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SCANNED

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 black lung

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

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 APR 1 2009 and ending MAR C Name of organization D Employer identification number Please use IRS Address change label or RIVERSIDE LAND CONSERVANCY print or Name change type Doing Business As 33-0294311]Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated 4075 MISSION INN AVENUE (951)788-0670 nstruc-Amended return City or town, state or country, and ZIP + 4 2,591,592. G Gross receipts \$ Applica-RIVERSIDE, CA 92501 H(a) Is this a group return pending F Name and address of principal officer: KEVIN WOLF Yes X No for affiliates? 4075 MISSION INN AVENUE, RIVERSIDE CA 9250 H(b) Are all affiliates included? __lYes L Tax-exempt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No." attach a list (see instructions) J Website: ▶ WWW.RIVERSIDELANDCONSERVANCY.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust ___ Association Year of formation: 1988 M State of legal domicile: CA Part I | Summary Briefly describe the organization's mission or most significant activities. PRESERVATION OF OPEN SPACE BY Governance SEEKING TO IDENTIFY, PROTECT AND MANAGE HABITATS OF RARE AND Check this box I 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) 19 Number of independent voting members of the governing body (Part VI, line 1b) 19 4 Activities & Total number of employees (Part V, line 2a) 4 5 Total number of volunteers (estimate if necessary) 40 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 249,467 1,338,076. 414,555 1,228,879. Program service revenue (Part VIII, line 2g) Investment income (Part(VIII, column (A), lines 3, 4, and 7d) 12,178 24,637. 10 11 Other revenue (Part VIII, column-(A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue, add lines 8 through 11 (must equal Part VIII, column (A), line 12) 676,200 2,591,592. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, temployee benefits (Part IX, column (A), lines 5-10) 273,092. 285,986. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 508,909 532,165. 18 Total expenses April lines 13-17 (must equal Part IX, column (A), line 25) 782,001 818,151. -105,801 Revenue less expenses Subtract line 18 from line 12 ,773,441. Beginning of Current Year End of Year 20 Total assets (Part X, Ine/16) 8,199,534. 9,883,152. Total liabilities (Part/X) ne 26) 21 133,861 80,269. 22 Net assets of fund ba nces/Subtract line 21 from line 20 065,67/3 802,883. Signature Block have examined this return, including accompanying schedules and statements, and to the best of mer than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, Sign Here KEVIN WOLF, PRESIDENT Type or print name and title Date Preparer's identifying number (see instructions) Preparer's Paid signature 09/08/10 employed ▶ Preparer's Firm's name (or CHRISTENSON & DE GOOD EIN ▶ Use Only self-employed). 5005 LA MART DRIVE, SUITE 100A address, and

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

RIVERSIDE, CA 92507

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form **990** (2009)

Phone no. \triangleright (951)784-9552

932002 02-04-10

4e

including grants of \$

665,266.

Total program service expenses ► \$

Form 990 (2009) RIVERSIDE LAND CONSERVANCY
Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_X_	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	<u>X</u>	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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			
•	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.			
•	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			ļ
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			ŀ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
404	Schedule D, Parts XI, XII, and XIII	12	X	-
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	40		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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	17		x
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Ear-	aan /	2000

Form 990 (2009) RIVERSIDE LAND CONSERVANCY

Part IV Checklist of Required Schedules (continued)

			res	NO
21	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? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04-	Schedule J	23_		_X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No", go to line 25	24a		X
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFF		х
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? 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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	<u> 38</u>	X	
		Form	990 (2009)

orm	990 (2009) RIVERSIDE LAND CONSERVANCY	<u>33-0294311</u>	P	age 5
Par	t 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			l
	U.S. Information Returns. Enter -0- if not applicable	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		l
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	amıng	1	1
	(gambling) winnings to prize winners?	. <u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a	4	! !	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions	\$)		l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this re	turn? 3a		X
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 ov	er, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohi	bited		
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	tion solicit		
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	š	1	
	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	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		İ	1
	to file Form 8282?	7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	ļ	ļ <u>.</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as require	d? 7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization	s. Did the		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	ss holdings		
	at any time during the year?	8	ļ	ــــــ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	Ь.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1	1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	L

Form **990** (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) RIVERSIDE LAND CONSERVANCY 33-0294311 Page
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.

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		19			
b	Enter the number of voting members that are independent	1b		19		:	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wıt	h 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	ne dır	ect supervisio	n			
	of officers, directors or trustees, or key employees to a management company or other person?				3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5		<u>X</u>
6	Does the organization have members or stockholders?				6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the				
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	s?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	duni	ng the year				
	by the following						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			1	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)				
						Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		<u>X</u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	ı cha	oters, affiliates	S,			
	and branches to ensure their operations are consistent with those of the organization?				10b	77	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	filing	the form?		11	X	
11A							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould g	ive rise				- T
	to conflicts?		D -d		12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res	," aescribe		40-		.
40	in Schedule O how this is done				12c	v	X
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?	. حط احد			14		
15	Did the process for determining compensation of the following persons include a review and approv	-	independent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	r			15.	X	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization				15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mani	with a				
···a	taxable entity during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a		16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	e its participat	tion	100		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to organization		•				
	exempt status with respect to such arrangements?	,			16b		
Sec	tion C. Disclosure				10.0		
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 (50	1(c)(3)s only)	avaılable	for	-	
•	public inspection. Indicate how you make these available. Check all that apply.	•					
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confl	ct of interest	policy, ai	nd fina	ıncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the	organiza	tion.	_	
	PAUL FRANDSEN, TREASURER - (951)788-0670						
	4075 MISSION INN AVE., RIVERSIDE, CA 92501						
					-	000	(0000)

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.
- 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.

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

(A) Name and Title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	Officer		Highest compensated de	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
FRANK HEYMING BOARD MEMBER	1.00	v						0.	0.	0.
ROBERT NELSON	1.00	^			├	\vdash	\vdash		0.	0.
PRESIDENT	2.00	x		х			1	0.	0.	0.
JEFF BEEHLER										
TREASURER	2.00	x		x		1		0.	0.	0.
GREG BALLMER										
SECRETARY	1.00	x		Х				0.	0.	0.
JANE BLOCK										
BOARD MEMBER	1.00	Х						0.	0.	0.
KIMBERLY DAVIDSON-MORGAN										
BOARD MEMBER	1.00	X					$oxed{oxed}$	0.	0.	0.
JIM DAVIS										
BOARD MEMBER	1.00	X			ļ.,,			0.	0.	0.
JIM DUDEK							l		_	_
BOARD MEMBER	1.00	X			<u> </u>		<u>.</u>	0.	0.	0.
PAUL FRANDSEN	1 00									
BOARD MEMBER BILL JUDGE	1.00	X	_		├—	-	-	0.	0.	0.
	1 00	37			ŀ		l			•
BOARD MEMBER PATRICIA LOCK-DAWSON	1.00	A			<u> </u>	-		0.	0.	0.
BOARD MEMBER	1.00	v						0.	0.	•
MAC MCQUERN	1.00	Λ		_		-	├	U •	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
MARION MITCHELL-WILSON	1.00	-			_		┢╾	0.	<u> </u>	
BOARD MEMBER	1.00	x						0.	0.	0.
MARY LOU MORALES										
BOARD MEMBER	1.00	х						0.	0.	0.
TOM SCOTT										
BOARD MEMBER	1.00	Х						0.	0.	0.
DAN SILVER										
BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN WOLF										
VICE PRESIDENT	1.00	Х		X	<u> </u>			0.	0.	0.

932007 02-04-10

(A)	ustees, Key E	mple	oyee		<u>nd l</u> C)	High	est	Compensated Employ (D)	ees (continued) (E)	$\neg \neg$		(F)	
Name and title	Average			Pos	-	1		Reportable	Reportable	İ		imate	d
	hours per week	Individual frustee or director	Institutional trustee	all officer		Highest compensated and employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		comp fro orga and	ount outher pensa om the inization relation ization iz	tion e ion ed
NORTON YOUNGLOVE BOARD MEMBER	1.00	x						0.		0.			
DAN CLARK	1.00	^						0.		*			0.
BOARD MEMBER	1.00	X		_	<u></u>	<u> </u>		0.		0.			0.
										_			
		-											
					<u> </u>	-				\dashv			
1b Total	.]			<u> </u>	L.,			0.		0.		_	0.
Total Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r						0
	•											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on		3		х
4 For any individual listed on line 1a, is the sand related organizations greater than \$15								·	the organization		4		х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1						ices rendered to		-		
the organization? If "Yes," complete Sche Section B. Independent Contractors	dule J for such	pers	on								5		X
Complete this table for your five highest complete this table.	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	oens:	ation fr	om	
the organization.							1	(D)	· · · · · · · · · · · · · · · · · · ·				
(A) Name and busines	s address							(B) Description of s	services	C	(C) ompen		n
THE DANGERMOND GROUP 2400 O STREET, SACRAMENT	O, CA 9	58:	16					CONSULTING			361	L . 2	50.
2 Total number of independent contractors	(including but s	not li	mite	d to	tho		ster	1 ahove) who received a	ore than				
\$100,000 in compensation from the organ			.,,,,,	- 10		1		- 45570/ 1110 10001780 11	ioro trigir				

		(2009) RIVER	RSIDE LAN	<u>ID CONSER</u>	VANCY		<u> 33-0294</u>	<u>311 </u>
Pa	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
ĒΞ	b	Membership dues	1b					
S, B	c	Fundraising events	1c					
# all	d		1d		1			
S, E	е	Government grants (contribut			ĺ			
Ď.igl	f	All all a cont to the control of	· —		İ			
ĒĒ	•	similar amounts not included abo		338,076.				
탈	_			510,960.				
Contributions, gifts, grants and other similar amounts	9	Total. Add lines 1a-1f	i la- ir \$		1,338,076.			
_		I Total. Add iiiles Ta-11		Business Code	· - ·			
	0 -	SERVICE FEES				1 220 070		
j Ş	2 a	· · · · · · · · · · · · · · · · · · ·		541900	1,228,879.	1,240,019.		
le je	b							
E S	C			ļ				
Re	d			<u> </u>				
Program Service Revenue	е	·						
_	f	All other program service reve	enue		1 000 070			
\rightarrow	9				1,228,879.			
İ	3	Investment income (including	dividends, inter		04 635			04 605
		other similar amounts)		.	24,637.			24,637.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties		, <u> </u>				
			(i) Real	(ıi) Personal	ļ			
- 1	6 a							
1	b	•						
	C	Rental income or (loss)	L					
		Net rental income or (loss)		<u> </u>				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis		İ				
		and sales expenses						
	c	Gain or (loss)						
	C	Net gain or (loss)						
<u>و</u>	8 a	 Gross income from fundraisin 	-					
en		including \$	of					
é		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	а					
ŧ۱	b	Less. direct expenses	b	Ĺ				
	C	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
1	b	Less direct expenses	b					
	c	Net income or (loss) from gam	ning activities					
	10 a	a Gross sales of inventory, less	returns					
- 1		and allowances	а	<u></u>				
1	b	Less: cost of goods sold	b					
1	С	Net income or (loss) from sale	s of inventory					
1		Miscellaneous Revenu	ie	Business Code				
	11 a	•						
	b	·						
	c	·						
]	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
\Box	12	Total revenue See instructions.			2,591,592.	1,228,879.	0.	24,637.
93200	9							Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete to the c	(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		охроново	3	
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 625	62 022	11 502	
_	trustees, and key employees	73,625.	62,032.	11,593.	· - · · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	167 050	00 (50	70 200	
7	Other salaries and wages	167,858.	89,658.	78,200.	
8	Pension plan contributions (include section 401(k)	4 640	2 020	1 711	
_	and section 403(b) employer contributions)	4,649.	2,938.	1,711.	
9	Other employee benefits	20,394.	12,889.	7,505.	
10	Payroll taxes	19,460.	12,299.	7,161.	
11	Fees for services (non-employees)				
a	Management	46 207	42 040	2 250	
b	Legal	46,207.	43,949.	2,258.	
C	Accounting	12,105.		12,105.	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other				
12	Advertising and promotion	20,362.	12,945.	7,417.	
13	Office expenses	20,302.	12,343.	/,41/•	
14	Information technology				
15	Royalties	3,149.	2,017.	1,132.	
16 17	Occupancy Travel	6,894.	2,634.	4,260.	• • • • • • • • • • • • • • • • • • • •
		0,034.	2,034.	4,200.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,106.	1,331.	775.	
20	Interest	2,100.	1,551.	773.	-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	701.		701.	
23	Insurance	14,372.	9,083.	5,289.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total	21/0/20		3,233,	
	expenses shown on line 25 below.)	265 256	261 272		· · · · · · · · · · · · · · · · · · ·
а	CONSULTING	367,378.	364,378.	3,000.	
b	PROPERTY MANAGEMENT EXP	29,862.	28,595.	1,267.	
С	PROPERTY TAXES	10,712.	10,712.		
d	ADVERTISING/OUTREACH	5,171.		5,171.	
е	LAND SALES/ACQUISITION	4,301.	<u>2,797.</u>	1,504.	
f	All other expenses	8,845.	7,009.	1,836.	
25	Total functional expenses. Add lines 1 through 24f	818,151.	665,266.	152,885.	(
26	Joint costs. Check here Jif 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				

Pa	rt X	Balance Sheet				OZJ4311 rage 11
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		100,820.	1	100.
	2	Savings and temporary cash investments		164,853.	2	217,664.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		53,383.	4	72,756.
	5	Receivables from current and former officers, de	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
	İ	4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
<u>δ</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 7,450.			
	ь		10b 2,161.	2,043.	10c	5,289.
	11	Investments - publicly traded securities		247,903.	11	1,560,909.
	12	Investments - other securities See Part IV, line	₁₁	200,000.	12	92,500.
	13	Investments - program-related See Part IV, line		200,0000	13	32/3000
	14	Intangible assets	·· F		14	-
	15	Other assets See Part IV, line 11		7,430,532.	15	7,933,934.
	16	Total assets. Add lines 1 through 15 (must equ	at line 34)	8,199,534.	16	9,883,152.
	17	Accounts payable and accrued expenses	ar line 5-7	52,291.	17	79,159.
	18	Grants payable	<u> </u>	32,231.	18	77,133.
	19	Deferred revenue	<u> </u>		19	···
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability. Complete	Part IV of Sabadula D	······································	21	
ţį.	22	Payables to current and former officers, directo			_21_	
Liabilities	22	•				
Ë		highest compensated employees, and disqualif of Schedule L	led persons Complete Fait ii		22	
	22	Secured mortgages and notes payable to unrel	ated third portion	54,460.	23	
	23 24	Unsecured notes and loans payable to unrelate	·	34,400.	24	
	25	Other liabilities. Complete Part X of Schedule D	d third parties	27,110.	<u>24</u> 25	1,110.
	26	Total liabilities. Add lines 17 through 25	į.	133,861.		80,269.
	20	Organizations that follow SFAS 117, check h	y and samples	133,001.	26	00,209.
' A			and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		7,474,422.		0 617 206
<u>la</u>	27		-	252,863.	27	8,617,296. 354,940.
89	28	Temporarily restricted net assets	-	338,388.	28	
בַ	29	Permanently restricted net assets		330,300.	29	830,647.
ũ		Organizations that do not follow SFAS 117, c	heck here and			
S		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	F		30	
As	31	Paid in or capital surplus, or land, building, or ed	' ' -		31	
Net	32	Retained earnings, endowment, accumulated in	come, or other funds	0 065 650	32	0 000 000
_	33	Total net assets or fund balances	-	8,065,673.	33	9,802,883.
	34	Total liabilities and net assets/fund balances		8,199,534.	34	9,883,152.

Pa	rt XI Financial Statements and Reporting		
		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," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	X	
С	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?	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	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.		
	X Separate basis Consolidated basis Both consolidated and separate basis		
За	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	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		
	For	n 99 0	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of t	the organizati	on	-] [Employer id	lentificati	on nui	mber
		RIVERSI	DE LAND CONS	ERVAN	CY				33	<u>-0294</u>	<u> 311</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) See inst	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through 1	11, check (only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ction 170	(b)(1)(A)(i)	١.				
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospital	's nam	ıe,
	city, and stat											
5 📖	-	•	benefit of a college or u	niversity ov	wned or op	erated by	a governi	nental ur	nit described	d in		
·		(b)(1)(A)(iv). (Comple										
6			ent or governmental uni									
7 📖	-	-	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from th	e general pu	ublic desc	ribed ii	.n
		b)(1)(A)(vi). (Comple										
8 🕌			ection 170(b)(1)(A)(vi).									
9 X	_	•	eives. (1) more than 33						•	•		
		· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa	· ·	•	•			• •	•		
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization at	ter June 3	0, 197	5.
40		509(a)(2). (Complete		ا دار ده مما هم		\a	- F00/-W	• >				
10			perated exclusively to te perated exclusively for the						m, out the n		f ana	
11	-	•	ations described in secti		•				•	•		OI.
		-	organization and compl				z) See Sec	Juon 508	(a)(3). Onec	K IIIO DUX	шаг	
	a Type		¬ '	c Typ	_		tegrated		4	Type III - ()ther	
e 🗀			it the organization is not	• •			-	r more di		• •		ın
•			han one or more publicl		-		-					
f			ten determination from						νο(α)(·) ο · ο ·		(4)(-).	
•		rganization, check th				., ., .,	, , , ,					
g		_	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pe	rsons?			
•			lirectly controls, either a								Yes	No
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			·									
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi)	Is the	(vii) An	nount o	of
	anization	``	organization (described on lines 1-9		sted in your			I(i) organ	tion in col. ized in the		port	
			above or IRC section		document?			-	S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				 			ļ	-	-			
			<u> </u>	 	ļ		-	-	+ +			
					 			-	+			
					1							
		-	 	 	 		 		+ +			
					+		-	 	+			
Total												
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedu	ıle A (Form	990 or 99	0-EZ	2009

932021 02-08-10

Form 990 or 990-EZ.

ection A. Public Sເ	<u>ipport</u>						
alendar year (or fiscal yea	ir beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contribu	itions, and						
membership fees rec	eived (Do not						
ınclude any "unusual	grants.")				ļ		
2 Tax revenues levied f	or the organ-						
ızatıon's benefit and e	either paid to						
or expended on its be	ehalf						
3 The value of services	or facilities						
furnished by a goverr	nmental unit to						
the organization with	out charge						
Total, Add lines 1 thr	ough 3						
The portion of total co	ontributions						
by each person (othe	r than a						
governmental unit or	publicly		İ				
supported organization	on) included						
on line 1 that exceed	s 2% of the]	
amount shown on line	e 11,		1				
column (f)							
Public support. Subtra	act line 5 from line 4						
ection B. Total Sup							
ilendar year (or fiscal yea	ar beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4				_	,		
Gross income from in	terest,				İ		
dividends, payments	received on						
securities loans, rents	s, royalties						
and income from sim	ılar sources						
Net income from unre	elated business						
activities, whether or	not the						
business is regularly	carried on						
Other income Do not	t include gain						
or loss from the sale	of capital						
assets (Explain in Pai	t IV)		<u> </u>				
1 Total support. Add III	nes 7 through 10						
Gross receipts from r		tc (see instruct	ions)			12	
First five years. If the	Form 990 is for t	he organization	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
organization, check t	his box and stop I	here					
ection C. Computa	ation of Public	Support Pe	rcentage				
Public support perce	ntage for 2009 (lın	e 6, column (f) o	divided by line 11,	column (f))		14	<u> </u>
 Public support perce 	ntage from 2008 S	Schedule A, Par	t II, line 14			15	
Sa 33 1/3% support tes	it - 2009. If the org	anization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
stop here. The organ	iization qualifies a:	s a publicly sup	ported organization	า			▶L
b 33 1/3% support tes	st - 2008. If the org	janization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
and stop here. The o	rganization qualifi	es as a publicly	supported organiz	ation			▶[
a 10% -facts-and-circ	umstances test	- 2009. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organizatio							
meets the "facts-and				•	•	3	▶[
b 10% -facts-and-circ					=	7a, and line 15 is	10% or
					stop here. Explair		
			., -				
organization meets th		ımstances" test	The organization	qualifies as a publ	licly supported ora	anızatıon	▶ ſ

the organization without charge 186,439. 2681519. 1258745. 693,696. 2054548. 6874947. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1,550 6,800 13,175. 10,285. 2,066. 33,876. 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 1965741. 85,059 93,988 324,212. 313,446. 1149036. amount on line 13 for the year 100,788. 337,387. 323,731. 1151102. 1999617. 86,609. c Add lines 7a and 7b 4875330. 8 Public support (Subtract line 7c from line 6) Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	186,439.	2681519.	1258745.	693,696.	2054548.	6874947.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,933.	27,948.	30,486.	12,178.	24,637.	105,182.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	9,933.	27,948.	30,486.	12,178.	24,637.	105,182.
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 IV)	4,296.	4,459.	3,871.		1,447.	14,073.
13 Total support (Add lines 9, 10c, 11, and 12)	200,668.	2713926.	1293102.	705,874.	2080632.	6994202.

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

	check this box and stop here		▶Ш
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	69.71 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	82.42 %
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.50 %
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.55 %

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

Schedule A (Form 990 or 990-EZ) 2009

 $\triangleright X$

5 The value of services or facilities furnished by a governmental unit to

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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.

QMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

RIVERSIDE LAND CONSERVANCY

Employer identification number

ъ.	RIVERSIDE LAND CON		33-0294311
Pai			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
_	for charitable purposes and not for the benefit of the donor o	5 5	•
	impermissible private benefit?	. come dament et les amy ettles parpees	Yes No
Pai		anization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organization	· 	artif, mor.
•	X Preservation of land for public use (e.g., recreation or p	· · · · · · · · · · · · · · · · · · ·	storically important land area
	X Protection of natural habitat	· —	rified historic structure
	X Preservation of open space	Treservation of a cert	med historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ind concentation contribution in the form	of a concentation accompant on the last
~	day of the tax year	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Hold state Fod of the Toy Voca
_	Total number of conservation easements		Held at the End of the Tax Year 2a 14
a			
b	Total acreage restricted by conservation easements		<u>2b</u> 700.00
C	Number of conservation easements on a certified historic stri		2c 0
d	Number of conservation easements included in (c) acquired a		<u> </u>
3	Number of conservation easements modified, transferred, rel year > 0	eased, extinguished, or terminated by the	organization during the tax
	· ·	1	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	·	
3	violations, and enforcement of the conservation easements if	• • •	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7		-	
8	Amount of expenses incurred in monitoring, inspecting, and or	_	
	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170	Yes X No
9	In Part XIV, describe how the organization reports conservati	on agramants in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	don's illiancial statements that describes	the organization's accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	thor offinial Addots.
			
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and h	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these i		one corrido, provido, in raite xiv, the text of
b	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures
_	or other similar assets held for public exhibition, education, o		
	these items	research in iditilerance of public service	s, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		~ ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
0		course or other similar assets for for	Jenin provide
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 4.		ıı gain, provide
_	the following amounts required to be reported under SFAS 1	to relating to these items:	> 0
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
D	Assets included in Form 990, Part X		> \$

		DE LAND CO							Page 2
Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or	Other	Simila	r Asse	ts (contir	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a sign	ııficant u	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange program	ıs				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization	's exemp	t purpo:	se in Parl	t XIV.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	□ No
Par	rt IV Escrow and Custodial Arrang				to Form 9	990. Par	t IV. line :		
	reported an amount on Form 990, Part						,	-,	
	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other asse	ets not inc	cluded			
	on Form 990, Part X?		, ,					Yes	□ No
h	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing table:					_ , , ,	
	in 100, Oxplain the unangement in Tall XIV	and complete the lo	nowing table.					Amount	
_	Beginning balance					10		Amount	
C	-					1c			
a	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo	orm 990, Part X, line	217					Yes	L No
	If "Yes," explain the arrangement in Part XIV								
Par	rt V Endowment Funds. Complete if						1		
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	353,376.	<u>332,341.</u>						
þ	Contributions	533,645.	94,220.						
С	Net investment earnings, gains, and losses	<u>88,420.</u>	<u>-73,185.</u>						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	4,985.							
g	End of year balance	947,290.	353,376.						
2	Provide the estimated percentage of the year	end balance held a					-	-	
а	Board designated or quasi-endowment	12.00	%						
b	Permanent endowment ►88.00	%	_						
С	Term endowment ▶ 9								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administere	d for the	organiza	ation		
	by.	•				Ū		[·	Yes No
	(i) unrelated organizations								X
	(ii) related organizations							3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the	•				•		[0.2]	
Par	rt VI Investments - Land, Building			Part X. line 10) <u>.</u>				
	Description of investment	(a) Cost or o	- r-	or other	(c) Accu	ımulated	1	(d) Book	value
		basis (investr	1 ' '	(other)		ciation	1	(u) Dook	vaido
	Land		, , , , , ,						
	Buildings								
~	Leasehold improvements								<u> </u>
ں ہ	Equipment		·					<u> </u>	
ū	Other			7,450.	<u> </u>	2,16	1		200
	L Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part	Y column (R) line 1			<u>~, 10</u>			<u>,289.</u>

Schedule D (Form 990) 2009

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009

	edule D (Form 990) 2009 RIVERSIDE LAND CONSERV	ANCY	33-0294311 Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financial Stat	tements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,591,592.
2	Total expenses (Form 990, Part IX, column (A), line 25)	_2	818,151.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,773,441.
4	Net unrealized gains (losses) on investments	4	71,269.
5	Donated services and use of facilities	_5	
6	Investment expenses	6	
7	Prior period adjustments	7	107 500
8	Other (Describe in Part XIV.)	. 8	<u>-107,500.</u>
9	Total adjustments (net) Add lines 4 through 8	9	<u>-36,231.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine line XII Reconciliation of Revenue per Audited Financial St		1,737,210.
1	Total revenue, gains, and other support per audited financial statements	atomonio min novonao por	1 2,675,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,0/3/311.
a	Net unrealized gains on investments	2a 71,269	
b	Donated services and use of facilities	2b 13,050	
C	Recoveries of prior year grants	2c	i
d		2d	7
e	Add lines 2a through 2d		2e 84,319.
3	Subtract line 2e from line 1		3 2,591,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	•	7-7-7-7-1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b	<u> </u>	1 4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5 2,591,592.
Pai	rt XIII Reconciliation of Expenses per Audited Financial S		
1	Total expenses and losses per audited financial statements		1 938,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a 13,050	
b	Prior year adjustments	2b	7
С	Other losses	2c 107,500	.]
d	Other (Describe in Part XIV)	2d	7
е	Add lines 2a through 2d		2e 120,550.
3	Subtract line 2e from line 1		з 818,151.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c 0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5 818,151.
Pa	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and	9, Part III, lines 1a and 4, Part IV, lines	1b and 2b; Part V, line 4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A		
PAI	RT II, LINE 9: MONIES RECEIVED TO MAIN	TAIN EASEMENTS ARE	REPORTED ONE
<u> ~ п</u>	THE WAY AND THE PROPERTY OF THE TAX		•••
<u>OF</u>	TWO WAYS. MONIES RECEIVED FOR THE IN	ITIAL RESTORATION A	עע
<u>ADI</u>	MINISTRATION OF THE EASEMENT ARE REPOR	TED AS SERVICE FEE	INCOME WHEN
REC	CEIVED. ADDITIONAL AMOUNTS RECEIVED A	RE USUALLY RECEIVED	AS ENDOWMENTS,
IN	WHICH CASE THE AMOUNT RECEIVED IS PUT	INTO AN INVESTMENT	ACCOUNT AND
<u>HEI</u>	LD AS AN ENDOWMENT. ONLY THE EARNINGS	ON THE INVESTMENT	ARE EXPENDED TO
MA:	INTAIN THE EASEMENT. THE STATEMENT OF	FINANCIAL POSITION	REFLECTS THE
EAS	SEMENT ENDOWMENT INVESTMENT AS AN ASSE	T, AND THE STATEMEN	
			Schedule D (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization

Inspection **Employer identification number**

Pai	rt I Types of Property	ND COM	SERVANCI				33-02	1743	<u> </u>	
		(a) Check if applicable	(b) Number of contributions	(c) Revenues repo Form 990, Part V		Meth	(d) nod of det revenue		9	
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	Х	1	500.	000.	2 ACRES	5 - R	TLA	0.	CA
17	Real estate · Other			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>	
18	Collectibles									
19	Food inventory	· · · · · · · · · · · · · · · · · · ·								
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts			-					•	
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (FORGIVENESS O)	X	1	10	960.	VALUE (T AMO	ידעדונ)	WED
26	Other (I Other)				500.	VILLOL	71 1111	70111		100
27	Other (<u>.</u> .							
28	Other ()			· · · · · · · · · · · · · · · · · · ·						
29	Number of Forms 8283 received by the organic	zation during	the tax year for o	contributions	T	<u></u>				
	for which the organization completed Form 82		•		29					
		oo, . a, .	201100710111011100	g				v	es	No
30a	During the year, did the organization receive b	v contributio	n any property re	ported in Part I lin	es 1-28 th	at it must hold	t for			
	at least three years from the date of the initial	-					I .			
	the entire holding period?	50771115011017	and million to not	roquired to be det	Ja 101 02011	ipt parpooce	- 1	30a		X
b	If "Yes," describe the arrangement in Part II						1	004		<u></u>
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	ard contrib	utions?		31		X
	Does the organization hire or use third parties	=	-	•					\dashv	
	contributions?	o. Totalog Of	ga. 1124110110 10 301	, process, or se	1101100311			32a		X
h	If "Yes," describe in Part II						-	<u> </u>		
33	If the organization did not report revenues in c	olumn (c) fo	a type of propert	v for which colum	n (a) is che	cked.				
	describe in Part II	(0) 101	,p. 2. p. opon	,	(4) 0110		ŀ			
LHA	For Privacy Act and Paperwork Reduction	Act Notice	. see the Instruct	ions for Form 99	0.	Sci	hedule M	(Form !	9901	2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

RIVERSIDE LAND CONSERVANCY

Employer identification number 33-0294311

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENDANGERED SPECIES, NATURAL LANDS AND OTHER SENSITIVE SITES THROUGHOUT
SOUTHERN CALIFORNIA.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR. IT IS THEN PRESENTED TO THE FINANCE COMMITTEE FOR
RECOMMENDATION TO THE BOARD. IT IS THEN PROVIDED ELECTRONICALLY TO THE
BOARD WITH MEETING MATERIALS. IT IS DISCUSSED AND APPROVED AT THE NEXT
REGULARLY SCHEDULED BOARD MEETING. ONCE APPROVED BY THE BOARD IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15A: THERE WAS AN EXTENSIVE EMPLOYEE
PERFORMANCE EVALUATION DONE IN MARCH 2007. THE FULL BOARD PARTICIPATED IN
THE DECISIONS INVOLVING INCREASES IN SALARY WHEN THE CURRENT EXECUTIVE
DIRECTOR WAS PROMOTED, AS WELL AS THE DECISIONS INVOLVING GENERAL INCREASES
FOR ALL STAFF. THERE WAS A COMPENSATION SURVEY REVIEW DONE REGARDING
COMPENSATION LEVELS FOR EXECUTIVE DIRECTORS, AS WELL AS FOR SENIOR STAFF
BIOLOGISTS AND TRANSACTION SPECIALISTS PRIOR TO SALARY LEVELS BEING SET.
INPUT WAS OBTAINED FROM LAND TRUST ALLIANCE, SAWA AND THE REDWOODS LEAGUE
REGARDING COMPENSATION LEVELS FOR SIMILAR POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2

THE PROCESS FOR REVIEWING THE AUDITED FINANCIAL STATEMENTS AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

——————————————————————————————————————	zation	RIVERS	IDE :	LAND	CONSERV	ANCY				33-0294311
SELECTING	THE	AUDITORS	HAS	NOT	CHANGED	FROM	THE	PRIOR	YEAI	۲.
										
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Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

₽ If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	. ▶ 🗓
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	ıs form).
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file	filed Form 8868.
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	mplete
	I only	▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e income tax returns.	an extension of time
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files.	nically if (1) you want the addition onsolidated Form 990-T. Instead
Туре	or Name of Exempt Organization	Employer identification num
print	RIVERSIDE LAND CONSERVANCY	33-0294311
File by due da filing yo	the tte for our Number, street, and room or suite no. If a P.O. box, see instructions.	
return Instruc		
Chec	ck type of return to be filed (file a separate application for each return):	
X	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	Form 990-EZ Form 990-T (trust other than above) Form 60	3069
Ш	Form 990-PF	3870
Te ● If t ● If t	JEFFREY BEEHLER, TREASURER ne books are in the care of ▶ 4075 MISSION INN AVE. — RIVERSIDE, CA 9 elephone No. ▶ (951) 788-0670 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If thi ■ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	his is for the whole group, check
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt NOVEMBER 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: alendar year or X tax year beginning APR 1, 2009 , and ending MAR 31, 2010	
		
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting pe
		Change in accounting pe
3a	If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Change in accounting pe
3a b	If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a \$
3a b	If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	
3a b	If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3a \$
b	If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3a \$

923831 05-26-09

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)