)	230	X	-	X	0.0010%
West Sacramento Pacific Associates, L P	2440 Professional Drive, Suite 100 Roseville, CA 95661	CA	Low Income Housing	CA	N/A	Related	-	147	X	-	X	0.0010%
Hostmark Village Cove, LLC	3743 E Casselle Avenue Orange, CA 92869	CA	Low Income Housing	CA	N/A	Related	(31)	745	X	-	X	0.0100%
Ocean Ridge/Federal Way, LLC	3743 E Casselle Avenue Orange, CA 92869	CA	Low Income Housing	CA	N/A	Related	(43)	1,131	X	-	X	0.0100%

